

## Review Article

# Foreign Body (Giant Radish) in the Colon

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## Abstract

Colonic foreign bodies are a selective case of gastrointestinal foreign bodies. A feature of clinical importance is the passage of large foreign bodies through the rectum to the sigmoid and descending colon. In this case, the development of intestinal obstruction, direct damage or the formation of bedsores of the intestinal wall with subsequent perforation and the development of fecal peritonitis is dangerous. In the vast majority of cases described in the clinical literature, foreign bodies were introduced voluntarily, about 10% of cases had a violent origin [1]. Often, out of shame, patients point to the "accidental entry" of an object into the rectum as the reason. Among the previously described in the literature, we find a variety of extraneous rectal objects by type and size: an apple [2], a carrot [3], a rubber ball [4,5], a glass container [6], a plastic cover for a toothbrush [7] vase [8]. Methods of removal in each case are individual: from manual to laparotomy, depending on the depth of penetration and technical capabilities. We present our own observation of a patient with a giant radish of the colon that got through the anal canal.

**Purpose:** Indicate a rare case of a foreign body (giant radish) that entered the descending colon through the anus and was removed without laparotomy through the anal canal without the use of auxiliary instruments.

**Keywords:** Rectum, Colon, Giant foreign body of the colon

## Main Part

Patient R., 62 years old, was admitted on November 16, 2021. at 3 p.m. 50 min. to the surgical department with complaints about the presence of a foreign body in the rectum - «a stick carved from a radish».

It is known from the anamnesis: the mentioned complaints, according to the patient, appeared today, November 16, 2021, around 8:00 a.m. in the morning, after the patient himself stuffed a «radish stick, about 20 cm long» into his anus for the purpose of «massaging the prostate.» When the patient, according to him, felt that «the stick fell deeper into the intestine», he called the emergency room, which took him to the surgical department.

Objectively: the general condition is closer to relatively satisfactory. Consciously, emotionally labile. Hypersthenic, hypertrophic. Excess body weight 2 st. Tongue wet, clean. The abdomen is enlarged due to the patient's obesity, inflated, participates in the act of breathing evenly, soft, sensitive on the left flank. There are no symptoms of peritoneal irritation. Gases are not passing well, there was no stool today.

Rectal (local status): at a height of 8-10 cm, the lower end of a solid foreign body with a smooth surface with a diameter of about 3 cm is palpated (balloted), the upper end of the foreign object is out of reach. No horizontal fluid levels were detected on the X-ray examination of Klobberg's cups, and no signs of a foreign body were detected. General analysis of blood, urine without special features.

The patient was taken to the operating room, where the anus was devolved under intravenous anesthesia. The foreign body of

the colon, by pressing on its proximal end (which was palpated after relaxation of the abdominal wall of the patient under anesthesia in the left hypochondrium), was sufficiently lowered to the middle ampullary part of the rectum, after which it was possible to grasp it with the fingers by the distal end and remove it (an attempt to remove with a window clamp was ineffective due to the object slipping out of the clamp branch). Removal of the foreign body from the patient was complicated by the difference between the external atmospheric pressure of 760 mm Hg. and significantly lower intra-abdominal pressure (normally 0-5 mm Hg), which caused a «suction effect» and advancement of the object in the proximal direction during attempts to extract it. The foreign object turned out to be a cylindrical shaped shaved giant radish 25 cm long, with a maximum diameter of 6.5 cm, with a condom stretched over it. On the foreign object are traces of feces mixed with minor impurities of dark blood. Bleeding during removal was not observed. The ampoule of the rectum and the perianal area are sanitized with antiseptics. Aseptic bandage.

The postoperative period was uneventful. The next day, the patient's condition is satisfactory, the abdomen is soft, painless, physiological functions are not disturbed, the patient was discharged under the surgeon's outpatient observation at his own insistence. Examined after 2 months: no intestinal disorders are noted [1-8].

## Conclusions

The given case is interesting due to the deep penetration of a large foreign body through the rectum to the descending colon and its successful removal through the natural opening without laparotomy and the use of instruments that were useless in this situation.

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