MedPulse Spectrum
Volume 1, Issue 1 (January-June 2025)
https://jouex.com/index.php/medpulspect

Case Report

MANAGEMENT OF A RECTAL FOREIGN BODY WITH HISTRIONIC PERSONALITY DISORDER IN AN 8-YEAR-OLD BOY: A RARE CASE

Murad Habib✉, Mansoor Ahmad, Fatima Rasheed Khan, Muhammad Amjad Chaudhary
Department of Paediatric Surgery, Children's Hospital, Pakistan Institute of Medical Sciences, Islamabad, Pakistan

Background: Rectal foreign bodies are scarce in the paediatric population. They present with both a diagnostic dilemma and challenging management, particularly in children with attention-seeking behaviours or other mental illnesses. **Case:** We present here a case of an 8-year-old boy with histrionic personality disorder having a foreign rectal body that got inserted accidentally during a play, but could not be found upon clinical assessment. After confirming it with a plain abdominopelvic radiograph, a fluoroscopic examination under general anaesthesia confirmed the location of impaction. However, it passed spontaneously after oral laxatives. **Discussion:** Rectal foreign body in a paediatric patient with mental illness is quite a unique case. It is challenging at every step, i.e., clinical assessment, diagnosis, and treatment. In paediatric patients, rectal foreign bodies can have various causes, offer complex diagnoses, and can be managed without surgical intervention. **Conclusion:** Uncomplicated rectal foreign body in a mentally unstable paediatric patient is quite challenging to deal with. The diagnosis can be masked either due to mental illness or an insignificant clinical assessment. The management shall be provided with laxatives and kept under observation. The parents of such patients should be appropriately educated, and psychiatric evaluation should always be considered.

Keywords: rectal foreign body; paediatric; histrionic personality disorder; challenging

✉**Corresponding author: Dr Murad Habib,** Resident Peadiatrics Surgery, Children's Hospital, Pakistan Institute of Medical Sciences, Islamabad, Pakistan. **Cell:** +92-03137373930 **Email:** muradhabib007@gmail.com

Cite this article: Habib M, Ahmad M, Khan FR, Chaudary MA. Management of a rectal foreign body with histrionic personality disorder in an 8-year-old boy: A rare case. MedPulse Spactrum 2025;1(1):3-5.

Submitted: 13th January 2025 **Revision:** 7th March 2025 **Accepted:** 7th March 2025

INTRODUCTION

Rectal foreign bodies are extremely rare in the paediatric literature.[1] They present as a diagnostic challenge in the paediatric population. Children are usually quiet, unlike their adult counterparts, who could point to their exact location.[2] They have a history dating back to managing the first rectal foreign body in the 16th century. However, management has always been challenging, though it has evolved through the ages from a surgical approach to being removed endoscopically.[2]

Rectal bodies have been described in surgical literature in the 4th BC when the ancient Greeks practised rhaphanidosis to punish male adulterers.[3] Since then, there have been numerous case reports and case series on varied presentations of rectal foreign bodies inserted both accidentally and also to seek self-gratification. In Munchausen syndrome, a patient inserts a foreign body voluntarily to seek caregivers' attention.[4] Other causes may include assault, accidents, smuggling, and iatrogenic mishaps.[5] A detailed clinical history coupled with the physical examination of the patient suspected of a rectal foreign body, including the abdominal and digital rectal examination, is essential. A radiograph of the abdomen and pelvis can confirm the presence of a rectal foreign body.[6]

CASE PRESENTATION

We report an interesting case of an 8-year-old boy with a primary complaint of not passing stool for the last two days. The history of patients revealed insignificant information except for a fall upon a needle while playing one day before. He was stable vitally with a soft abdomen and no signs of tenderness in any quadrants. On per rectal examination, no impacted stools, no signs of bleeding, or any fistulous opening. His inner mucosa was intact, and there was no foreign body on digital examination. He was sent for an abdomen and pelvis X-ray that revealed a foreign body in the rectum (Figure 1-a). So there was suspicion that a foreign body might be penetrated through the anus and moved high in the rectum during the 24 hours, possibly due to patient mobility.

