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CASE REPORT

Unusual presentation of acute rectal pain due to fish bone impacted in rectum – a case report.

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Abstract

Fish bone is the commonest type of foreign body ingested **[1]** and not regarded as a very serious medical condition. Though, the condition may seem too simple and often overlooked, but rarely, the damage they can cause can be quite catastrophic ranging from abrasions to faecal peritonitis. Fish bones in rectum are a rare finding not commonly published in medical literature. In this article, we report of an unusual presentation of acute rectal pain due to an impacted rectal fish bone.

Introduction:-

Swallowed foreign bodies are quite commonly encountered in medical practice. Of these swallowed foreign bodies, fish bone is the commonest type (62.7%) of foreign body ingested **[1]** Lei et al. These can cause medical problems like discomfort or even perforation, if they get impacted in the pharynx or the oesophagus. Most of the swallowed foreign bodies (80% to 90%) that pass into the stomach usually navigate the intestines and passed in stool without causing much medical problems **[2]**. However, owing to the sharp nature of these objects, ingested bones can sometimes cause intestinal perforation **[3]**, enterovesical fistula **[4]** and perianal abscesses **[5]** as documented in previous literature. We present a case of a 47 year patient who came to us with fish bone entrapment in the rectum causing severe anal pain without any harm to rectum or anus.

Case History:-

We report the case of a 47 years old previously healthy Indian male patient who presented to our Emergency Department (ED) with a history of severe perianal pains and tenesmus from 3 hours prior to his arrival. The symptoms started suddenly while he was passing stools, resulting in excruciating pain which continued even after defaecation. He felt something poking his anal area causing severe stabbing pain and tenesmus. There was no history of similar anal pains in the past, or any throat pain or abdominal pain during the last 24 hours. The patient was otherwise fit and healthy. The patient, however, gave a history of having rice & fish curry for dinner the previous evening. On examination, his vitals were found to be stable and all the systems were normal. Anal inspection was normal, but a foreign body was felt at level of dentate line during digital examination. Direct visualization with proctoscope revealed an impacted fish bone near the anorectal junction which was then removed with an artery forceps. There was no bleeding or visible injury at the site during removal and pain was relieved almost immediately after removal. Patient was observed in Emergency Department for 6 hours and discharged in stable condition with no residual problems.

Discussion:-

Accidental ingestion of fish bone is the commonest type of foreign body ingested **[1]** as reported in a Chinese study on 1,338 patients by Lai et al. However, most swallowed bones (80-90%) **[2]** are either digested or pass through the

gastrointestinal tract within a week without causing medical problems and less than 1% needs operative intervention **[6]**. Foreign body within the rectum are extremely uncommon [2] in India, and mostly reported from literatures in Eastern Europe **[2].** In Eastern India, fish is consumed regularly and thus, ingestion of fish bone is an inevitable risk, associated in daily eating habits. So, physicians need to be familiar with this condition.
Fish bones are sharp in nature and have been previously reported to cause perforation of hollow visceral organs and even cause fistulas **[3, 4, 5]**. Alam *et al* reported a fish bone perforating the esophageal wall and migrating to the aortic lumen **[7]**.

Previous literature suggest presence of dentures, previous anal surgery complicated by anal stenosis and alcohol intoxication as risk factors predisposing to impacted foreign body by ingestion **[8]**. Our patient did not have any of these risk factors. Apart from throat and oesophagus, fish bones have been reported to lodge in the anorectal junction and in the mid rectum, when they fail to negotiate the angulations of the alimentary tract. In our patient the force exerted by rectum during defecation or due to impacted faecal matter is the likely cause for the bone to get lodged in the rectal mucosa.

Most of these impacted bones can be felt on digital rectal examination and have been extracted transanally with appropriate sedation under direct vision with proctoscope **[10]**. If the foreign body is palpable and can be visualized, as in our case, they may be removed under local anaesthesia. However, removing a foreign body that is impacted deep in the rectum carries high risk of perforation and should be done by a trained surgeon or gastroenterologist. Such procedures should be followed by check sigmoidoscopy following extraction to evaluate any mucosal injury or perforation **[10]**. Patients who develop signs of peritonitis require operative intervention **[6]**

Our patient was unaware of the presence of a bone in his gastrointestinal tract. Thus a detailed clinical history and examination are essential for the diagnosis and management of any such condition **[7].** The patient could be asymptomatic or may present with peritonitis. Proper investigations and early appropriate management should be carried out **[5].** All patients should receive education regarding meticulous mastication after treatment in order to prevent recurrence.

Conclusion:-

Doctors and surgeons must be aware of the possibility of these swallowed sharp foreign bodies being a cause of severe anal pain. In such cases, every doctor must have high suspicion of the potential injuries and complications that may be incurred by a sharp foreign object. Emergency Physicians must also be warned that these sharp foreign bodies carry a risk of piercing their finger during digital rectal examination or surgical operations for fistula-in-ano or perianal abscesses.

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