

CASE REPORT

Bottoms Up in Pelvis. How can it really happen? – A Case Report of Foreign Body in Rectum

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Abstract:

A 50 years old, male patient was admitted with complaints of pain in abdomen & anal region with bleeding per rectum. Alleged history revealed that he was intoxicated by some substance mixed in tea, offered by a rickshaw driver while he was travelling alone at midnight. After regaining consciousness, he found himself lying under a bridge with dust & blood stains on clothes & at anal region, respectively. He bathed at his home & came to the hospital as outdoor patient. He was found to have a metallic foreign body in pelvis on per rectal examination. On X-ray examination of abdomen & pelvis, a radio-opacity in shape of an inverted glass was visualized simulating the phrase “Bottoms up”, used when the bottom of one's glass is tilted upwards until it is empty. Various interesting medical and medico legal events followed during the course of the treatment which are discussed in this case report.

Keywords: Bottoms up; Foreign body; Pelvis.

Introduction:

Generally foreign bodies can be found in upper gastro-intestinal tract due to accidental ingestion. Cases of foreign body insertion into the anus or rectum irrespective of whether done for sexual gratification or to produce harm, voluntarily, accidental or by the other person, are less frequently encountered & hence less reported. Objects of various sizes and shapes like a marble,¹ hand shower,² bottle,³ deodorant container³ or any other instrument are reported in literature to have been inserted into the anus or rectum in majority cases by self¹⁻³ or by force or accidentally.⁴ Generally cylindrical objects are used but wide mouthed glass like objects are less preferred. Torture can be the reason for inserting foreign objects in majority of the cases, but voluntary insertion is also not less frequent. We are reporting here a case of a 50 years old male, who presented himself at our hospital with bleeding per rectum and pain in pelvic and anal region with complex history. On examining the patient, a metallic glass was present at recto-sigmoid junction. This case is reported here not only because of uncommon object being used & presentation, but also various medical & medico legal events that followed during the course of the treatment.

Case Details:

A 50 years old male patient consulted the surgical OPD (outdoor patient department) of a tertiary care level hospital in Ahmedabad with complaints of pain in lower abdomen & anal region and

bleeding per rectum since 6-7 hours. The detailed alleged history revealed that while he was travelling in an auto-rickshaw around 4 am in early morning, he fell unconscious after consuming tea offered by the auto driver. When he regained the consciousness, he found himself on roadside, under an over-bridge with blood stains on his pants & mud stains all over clothes & body. He experienced extreme pain at lower abdomen & anal region and believed some foreign body was inserted in his anus by the offenders. After returning home, taking bath and changing clothes, he consulted the doctor, around 6-7 hours after the incident.

On examination, patient was well oriented to time, place and person with stable vitals. Abdomen was soft and non-tender. Fresh blood around anus and margins of a hard, hollow object was palpable 4-5 cm above anal verge on per rectal examination. No fissure, crack or perianal abscess was noted. Proctoscopy showed ring of a hard foreign body around 4x3.5 cm size with inflamed mucosa & fresh bleed in rectum. X-ray abdomen erect showed multiple air fluid levels while, X-ray both hips AP view revealed presence of opacity in shape of inverted glass, with bottoms up in pelvic cavity (Image 1). Medico legal case was issued and police was informed. Sample of blood was preserved, labeled and sealed for chemical analysis. Ultrasonography of abdomen & small parts of perineum showed enlarged prostate & mild subcutaneous oedema in bilateral perianal region respectively. Under general anaesthesia, trial for per rectal removal of the foreign body was given but, failed. Exploratory laparotomy revealed presence of a metallic glass with base at recto-sigmoid junction & the glass lying in inverted position. Rectotomy, removal of the foreign body (a metallic glass) and loop ileostomy was performed by Surgery department. The metallic glass (Image 2, 3 & 4) measuring 7 cm (length), 4 cm (base diameter) & 6 cm (diameter at top) was recovered, preserved, labeled and sealed.

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Figure 1. X-ray both hips AP view showing radio-opaque foreign body in pelvis with the shape of a glass in inverted position.



Figure 2,3. Metallic glass recovered from rectum.

Surprisingly, on the third day of admission, the patient and the relatives expressed their will to the doctor for not proceeding in any police investigation. They also informed the investigating officer for not doing any further procedure in the case. Patient was discharged after 11 days. Police neither requested for examination of the victim for any un-natural sexual offence nor came back to collect the injury certificate or the exhibits of the case.

Discussion:

Anal continence is maintained by an anal sphincter complex that consists of an internal sphincter which is involuntary, smooth muscle component & has ambiguous role in maintaining anal continence, while the other component known as external sphincter is voluntary & striated in nature, which is known to have a tonic activity at rest, even during sleep.⁴ Distension of the rectum or a spontaneous pressure increase evokes a contraction of the sphincter that lasts for 20-30 seconds. This guarding reflex is maintained through a neural arc at the low spinal level and probably the similar reflex contractions shall occur when any object attempts to accidentally penetrate the anus.⁴

It is observed in majority of the literature that foreign bodies are inserted in the rectum either for the non-sexual purposes like