The patient was admitted to the surgical ward and planned for examination under anaesthesia and retrieval if possible. The next day, he was shifted to the operating room, where procto-sigmoidoscopy was

performed under general anaesthesia, but no foreign body was visualised up until the sigmoid Colon. The procedure ceased due to the lack of facility for endoscopic retrieval, and the patient was sent for a fluoroscopic examination that revealed a needle-shaped foreign body in the right upper quadrant (sub-diaphragmatic space) (Figure 1-b).

Post-procedure, he was prescribed laxatives (lactulose 10mg/kg) and was kept in the surgical ward under observation till the conclusion after consulting with the team. However, the next, the primary parent showed a faeces-stained needle passed by the patient. Neither of them had admitted this earlier. The patient also did not confirm the needle insertion. As part of the institutional protocol per the American Academy of Peadiatrics, the patient was sent for psychiatric evaluation, where the consultant psychiatrist diagnosed him with a histrionic personality disorder. He was scheduled for counselling sessions and was advised to follow up. The patient was discharged the same day after a re-examination (Figure 1-c), which appeared normal.

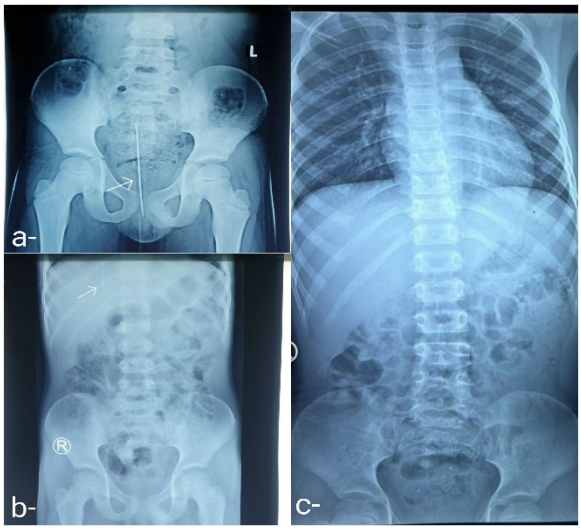

Figure-1: a) Foreign body in the rectum. b) foreign body in the right upper quadrant. c) no foreign body

DISCUSSION

Rectal body insertion has been discussed in surgical literature since the 16th century, and even before that, it has had different characteristic features in patients; however, in the paediatric population with histrionic personality disorder, it is not found in the literature.[1,3] This is its own because of a quite challenging initial assessment and effortless management.

Different factors of a patient with a retained rectal foreign body contribute to the challenging situation, making the diagnosis and management difficult. Some are ashamed of the disclosure of their history, and others with mental illness provide vague histories during initial assessment. Children might insert foreign bodies to seek attention, in contrast to their adult counterparts, who would do it for sexual gratification. Clinicians must speak respectfully with these patients to build a trust-based relationship.[6] Moreover, a detailed history of the patient and the physical assessment, including the abdominal and digital rectal examination, are not promising for diagnosing such a situation.[7] However, a plain abdominopelvic radiograph shall always be considered.[8]

There is ample literature on rectal foreign bodies, but the retrieval of the foreign body is still controversial. Also, the management of foreign rectal bodies varies from case to case. In a complicated case scenario, it is best removed with surgical intervention. In one study, it is mentioned to 'milk' the forging object distally by applying pressure to the external lower abdominal wall, pushing the object towards the exit route.[9] In another study, manual extraction under anaesthesia, combined with anal muscle relaxant, was advised for non-palpable anal foreign body retention in patients with weekend anal sphincters.[10] In the current case, it was passed out spontaneously with an oral laxative (Lactulose 10 mg/Kg) in a stable patient.

In paediatric patients, both laparoscopic and open techniques can be performed. However, endoscopic or laparoscopic removal is preferable over open surgery due to reduced tissue manipulation, less postoperative risk of complications, and quicker recovery.[11] Considering a diagnostic laparoscopy is more beneficial as it can be therapeutic for small and non-complicated foreign bodies if removed during the procedure. On the other hand, in cases of rectal perforation or other complications with large-sized foreign bodies, it can lead to open abdominal laparotomy with rectopexy and sphincter complex repair, resulting in optimal management.[12,13]

In our case, in a child with a histrionic personality disorder, an accidental insertion of the needle through the anus was confirmed by a plain radiograph that was passed out by oral laxative while under observation and was provided with psychiatric care.

