



# A novel technique for removal of a peculiar rectal foreign body

A. H. M. Quraishi<sup>1</sup>

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## Introduction

Retrieval of foreign bodies in the rectum is always a challenge for the treating surgeon. The shape, size and location of the foreign body often determines the method of retrieval to be employed. We describe a case of a foreign body which required a novel approach for its retrieval due to its peculiar nature.

## Technique

A 27-year-old bus conductor presented with a history of having self-inserted an unripe mango per-anus the previous night. He had gone to a hospital after trying to retrieve it himself. As multiple attempts at retrieval at that hospital did not bear fruit, he was referred to our institute. On examination the patient's vitals were normal. On digital rectal examination the foreign body could be felt. An X-ray of the pelvis showed the shadow of the foreign body (Fig. 1).

The patient was placed in lithotomy position in the operating theatre. Attempts were made to hold the foreign body with instruments but due to previous attempts it was partially peeled and slimy and was slipping out. Hence, application of obstetric forceps for retrieval was planned. It was found that it was not possible to engage the foreign body in the forceps due to its mobility. A 16-French Foley catheter was used for fixing the foreign body so as to allow application of forceps. The patient was asked to bear down which made the foreign body to descend near the anal verge. A metal catheter introducer was passed in the Foley catheter. This imparted stiffness to the catheter and helped in negotiating it beyond the foreign body. This was done with a well lubricated finger

guiding the curved tip of the catheter beyond the foreign body. Once the catheter was at the desired level the balloon was inflated. At this juncture the patient was given ketamine. Maintaining a constant pull the foreign body was stabilised. Obstetric forceps was applied and the foreign body was delivered (Fig. 2). The dimensions of the mango were 7×6×5 cm (Fig. 3). On sigmoidoscopy no rectal injury was detected.

## Discussion

Many objects have found their way into the rectum and a variety of ingenious methods of rectal foreign body retrieval have been described. For retrieving low lying rounded rectal foreign bodies, obstetric forceps have been used [1]. A Foley catheter with sigmoidoscope guidance has also been used [2]. In our case we had difficulty in applying the forceps due to the mobility of the object. Retrieval with the help of a Foley catheter [3] was not possible. Due to the nature of the foreign body in the present case, we used both the Foley catheter and obstetric forceps. We also found use of a catheter introducer to make the catheter stiff helpful in guiding it beyond the object. When gaining purchase on a slippery rectal foreign body is difficult more than one technique may have to be used for successful retrieval.

✉ A. H. M. Quraishi  
am\_quraishi@hotmail.com

<sup>1</sup> Department of Surgery, Government Medical College, Nagpur 440003, India



**Fig. 1** X-ray of pelvis showing shadow of the foreign body



**Fig. 3** Retrieved foreign body



**Fig. 2** Foley catheter stabilizing the foreign body as the obstetric forceps is applied for its retrieval

### Compliance with ethical standards

**Conflict of interest** The author declares that he has no conflict of interest.

**Ethical approval** All procedures followed were according to ethical standards.

**Informed consent** Informed consent was obtained from the patient.

### References

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