

SAQ 9

A 26yr old male presents to your Emergency Department complaining of constipation for 4 days. He has been seen by the Emergency Department Intern and an abdominal x-ray has been performed.

a. Describe & interpret the patient's abdominal x-ray (4 Marks)

- Describe - 1 mark each up to 3 marks from:
 - Large foreign body projected in the pelvis
 - Bottle likely glass
 - Appears intact
 - Faecal loading of the colon without obvious distension / obstruction
 - Nil free air but limited by AXR and supine image
- Interpretation- mark for:
 - Rectal foreign body doesn't extend past recto-sigmoid junction WITH EITHER OF
 - Consider voluntary vs. involuntary insertion (e.g. sexual assault)
 - Needs to assess for complications and plan removal

b. List 8 potential complications in this patient (8 Marks)

1/2 mark each up for any of:

- Perforation
- Obstruction
- Bowel wall ischaemia (pressure effect)
- Rectal laceration
- Anal laceration
- Faecal incontinence
- PR bleeding rarely catastrophic
- Intra-abdominal sepsis / multi-organ dysfunction syndrome
- GA risk if operative removal
- Laparotomy
- Stoma
- Psychological / PTSD e.g. if sexual assault or from need to present to hospital

c. List 4 indications for surgical referral for removal in patients with this presentation. (4 Marks)

1/2 mark each for any of:

- Failure to remove in Emergency Department
- FB proximal to recto-sigmoid junction
- Perforation
- Intra-abdominal sepsis
- Risk to operator e.g. sharp FB
- Risk of injury to patient e.g. sharp FB or friable FB (light bulbs have been reported inserted rectally)

Answer adapted from Ali Coskun et al. Management of rectal foreign bodies. World J Emerg Surg. 2013; 8: 11.

Image taken from Life in the Fast Lane Top 10 Foreign Bodies <http://lifeinthefastlane.com/top-ten-foreign-bodies/>