CONCLUSION

Uncomplicated rectal foreign body in a mentally unstable paediatric patient is quite challenging to deal with. It can be child abuse in school-going children or an accidental insertion during a routine activity like play. The diagnosis can be masked either due to mental illness or an insignificant clinical assessment. However, a plain abdominopelvic radiograph should always be considered in such patients. The management shall be provided with laxatives and kept under observation until proven beneficial; otherwise, laparoscopy or open abdominal laparotomy shall be

considered. The parents of such patients should be appropriately educated, and psychiatric evaluation should always be considered.

REFERENCES

1. Forooghi M, Kamran H, Shahriarirad R. Management of Asymptomatic Perforation of a Pediatric Rectal Foreign Body into the Peritoneal Cavity Retrieved with Laparoscopy: A case report and literature review. Case Rep Med 2021;2021:5851967.
2. Cologne KG, Ault GT. Rectal foreign bodies: what is the current standard? Clin Colon Rectal Surg 2012;25(4):214–8.
3. Mantegazza C, Ferraro S, Biganzoli D, Destro F, Quitadamo P, Isoldi S, *et al*. Foreign body ingestion in children: Definition of a nomogram to predict surgical or endoscopic intervention. Dig Liver Dis 2024;56(2):312–21.
4. Moniruddin A, Faisal MFH, Chowdhury S, Hasan T, Rafique R, Banerjee G, *et al*. Sigmoid resection and primary anastomosis without any diversion or exteriorization for impacted foreign body in sigmoid Colon. KYAMC J 2020;10(4):214–8.
5. Khan SA, Davey CA, Khan SA, Trigwell PJ, Chintapatla S. Munchausen's syndrome presenting as rectal foreign body insertion: a case report. Cases J 2008;1(1):243.
6. Krencnik T, Jalsovec T, Klemenak M, Riznik P, Dolinsek J. Safety beyond Sight: Handheld Metal Detectors as Diagnostic Allies in the Management of Children Suspected to have Ingested Foreign Bodies. Diagnostics (Basel) 2024;14(4):356.
7. Mulita F, Theofanis G, Tchabashvili L, Drakos N, Maroulis I. Rectal foreign bodies: retained orange. Gastroenterol Rev (Prz Gastroenterol) 2021;16(4):392–3.
8. Grossi AELMT, Rodriguez JER, de Freitas Sousa AA, Machado DAB, de Albuquerque VVML, de Macedo FPPC. Management of unusual rectal foreign body - Case report and literature review. Int J Surg Case Rep 2022;94:107051.
9. Shaban Y, Elkbuli A, Ovakimyan V, Wobing R, Boneva D, McKenney M, *et al*. Rectal foreign body causing perforation: Case report and literature review. Ann Med Surg (Lond) 2019;47:66–9.
10. Asumanu E, Akwei CNA, Saeed A, Addai J. Management of retained trans-anal foreign body: a case report. Pan Afr Med J 2022;42:105.
11. Mulita F, Papadopoulos G, Tsochatzis S, Kehagias I. Laparoscopic removal of an ingested fish bone from the head of the pancreas: case report and review of literature. Pan Afr Med J 2020;36:123.
12. Chen T, M Siu J, Madan Y, Ma GW, Gill PJ, Carman N, *et al*. Pediatric esophageal foreign bodies: The role of socioeconomic status in ingestion patterns. Laryngoscope 2024;134(6):2945–53.
13. Li XL, Zhang QM, Lu SY, Liu TT, Li SL, Chen L, *et al*. Accidental ingestion of multiple magnetic beads by children and their impact on the gastrointestinal tract: a single-center study. BMC Pediatr 2024;24(1):5.

Authors' contribution: MH: Case presentation and manuscript writing, **MA:** case presentation, follow-up, and writing, **AMC:** supervising the whole report and proofreading

Conflict of interest: declared NONE
Source of funding: declared NONE

Published version: approved by authors