Shell in the rectum

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DESCRIPTION

A 67-year-old man with Down syndrome with intellectual disability presented with fever and cough. He denied abdominal pain or any change in bowel movement. His abdominal examination was unremarkable. A contrast-enhanced CT of the chest and abdomen performed for the fever work-up incidentally revealed a sharp-edged foreign body in the rectum without perforation (figure 1, online supplementary video). A colonoscopy disclosed a conch shell, 5 cm in length, caught in the rectum (figure 2). Further history clarified that he mistakenly swallowed the chopstick rest made with a shell at a restaurant in Ishigaki Island, Okinawa, Japan. His fever was attributed to pneumonia, and after intravenous antibiotic therapy for several days the fever remitted. He was transferred to his residential facility. He was concluded as having swallowed shell, which transferred to the rectum after his swallowing.

The rectum and the oesophagus are two main locations of foreign bodies.[1] Many objects have been described as retained rectal foreign bodies.[2] The gastrointestinal sequelae depend on the type of object and its location.[3]

A clear history of foreign body ingestion may be lacking.[1] There are a variety of presentations with foreign bodies: may be asymptomatic, rectal pain, bleeding, pruritus, intestinal obstruction or rectal abscess.[2]

Plain X-ray and CT are useful tests to confirm the location of foreign bodies and associated complications. Fortunately, 80%–90% of ingested foreign objects that reach the stomach will pass without intervention.[1] In clinically unstable patients with evidence of perforation or peritonitis, emergent surgery should be considered.

Figure 1 Pelvic CT showing a sharp-edged foreign body.

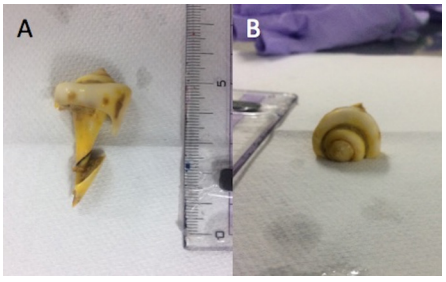

Figure 2 (A,B) A shell in the rectum.

Learning points

- Although rare, shell can be a foreign body in digestive tract.
- Rectum and oesophagus are two main locations of foreign bodies.
- Most ingested foreign bodies that reach the stomach will pass without intervention.

Contributors YS and TH were equally involved in the care of the patient. YS, TH and TS were equally involved in creation of the image and writing of the report. Written consent to publication was obtained.

Competing interests None declared.

Patient consent Obtained.

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