

Unexpected Peril: Rectosigmoid Perforations from Foreign Objects and Air: A Report of Two Cases

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ABSTRACT

Rectal foreign body insertion is a multifaceted medical condition arising from diverse motivations such as sexual gratification, curiosity, self-harm, or assault. These behaviors, often accompanied by significant physical and psychological consequences, pose a challenge for healthcare providers. This report presents two cases: one involving a fatal rectosigmoid perforation caused by a wooden stick inserted by an unqualified practitioner, and the other detailing fatal injuries from compressed air used as a prank. The cases underscore the importance of timely diagnosis, sensitive management, and public education to reduce stigma and prevent such incidents.

Keywords: Rectal foreign body, Pneumatic injury, Septic shock, Compressed air

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INTRODUCTION

Rectal foreign body insertion represents a complex challenge in medical practice, requiring clinical acumen, sensitivity, and confidentiality. While motivations range from autoerotic practices to misguided medical treatments, the consequences often include significant physical injuries, psychological distress, and social stigma. Patients' reluctance to disclose the true nature of their injuries necessitates a high index of suspicion among healthcare providers.^{1,2}

Clinical complications can range from mucosal lacerations to severe perforations, sepsis, and death. Effective management relies on a systematic approach involving detailed history-taking, privacy assurance, and collaboration among medical professionals.^{3–5} This report illustrates two cases that highlight the devastating outcomes of rectosigmoid injuries, emphasizing the critical need for public education and clinical preparedness.

Case Report 1

A 56-year-old male presented to the Emergency Department with fever, abdominal pain, and inability to pass stools for several days. After initially withholding information, he revealed that an unqualified practitioner had inserted a wooden stick into his rectum as a treatment for constipation.

Examination revealed a cylindrical wooden object covered with a condom and lodged in the rectosigmoid region. Emergency laparotomy uncovered a 7.5 cm perforation with significant fecal contamination of the peritoneal cavity. Despite surgical intervention, including colostomy and repair of the perforation, the patient succumbed to septic shock. (Figure 1)

The postmortem examination identified extensive peritoneal infection, a surgically stapled wound along the abdomen, and severe rectosigmoid damage. (Figure 2) The cause of death was determined to be septic shock secondary to rectosigmoid perforation.

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Case Report 2

A 37-year-old male presented with acute abdominal pain and vomiting after colleagues applied the tip of a tire inflator pipe containing compressed air to his anal opening as a prank.

The patient exhibited guarding and rigidity, with no visible external injuries. A bedside X-ray revealed air under the diaphragm (Figure 3). Despite resuscitation attempts, he went into shock and died. The case was classified as medicolegal, and the body was sent for postmortem examination.

Examination revealed a distended abdomen, perianal abrasions, and a rectosigmoid laceration with purulent faecal contamination. (Figure 4) The cause of death was septic shock due to rectosigmoid injury caused by high-pressure air.

DISCUSSION

These cases underline the diverse aetiologies and serious consequences of rectal foreign body insertion. Social stigma and fear of judgment often prevent patients from seeking timely medical help, complicating diagnosis and increasing morbidity and mortality.

The first case highlights the risks associated with unqualified medical practices. The use of unsterile objects in



Figure 1: Foreign body recovered from rectum

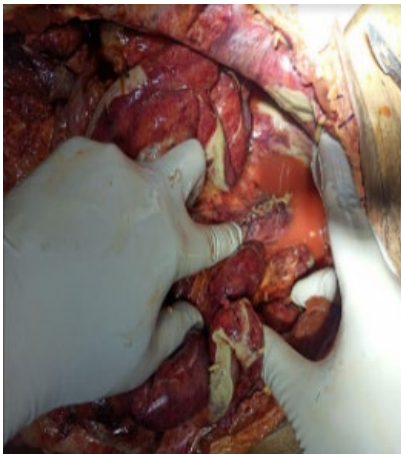


Figure 2: Pus and flakes detected during autopsy



Figure 3: Xray chest showing air under the diaphragm



Figure 4: Abdominal findings at autopsy

rectal procedures can result in severe complications, including perforation and subsequent septic shock. This underscores the need for public awareness campaigns to discourage reliance on unqualified practitioners and promote access to professional medical care.⁶

The second case demonstrates the catastrophic effects of pneumatic injuries. High-pressure air delivered to the rectum can cause significant internal damage without visible external trauma. Clinicians must be vigilant and knowledgeable about such mechanisms of injury to ensure accurate diagnosis and appropriate management.⁷⁻¹⁰

From a public health perspective, educational initiatives are critical in reducing the prevalence of such incidents. Awareness campaigns can inform individuals about the risks associated with rectal foreign body insertion and the importance of seeking timely medical care. These campaigns should also address the stigma associated with autoerotic practices, enabling individuals to access mental health resources without fear of judgment.^{11,12}

In clinical practice, a multidisciplinary approach is essential. Emergency physicians, surgeons, psychiatrists, and forensic experts must collaborate to provide comprehensive care, addressing both the physical injuries and the psychological factors underlying these behaviors. Training programs should emphasize the importance of sensitivity and confidentiality in managing such cases.^{13,14}

Research is needed to better understand the motivations and psychosocial factors driving rectal foreign body insertion. This data can guide the development of targeted interventions and protocols, improving patient outcomes and informing public health strategies. Additionally, case studies like these can contribute to the creation of evidence-based guidelines for diagnosis and treatment.

Preventive strategies should include stricter regulation of medical practices to prevent unqualified individuals from offering dangerous treatments. Community education on the risks of pranks involving high-pressure air and the potential for life-threatening injuries is equally important.

CONCLUSION

Rectal foreign body insertion presents significant medical, psychological, and social challenges. These cases emphasize the importance of timely diagnosis, multidisciplinary care, and preventive education. By addressing the stigma and underlying factors associated with such behaviors, healthcare providers and public health initiatives can play a crucial role in reducing the incidence and impact of these injuries.

CONFLICT OF INTEREST

There is no conflict of interest

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