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## Case of glass bottle in the rectum and management algorithm

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Case report begins with a 36-year-old male presented with the history of accidental introduction of glass bottle in the rectum. Multiple repeated attempts of self-removal failed at home and Civil Hospital Fatehabad and patient refer to MAMC, Agroha. Vital signs normal abdomen was soft with hard moving object felt suprapubic region. X-ray of abdomen shows the glass bottle. Per rectal examination performed after the X-ray of the abdomen revealed the base of the glass bottle. Manual removal by holding the base was not successful due to mucous coating the surface. All methods of removal in different position and with obstetrics forceps, vacuum suction tried in emergency room but failed. Patient shifted to Operation Theater and under general anesthesia glass bottle of length 16 cm was taken out by transanal route. Glass bottle having some suspicious matter in it appear to be case of smuggling some narcotic substance, object was sealed and handed over to police. Patient did not reveal anything new in history and repeatedly telling it was an accident of falling on a bottle while he was defecating outside in open field. Post removal per rectal examination and sigmoidoscopy did not reveal any colorectal injury except some minor anal tears. Post removal recovery was uneventful and patient did not have anal incontinence or perianal infection. Psychiatric opinion was taken and patient was discharged after informing police.

**Discussion:** Males are commonly affected. Most of case series of foreign body within the rectum are reported from Eastern Europe and uncommon in Asia. The object length


varied between 6 and 16 cm, and larger objects were more prone for complications. Per rectal examination is the cornerstone in the diagnosis, but it should be performed after X-ray abdomen to prevent accidental injury to the surgeon from sharp objects. X-ray pelvis and X-ray abdomen help in locating and localizing the foreign body and rule out intestinal perforation. The lateral films of pelvis will orient whether the foreign body is high or low lying. Majority (90%) of the cases is treated by transanal retrieval. Abdominal manipulation and stabilization helps in retrieval when the bottle is slippery. Obstetric forceps or snares are only helpful in grasping the broad and slippery base with limited success. Colonoscopy removal is also reported with good success. Even with laparotomy, the aim is transanal removal and closure of perforation with diversion colostomy.

**Conclusion:** In the present case, 16 cm large glass bottle transanal removal was carried out under general anesthesia without any complication. Abdominal manipulation and stabilization helps in retrieval the bottle by relaxing abdominal and rectal muscle under general anesthesia.

### Speaker Biography

Vikram Saini completed his MBBS from PGIMS Rohtak Haryana India. He joined MAMC Agroha India for Post-graduation in Surgery and he is currently working there. During this time period, he co-authored "Evaluation of the Epidemiological and Clinical Profile of Patients with Traumatic Brain Injury in a Rural Medical Institution: A Retrospective Study" in J Adv Med Dent Scie Res. And he also presented a poster at PGIMS Rohtak, Haryana Chapter ASI.

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