Chulalongkorn Medical Journal

Volume 30
Issue 4 *April 1986*

Article 8

4-1-1986

Chronic Diarrhoea Initiated by an 'Iatrogenic' Rectal Foreign Body

Sathaporn Manatsathit

Nusont Kladchareon

รายงานผู้ป่วย

Chronic Diarrhoea Initiated by an "Iatrogenic" Rectal Foreign Body.*

Sathaporn Manatsathit*
Nusont Kladchareon* *

Manatsathit S, Kladchareon N. Chronic Diarrhoea Initiated by an "Iatrogenic" rectal foreign body. Chula Med J 1986, Apr. 30 (4) : 363-366

A case of chronic diarrhoea induced by a retained pack of surgical gauze in the rectum is presented. The foreign body was suspected to have been "iatrogenicly inserted during a caesarean section. Salmonella group E was cultured from the stools, but probably reflected a pre-existing carrier state. Sigmoidoscopic discovery and removal of the foreign-body on day-62 coupled with the appropriate antibiotic treatment led to prompt recovery. This case helps emphasise the necessity for performing an early sigmoidoscopic examination in every chronic diarrhea patient and also serves to remind the operating doctor of the absolute need to recount accurately every piece of gauze and instrument at the end of the operative procedure.

สถาพร มนัสสถิตย์, นุสนธิ์ กลัดเจริญ. อุจจาระร่วงเรื้อรังเนื่องจากวัตถุแปลกปลอมในลำไส้ใหญ่. จุฬาลงกรณ์-เวชสาร 2529 เมษายน; 30 (4) : 363 – 366

ผู้ป่วยหญิงอายุ 30 ปี มีอาการท้องร่วงเรื้อรังถ่ายอุจจาระเป็นมูกปนเลือดมาประมาณ 7 สัปดาห์ และได้รับการรักษาติดต่อกันมาด้วยยาปฏิชีวนะหลายชนิด อาการท้องร่วงเริ่มเป็นวันที่ 11 ภายหลังการผ่าตัดคลอดลูกออกทางหน้าท้อง การตรวจอุจจาระพบเม็ดเลือดขาวเป็นจำนวนมาก การตรวจทวารหนักและการตรวจ Sigmoidoscopy พบผ้าก๊อซก้อนใหญ่จุกติดอยู่ในลำไส้ใหญ่ที่ระดับ 15 ซม. เหนือปากทวาร หลังจากคีบผ้าก๊อซออกแล้วอาการท้องร่วงดีขึ้นมากและหายเกือบปกติในอีกสองสัปดาห์ต่อมา ผลการเพาะเชื้ออุจจาระพบ Salmonella group E. ซึ่งสันนิษฐานว่าเป็นเพียงเชื้อแทรกซ้อนของการเจ็บป่วยที่เป็นผลจากการมีผ้าก๊อซติดค้างอยู่ในลำไส้ใหญ่ถึง 62 วัน กรณีผู้ป่วยรายนี้เน้นให้เห็นความสำคัญของการตรวจทวารหนักและการตรวจ Sigmoidoscopy ในผู้ป่วยทุกรายที่มีอาการท้องร่วงติดต่อกันเกินกว่าสองสัปดาห์ และความสำคัญของการนับจำนวนชิ้นผ้าก๊อซและวัตถุอื่น ๆ อย่างละเอียดเมื่อสิ้นสุดการผ่าตัดทุกครั้ง

* Fellow in Gastroenterology, Faculty of Medicine, Chulalongkorn University.