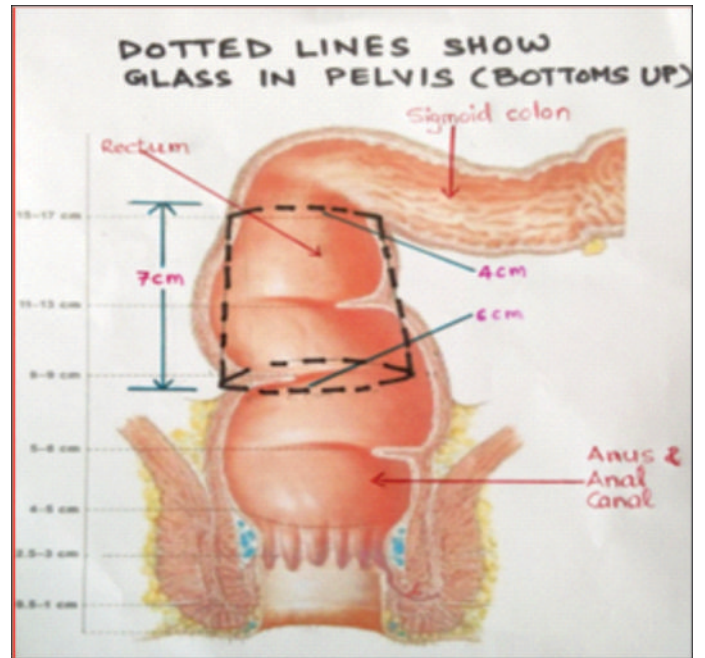


Figure 4. Schematic presentation: glass with bottoms up in pelvis.

transport of illicit drugs (body packing) or generally for the purpose of obtaining sexual gratification by prostatic massage,^{1,5} due to the proximity of lower one third of anterior rectal wall to the prostate.⁶ While attempting to insert the foreign body only up to lower one third of rectum voluntarily, by self or by force from the partner or entirely by accident, it may pass up, beyond lower one third of rectum accidentally. In present case, the base of the glass was stuck at the level of recto-sigmoid junction as both have same diameter (4 cm).⁶ Accidental entry of the foreign body in the anus can be possible if the anal canal or the object is already lubricated or position of the victim is favoring, like supine position with hips abducted, fully flexed and with pelvic tilt.⁴ The pre-requisite for this is unclothed anal area. In present case, such a situation could not be established by any means. On the other hand, in forceful insertion of a foreign body, such as a metallic glass used in this case, injury to the anal canal or rectum may be evident taking into consideration the diameter of the glass & the anal canal as well as rectum. Signs of trauma or injury are absent in this case, so again, initial story of forceful insertion of foreign body narrated by the victim is being negated, although intoxicated status of the victim may support it. Absence of any external or internal injury, delayed presentation of the patient to the doctor & refusal of the patient and the relatives for any further legal inquiry into the case suggests possibility of insertion of this foreign body by self or with the help of some partner.

Conclusion:

Before decriminalization of some parts of S. 377 of Indian Penal Code, Registered Medical Practitioner (RMP) was bound legally to make all such cases medico legal and the aspect of age of patient/victim were of no consideration for making the case medico legal. But, since Honorable Supreme Court judgement in Navtej Singh Johar & Ors v Union of India, Thr. Secretary,

Ministry of Law and Justice⁷ has held that "...In view of the aforesaid findings, it is declared that in so far as Section 377 criminalizes consensual sexual acts of adults (i.e. persons above the age of 18 years, who are competent to consent) in private, is violative of Articles 14, 15, 19 and 21 of the Constitution. It is, however, clarified that such consent must be free consent, which is completely voluntary in nature, and devoid of any duress or coercion..." now, such act involving consenting adults no more falls within ambit of S.377 of IPC. In present case the patient/victim was adult and probably reconfirmed with concerned police authorities that the insertion, either by self or by someone else, was with his consent and hence, they didn't register the crime and dispensed with the need of further medico legal investigation/s.

Another aspect which needs to be addressed here is, whether the act of providing false information regarding the incident initially & refusal of further investigation is sufficient to attract the punishment to the victim under S. 182 IPC [S. 182 IPC. False information, with intent to cause public servant to use his lawful power to the injury of another person.—Whoever gives to any public servant any information which he knows or believes to be false, intending thereby to cause, or knowing it to be likely that he will thereby cause, such public servant— (a) to do or omit anything which such public servant ought not to do or omit if the true state of facts respecting which such information is given were known by him, or (b) to use the lawful power of such public servant to the injury or annoyance of any person, shall be punished with imprisonment of either description for a term

which may extend to six months, or with fine which may extend to one thousand rupees, or with both] or not?

Conflict of Interest: The authors declare that there is no conflict of interest.

References:

1. Kasotakis G, Roediger L, Mittal S. Rectal foreign bodies: A case report and review of literature. *International Journal of Surgery Case Reports*. 2012;3(3):p. 111-5.
2. Cheereth RG, Ninan GA. Rectal foreign body: A case report. *Int Surg J*. 2017; 4(3): p. 1119-22.
3. Zeren S, Bayhan Z, Algin MC, Mestan M, Arslan U. Foreign bodies in the rectum: 2 case reports. *North Clin Istanb*. 2017; 4(1): p. 93-6.
4. Norfolk GA. Accidental anal intercourse: does it really happen? *Journal of Clinical Forensic Medicine*. 2005; 12: p. 1-4.
5. Akhtar MA, Arora PK. Case of unusual foreign body in rectum. *Saudi J Gastroenterol*. 2009; 15(2): p. 131-2.
6. Krishna Garg, Editor. *BD Chaurasia's Human Anatomy – Regional and Applied Dissection and Clinical*. 5th ed. New Delhi: CBS Publishers & Distributors Pvt. Ltd; 2010. Vol. 2: p. 409-17.
7. Navtej Singh Johar & Ors v Union of India, Thr. Secretary, Ministry of Law and Justice [September 6, 2018] Criminal Original Jurisdiction writ petition (Criminal) No. 76 of 2016 [Supreme Court].