



An unusual rectal obstruction

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Dear Sir,

Alternative approaches may be needed during urgent endoscopy for foreign body extraction, when the standard endoscopic instrumentation is not enough.

A 55-year-old obese man was admitted for abdominal obstruction. The patient reported inability to pass feces and gas in the last 2 days. On physical examination, the abdomen was distended and tender to palpation. A computed tomography scan revealed rectal obstruction due to a round object about 8 cm in diameter located in the mid-rectal ampulla (Fig. 1); the bowel segment proximal to the obstruction was dilated and contained fecal matter. An endoscopic examination carried out under deep sedation revealed the presence of an orange impacted in the rectal lumen (Fig. 2a). Due to its size the fruit was at first partly crushed and then extracted almost whole (Fig. 2b) with the help of Magill forceps advanced in parallel with the scope. Immediately after the procedure, the patient evacuated an abundant amount of feces. The recovery was uneventful and the patient (who reported that the fruit was inserted into his rectum about a week before, during an intimate appointment with his partner) was discharged in good health.

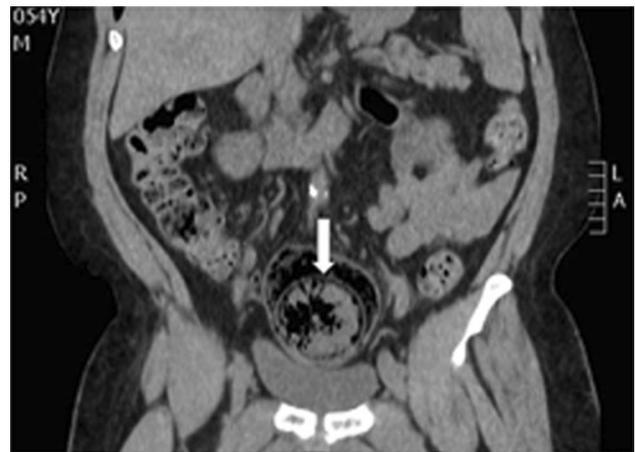


Fig. 1 Abdominal computed tomography scan showing a round object within the rectum (arrow)

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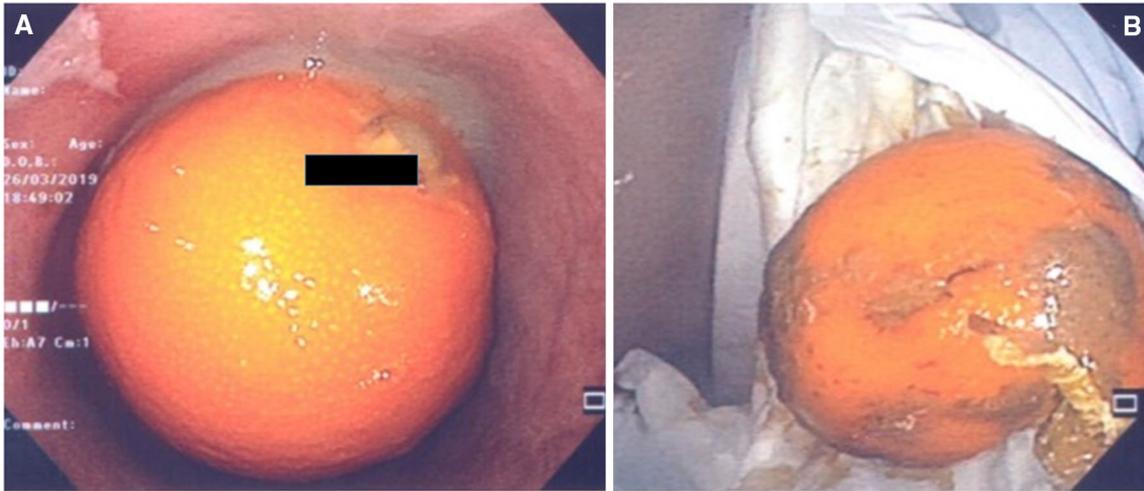


Fig. 2 a Endoscopic view showing the foreign object (orange) impacted in the rectal lumen. b The extracted orange

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval All procedures performed in the study involving human participants were in accordance with the ethical standards of

the Trust and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent For this type of study formal consent is not required.

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