** Division of Gastroenterology, Faculty of Medicine, Chulalongkorn University.

Assorted foreign bodies have been recovered from the colorectal canals of many patients. Most of such foreign bodies as bottles, bananas and other fruits, wine-glasses, watches, battery-powdered vibrators and other phallus-like devices have been lodged in the owner's rectum following incredulous prectices of self-eroticism,[1-4] and hence the conspicuous predominance of the male subjects. Iatrogenically inserted rectal foreign bodies, on the other hand, have been mentioned only rarely.[1] Bowel perforation is a serious complication[2, 3]. To our knowledge, diarrhoea associated with a retained rectal foreign body has not been reported. A young patient in the present report had chronic intractable diarrhoea due to inadvertently inserted surgical gauze in the rectum. How the gauze pack made its way there remains speculative, but was probably of iatrogenic orgin.

Case history

A 30-year-old married woman attended the Out-Patient Department of Chula-longkorn Hospital, in August 1983, having had persistent diarrhoea for 48 days. Her diarrhoea started 11 days after a caesarean section for her first baby at a provincial hospital. Initially four to five small loose stools were passed daily, but the frequency increased to ten or more per day during the following weeks. The stools were foul-smelling, mucopurulent, but non-bloody. Frequent abdominal pain, nausea, vomiting and tenesmus were noted by the patient who had lost four to five kilograms during the illness. Other associated symptoms included intermittent feverishness, lethargy, and anxiety. The patient had had some previous investigations including a complete blood count, urinalysis, stool examination and a plain abdominal X-ray, the results of which were all normal, and no further investigations were set in spite of the considerable symptoms and the much protracted course. The various medications previously prescribed with no avail included "farazolidone, diphenoxylate, metronidazole, co-trimoxazole, diazepam, ampicillin, tetracycline, kanamycin, and chloramphenicol". There were no other illnesses of note, and no history of laxative abuse.

The patient was co-operative and looked fairly well. Her body temperature was 37.2 C, pulse 80/min., and blood pressure 110/70 mm.Hg. A caesarean scar was evident on the abdomen which was only slightly distended without tenderness nor palpable mass. Bowel sounds were normal. Rectal examination revealed trace of greyish purulent-looking and foul-smelling feces. Repeated stool examinations by the concentration technique persistently showed several red blood cells and numerous white blood cells, but no protozoans, parasites or ova. A peripheral blood-count showed haemoglobin 11.6 gm/100ml, and a white blood count of 8,500/mm^3 (neutrophils 60%, lymphocytes 34%, eosinophils 5%, basophils 1%). Other pertinent laboratory results were serum creatinine 0.7 mg/100ml, blood sugar 84 mg/100ml, sodium 149 mEq/L, potassium 4.4 mEq/L, chloride 112 mEQ/L, and bicarbonate 25 mEq/L. Chest X-ray was negative.

Sigmoidoscopic examination on day-three revealed a soft greyish content at about 15 cm. obstructing the passage of the scope. Gentle probing with a biopsy forceps led to the suspicion of a colorectal foreign body which was removed with the forceps, and was found to be a large pack

