A 35-year-old man was referred to our hospital owing to insertion of a lamp bulb into his anus 5 hours earlier. The patient’s abdomen was soft and not distensible. An abdominal radiograph showed a spherical opaque foreign body at the junction of the rectum and sigmoid, without any signs of perforation. Proctosigmoidoscopy found a black spherical foreign body (5.0 cm in transverse diameter) at about 15 cm from the anus (▶ Fig. 1 a), which was wrapped with black tape and whose neck pointed to the oral side. Several attempts were made to remove it with a snare grasping the neck of the bulb (▶ Fig. 1 b). However, the bulb rotated with endoscopic extraction and could not be passed through the acute angle of the rectosigmoid junction. Subsequently, a balloon was delivered over the bulb along a guidewire (▶ Fig. 1 c). After inflation of the balloon, the snare and the balloon were pulled outward at the same time (▶ Fig. 1 d; ▶ Video 1). Finally, the bulb was extracted successfully with withdrawal of the scope (▶ Fig. 2). There were no additional injuries, and the patient was discharged uneventfully the same day.

Rectal foreign body is a unique part of colorectal trauma. It is very common nowadays and usually causes difficulties in extraction because of the delay in attending hospital while several attempts...
are made to extract it at home [1]. For high-lying foreign bodies, like the one described above, they are usually located near the rectosigmoid junction and a proctosigmoidoscopic procedure is always necessary [2, 3]. Our experience in extracting foreign bodies stuck at the rectosigmoid junction suggests that the use of a snare and a balloon at the same time is helpful in fixing the rotatory foreign body, which then makes it easier to extract a difficult object such as this.

References


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Competing interests

None

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