Endoscopic extraction of a special foreign body impacted in the colon

► **Fig. 1** Abdominal computed tomography image showing the long foreign body.

► **Fig. 2** Endoscopic view of the foreign body.

A 22-year-old man was admitted to the emergency department reporting insertion of a long foreign body into his anus 6 hours previously. Physical examination showed no signs of peritonitis. An abdominal computed tomography (CT) scan showed the foreign body in the descending colon and proximal rectum, with no signs of perforation (► **Fig. 1**). Emergent endoscopy was performed and showed that the foreign body was 35 cm from the anus and completely obstructing the bowel lumen (► **Fig. 2**).

We used a polypectomy snare and grasping forceps in succession to attempt to remove the foreign body but failed, despite several attempts, owing to the limited space between the foreign body and the bowel wall, and the slippery surface of the foreign body. Subsequently, we inserted two balloons (one at the proximal end of the foreign body and the other at the distal end) under fluoroscopic guidance

► **Fig. 3** Fluoroscopic image showing the two inserted balloons (arrows) at either end of the foreign body.

(► **Fig. 3**), and were able to pull the foreign body out by about 5 cm. Although further movement could not be achieved using this method, it did create more space between the foreign body and the bowel lumen. We then returned to the combination of the snare and grasping forceps to extract the foreign body (► **Fig. 4**). Finally, the foreign body was grasped by the snare and then extracted easily (► **Video 1**). The foreign body was about 46 cm in length and 3.5 cm in diameter (► **Fig. 5**). The patient was discharged on the same day, with no further discomfort.

Snares are commonly used to extract long foreign bodies [1]; however, in some cases, the procedure can be difficult because of the location, size, shape, or other features of the foreign body, meaning grasping forceps or balloons

► **Fig. 4** Endoscopic view showing the combined use of the snare and grasping forceps to extract the foreign body.

may play an unexpected role [2,3]. As presented in this case, a combination of two or more devices may achieve better results if a single approach does not work.

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► **Fig. 5** Photograph of the extracted foreign body, which was 46 cm in length.

► **Video 1** Endoscopic extraction of a special foreign body that was impacted in the colon.

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Competing interests

The authors declare that they have no conflict of interest.

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