A giant complex rectosigmoid bezoar with multiple foreign bodies: a first of its kind

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DESCRIPTION

A 20-year-old male patient presented with a 15-day history of constipation, abdominal distention and abdominal pain. He was mentally impaired and would swallow foreign bodies, including pieces of clothing. His abdomen was firm and tender on examination with absent bowel sounds. Rectal examination revealed impacted stools. CT of the abdomen showed a 19×26 cm ovoid intraluminal mixed density mass with mottled gas pattern and multiple foreign bodies occupying the rectosigmoid colon consistent with a bezoar (figures 1 and 2). Digital evacuation was performed several times and the bulk of the bezoar was removed piecemeal. The major bulk was cotton thread along with different objects such as pieces of bone, seeds of various fruits, stapler pins, buttons, metal wires, etc. These were removed. Finally the patient started passing stools on his own and was discharged. A bezoar is a tightly packed mass of foreign material in the gastrointestinal tract of humans or animals. Patients with learning disabilities and psychiatric illness have increased risk of bezoar formation due to their abnormal dietary habits. A common site for a bezoar is usually the stomach; involvement of colon and rectum are rare. Our patient had irregular bowel habits since childhood and sometimes passed stools only once in 7–10 days, which over a period of time might have contributed to the development of the bezoar in the rectum. A giant complex bezoar of this size with multiple types of foreign bodies involving the rectosigmoid colon is very rarely reported.

Learning points

- History of dietary and bowel habits is extremely important in patients presenting with abdominal symptoms suggestive of intestinal obstruction.
- In a mentally disabled patient presenting with features of intestinal obstruction, the possibility of a bezoar should be considered.

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Figure 1 Skiagram showing dilated bowel on the right side of the abdomen with mottled gas pattern along with multiple radio-opaque substances.

Figure 2 CT of the abdomen showing dilated sigmoid and rectum with mottled gas pattern along with multiple radio-opaque foreign bodies consistent with a bezoar.
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REFERENCES