

# A rare foreign body during colonoscopy: Headpiece of enema kit

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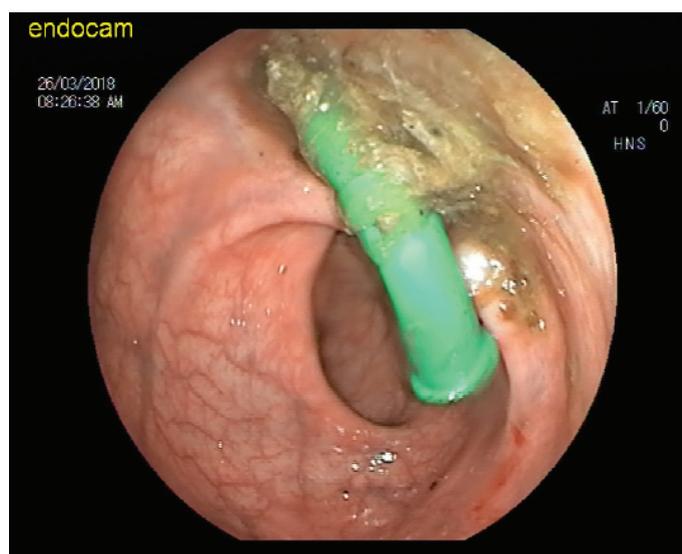
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## Dear Editor;

Colonoscopy is procedure that is used to assess rectum and other colonic segments via anus. Colonoscopy is used in the diagnosis and management of many disorders including intestinal polyps, colon cancer, and inflammatory bowel diseases. Foreign body in colon can also removed via colonoscopy. Foreign body in rectum is a rarely seen condition (1,2). It has become increasingly more common in emergency departments with increasing incidence of its complications (3). Most cases with rectal foreign body are men including homosexuals, elders, and patients with mental disability or victims of sexual assault in particular (4). The patients are prescribed rectal enema preparations in addition to polyethylene glycol solutions, sodium phosphate preparations and oral purgative solutions for bowel preparation before colonoscopy. In this case report, it was aimed to present a rare foreign body encountered during elective colonoscopy in a 55-years old woman.

A 55-years old woman presented to our outpatient clinic with chronic constipation. The patient had no comorbid condition other than hypertension. She had no family history of colon cancer. The physical examination was found to be normal. In laboratory examinations, fecal occult blood test was found to be positive. Thus, colonoscopy was scheduled to the patient. Oral purgative solutions and rectal enema were prescribed to the patient for bowel preparation. The colonoscopy was performed under sedation in our endoscopy unit. During colonoscopy, green, plastic headpiece of enema kit (Fleet enema ®) was detected in rectum (Figure 1). It was removed using foreign body snare. No complication was recorded during procedure. After procedure, it was found that one of enemas was applied without removing headpiece by his daughter.



**Figure 1.** Plastic head piece of enema

Colonoscopy is an interventional method used in the treatment and management of colon and rectum diseases. Bowel preparation is a prerequisite for successful colonoscopy examination. Oral purgative solutions and rectal enemas are commonly preferred for bowel preparation. The enema preparations supplied by pharmacy and applied by patients or their relatives should be described accurately. It has been observed that there is an increase in cases with rectal foreign body. The patients are generally middle-aged men or homosexual individuals. It is more common among European community than Asia (1,2,5). The etiology includes several reasons. In a study on 76 patients by Kurer et al., it was found that 48.7% used foreign body for sexual purposes and 25% used for hemorrhoid disease or relieving anal itching while remaining patients were subjected to

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assault or trauma. In our patient, rectal foreign body was due to inaccurate use of enema prescribed. A better anamnesis can be obtained by adequate communication and assurance. The most prominent symptoms are pain and fullness at anal region (4,6). Our patient had no symptoms. During physical examination, digital rectal and perianal examinations are particularly important in patients presenting with foreign body. Plain abdominal radiographs of computerized tomography scan can be used in suspicious perforation. The localization of foreign body is important for therapeutic approach. In cases without suspicious perforation, foreign body removal with anal dilations should be attempted under sedation, if possible, in objects at the level of rectal ampulla or digital rectal examination (7). Foreign bodies at more proximal levels, rigid sigmoidoscopy is successful in diagnosis and localization but it is inadequate for removal. Flexible rectosigmoidoscopy is successful in both diagnosis and treatment (8,9). We removed headpiece of enema by using snare. We think that this rare, preventable case developed due to inaccurate applications should be kept in mind and endoscopy team should more careful.

In conclusion, we think that healthcare staff in endoscopy unit and pharmacy staff supplying drugs should be more careful when informing patients and their relatives about use of preparations for bowel preparation, particularly in illiterate patients with lower socioeconomic levels.

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