



REVIEWER'S REPORT

Manuscript No.: IJAR-50391

Date: 24-02-2025

Title: Large Colorectal Foreign Body Voluntarily Introduced: A Case Report

Recommendation:

- Accept as it is.....**YES**.....
- Accept after minor revision.....
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	√			
Techn. Quality		√		
Clarity		√		
Significance			√	

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

1. Overall Impression:

This case report presents a well-documented and structured analysis of intra-rectal foreign bodies (IRFBs), focusing on a voluntarily introduced large foreign object. The report effectively discusses the diagnostic challenges, treatment strategies, and possible complications associated with such cases. The discussion is supported by relevant literature, providing clinical insights into both emergency and post-extraction management.

2. Strengths:

- **Clear Case Presentation:** The report follows a logical progression, starting with the patient's history, diagnostic challenges, and the treatment approach.
- **Comprehensive Discussion:** It outlines the management of IRFBs in detail, covering aspects like imaging, extraction techniques, and post-extraction observation.

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- **Clinical Relevance:** The report highlights the increasing frequency of such cases, making it an important contribution to emergency and surgical medicine.
- **Emphasis on a Non-Judgmental Approach:** The discussion rightly underscores the importance of patient cooperation, particularly in cases where reluctance to disclose the incident could delay diagnosis and management.
- **Multidisciplinary Approach:** The inclusion of various treatment strategies, from conservative extraction to potential surgical intervention, provides a well-rounded perspective on IRFB management.

3. Observational Highlights:

- The case emphasizes the importance of **imaging techniques** in IRFB diagnosis, particularly when objects are **not radio-opaque**.
- The patient's **refusal of a digital rectal exam** posed an additional diagnostic challenge, reinforcing the need for a **patient-centered, empathetic approach** in such cases.
- The **successful transanal extraction under sedation** illustrates a preferred minimally invasive approach when feasible, avoiding unnecessary surgical intervention.
- The discussion includes **post-extraction monitoring**, which is crucial for identifying delayed complications such as perforation or infection.
- The suggestion of **psychiatric evaluation** in cases of recurrent self-insertion is a valuable addition, acknowledging the potential behavioral or psychological factors involved.

4. Conclusion:

This case report provides a **thorough and well-reasoned** discussion on intra-rectal foreign bodies, with a **systematic approach to diagnosis and management**. It highlights **key clinical considerations**, including **imaging, extraction techniques, patient cooperation, and post-extraction care**. The emphasis on a **multidisciplinary, non-judgmental strategy** ensures better patient outcomes while minimizing complications.