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CASE REPORT

Exploring Uncharted Waters: A Unique Case of Accidental Rectal penetration of Health Faucet

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Abstract

Rectal foreign bodies require careful diagnosis amid patient embarrassment. Timely assessment is crucial to manage complications. Removal methods vary, including trans-anal, endoscopic, or surgical approaches. Our case highlights successful trans-anal extraction of health faucet from rectum, emphasizing the need for sensitive and efficient management.

Keywords: rectum, foreign body, surgical treatment, extraction

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Introduction

Rectal foreign bodies pose a challenging scenario in emergency departments, with their incidence showing an upward trend, among urban populations. While motivations for rectal foreign body insertion vary, including sexual gratification, concealment (as seen in body packers), sexual assault, and accidental causes, the predominant reason remains autoeroticism, often involving unconventional objects for anal stimulation [1]. In this case report, we present a rare occurrence of an accidental health faucet which got inadvertently inserted into the rectum.

Case (Figure 1)

A 70-year-old man had an accidental fall onto a health faucet while anal ablution after defecation, resulting in the faucet along with the hose becoming lodged in his rectum. Despite efforts to remove it, the patient was unsuccessful. Examination upon arrival at the emergency department revealed the cut end of the water hose protruding through the anal canal. The patient had a medical history of hypertension and benign prostatic hyperplasia, with no psychiatric issues.

Physical examination showed stable vital signs and a normal abdomen, with no signs of peritonitis. Perineal examination revealed the hose protruding through the anal opening, with minimal laceration and tenderness. Rectal examination was hindered due to the obstruction. X-rays confirmed the presence of the faucet in the pelvis, with additional imaging ruling out perforation.

After initial assessment, the patient underwent exploration under general anesthesia. Anal stretching was performed, followed by lubrication of the anal canal.

Under C-arm guidance, a controlled traction was given on the protruding hose with right hand while the thumb of the left hand kept the trigger pressed. After overcoming initial resistance successful extraction was achieved. Further evaluation showed intact sphincter complex. Post-operative recovery was uneventful, with subsequent normal anal function observed at follow-up three weeks later.

Discussion

Rectal foreign bodies present a distinct and challenging facet of colorectal trauma, with historical accounts tracing back to the 16th century and modern case reports emerging in 1919 [2,3]. While typically observed around the age of 44, occurrences range from individuals in their 20s to those over 90, with males predominating [2]. Objects encountered vary widely, encompassing household items like bottles and glasses to a diverse assortment including toothbrushes, food items, and even sex toys and cocaine packets [4,5].

Patients with rectal foreign bodies often experience embarrassment, potentially concealing their condition during emergency visits. Hence, a high index of suspicion and professionalism are crucial for accurate diagnosis. Initial evaluation should prioritize assessing for peritonitis, with simple abdominal imaging aiding in object localization and assessing for complications.

A comprehensive digital rectal examination is vital, and various classification systems exist for rectal injuries, facilitating tailored management approaches. Extraction methods vary based on injury nature and location, ranging from transanal and endoscopic to

operative techniques [6]. Follow-up evaluations post-extraction are imperative to assess sphincter function, with delayed sphincteroplasty offering positive outcomes for incontinence management [7].

This case highlights the rarity of a health faucet as a rectal foreign body and

underscores the unconventional yet successful per anal extraction method, offering insights for surgeons managing similar presentations in the future. Such unique cases emphasize the importance of a tailored approach to foreign body removal in clinical practice.

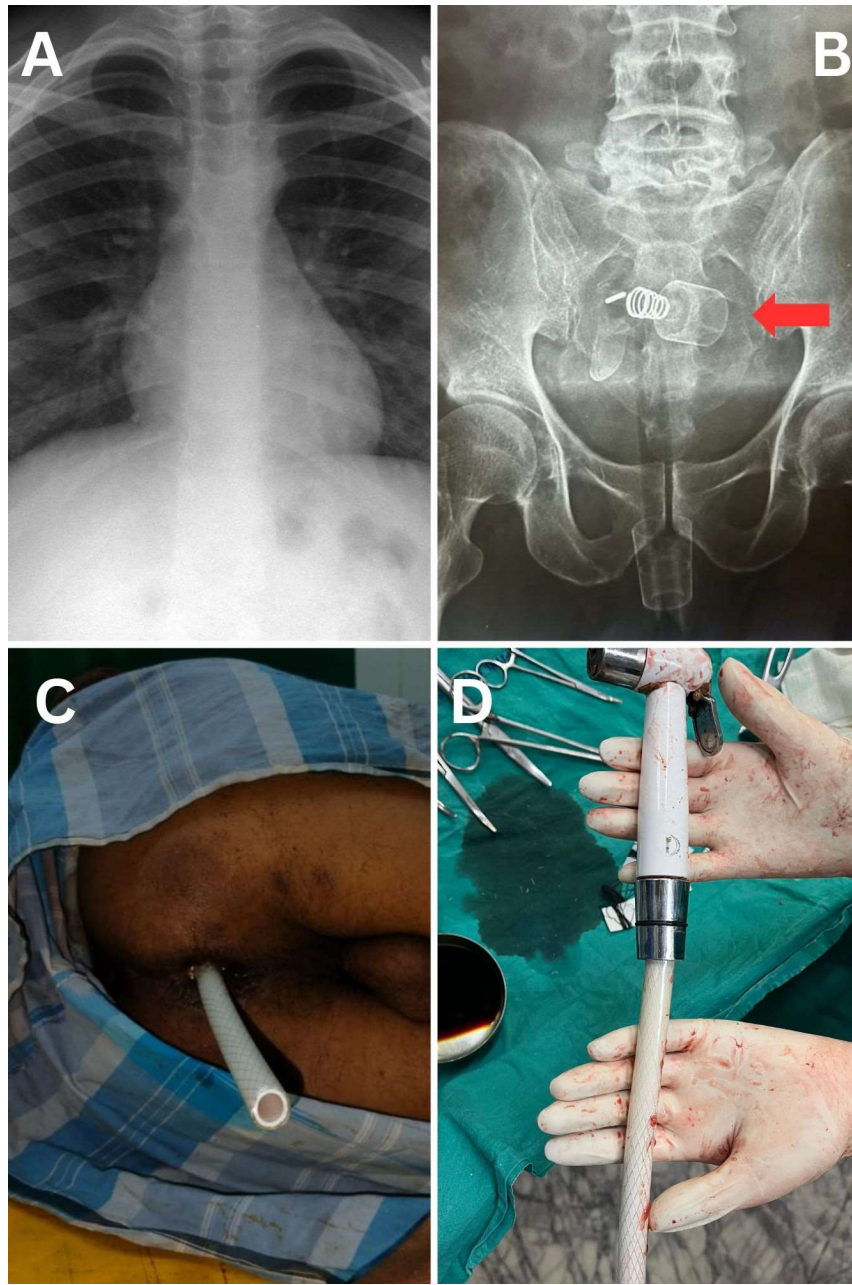


Figure 1. A – Normal Chest X ray without any free gas under diaphragm, B – X ray pelvis showing health faucet (red arrow) stuck in the rectum, C – Clinical presentation, D – Health faucet with water hose following removal.

Disclosures and Declarations

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Conflicts of Interest

The authors declare they have no conflicts of interest.

Data accessibility

All data pertaining to the patient are stored with the author and would be made available when required.

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