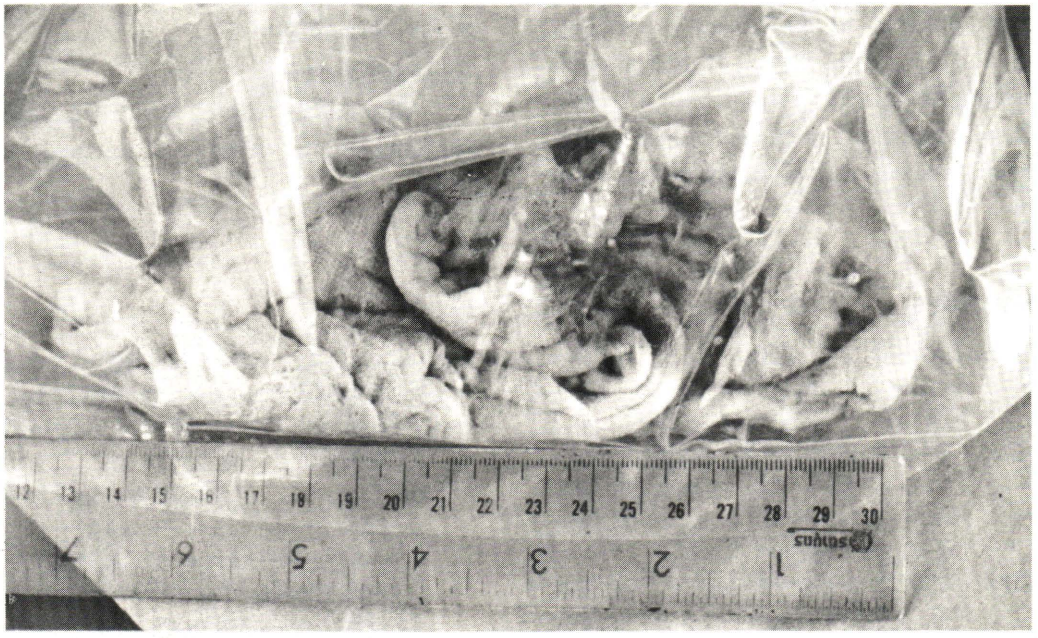

Figure : Surgical gauze removed from the patient's rectum.

of surgical gauze measuring over six inches in length (figure). To the relief of everybody, the patient's diarrhoea promptly subsided following the sigmoidoscopic removal of the astonishing rectal foreign body. Two of the three stool cultures grew Salmonella group E, for which co-trimoxazole twice daily was given for 5 days. A repeat sigmoidoscopy thirteen days after the first examination revealed only mildly inflamed colonic mucosa with superficial erosions at around the 15 cm. level. A barium-enema and a repeat stool culture unfortunately were not obtained as the patient left for her hometown and was lost to follow-up.

Discussion

Most of the rectal foreign bodies reported in the literature were self-administered anally for erotic purposes or during aberrant sexual activities.[1,2,3] Schofield, however, mentioned anal packs, enema tubes and thermometers as having been iatrogenically inserted.[1] Perhaps other such iatrogenic cases were never openly reported.

How the surgical gauze found its way into the patient's rectum during her caesarean section remains completely bewildering. It is certainly not a regular obstetric practice, and difficult to understand the rationale for its use in this case. We could only speculate that it was perhaps a case of human error. In remote district hospitals, poorly qualified medical assistants are often employed. Such unskilled personnel could have inadvertently mistaken the anal for the vaginal orifice, for which the gauze was intended. A more plausible explanation would be much welcomed.

Salmonella group E is not a regular member of the human gut flora, although a few (0.2%) individuals may be carriers of this organism.[5] Salmonella group E

is a frequent cause of acute "food-poisoning" diarrhea which is usually self-limiting, and as a rule does not progress to a prolonged intractable diarrhoea. Chronic diarrhoea associated with Salmonella group E in this patient was probably a secondary phenomenon consequent upon the impaction of the foreign body.

Acknowledgement

The authors wish to thank Dr. Sompop Limpongsanurak for his obstetrical comments.

References

1. Schofield PF. Foreign body in the rectum : a review. J R Soc Med 1980 Jul ; 73(7) : 510-513
2. Crass RA, Tranbaugh RF, Kudsk KA, Trunkey DD. Colorectal foreign bodies and perforation. Am J Surg 1981 Jul; 142(1) : 85-88
3. Raza SD. Perforations and foreign bodies of the rectum (letter). Ann Surg 1980 Mar; 191(3) : 386-387
4. Buzzard AJ, Waxman BP. A long-standing much travelled rectal foreign body. Med J Aust 1979 Jun 30; 1(13) : 600
5. Guerrant RL, Hook EW. Samonella Infections. In : Petersdorf RG, Adams Rd, Braunwald E, Isselbacher KJ, Martin JB, Wilson JD. eds. Harrison's Principles of Internal Medicine. New York : Mcgraw-Hill, 1983. 957-964

จุฬาลงกรณ์เวชสารได้รับต้นฉบับเมื่อวันที่ 8 เดือนสิงหาคม พ.ศ. 2528