

Body-packing: a case of hundred condoms of illicit drug swallowed by a trafficker

Abstract

A 55 year old man on transit in Bole international airport was brought to a hospital with sign and symptoms of intestinal obstruction. A complete intestinal obstruction was suspected and laparotomy was done. Milking down the obstructing foreign bodies tried but failed and the foreign bodies were extracted through an enterotomy. One hundred condoms filled with illicit drugs were extracted successfully. This is the first report of body packing in scientific literature in Ethiopia. We report the case and discuss the phenomenon with literature review.

Keywords: body packing, foreign bodies, drug trafficking, cocaine, illicit

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Hailu Wondimu Gebresellassie

Department of surgery, Addis Ababa University, Ethiopia

Correspondence: Hailu Wondimu Gebresellassie, Department of surgery, school of medicine, college of health sciences, AAU, Addis Ababa, Ethiopia, Tel+251911630934, Email hailuwgs@gmail.com

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Introduction

Foreign bodies in the digestive and respiratory system are a common cause of morbidity and mortality. Ingestion of foreign bodies in many cases are accidental. Foreign bodies present with pain, wound, infection and discharging sinus.^{1,2}

Drug traffickers ingest drugs to evade detection occurs in two distinct patterns. "Body packing" is the planned and relatively well-coordinated ingestion for the purposes of smuggling.³

"Body stuffing," the hasty ingestion of drugs in order to evade law enforcement, is a distinct syndrome from body packing. The body stuffer is often at risk for acute toxicity because the drugs are usually unwrapped or poorly wrapped, and not designed for ingestion and transport.³

Case presentation

A 55-year old Nigerian man was brought to a hospital from Bole international airport for a complaint of severe crampy abdominal pain of four hours duration. There were associated two episodes of bilious vomiting. He claims to have swallowed 100 condom-like materials filled with illicit drugs.

On examination he was sick looking but in no form of cardiorespiratory distress. Vital signs were normal except mild hypertension. The pertinent findings were moderately distended abdomen with hyperactive bowel sounds. The rectum was empty on digital examination.

Investigation with plain film of abdomen revealed classical evidences of body packing. Laparotomy revealed multiple discrete masses of similar shape and size in the intestine from jejunum down to sigmoid colon. An attempt to push all down to the rectum was tried but aborted after removing some twenty of the materials by milking down to anus and an enterotomy was done in the ileum and all the rest were removed intact. The enterotomy opening was closed and peritoneal cavity lavaged with saline and abdomen closed. Postoperatively on 5th postop day patient was transferred to another facility by law enforcement officials.

Discussion

Esophagus is the site where foreign bodies are often found especially in children.¹ Most go down to stomach and in to intestine without complication. The most common site of lodgment is the distal small bowel, i.e., ileo-cecal region in one-third of the cases. Those patients often present with abdominal pain due to lodgment or peritonitis within days as in our patient.²

Ingestion is not the only way of introducing foreign bodies. Foreign bodies can be introduced in to the anus accidentally or intentionally for erotic purposes, for self-treatment, for concealment, or by assault as well.⁴

Body-packing is a known means of international drug smuggling. This method was first reported in the medical literature in 1973, describing a patient who had swallowed a condom filled with hashish.⁵ It is mainly used for heroin, cocaine, amphetamines, and cannabis carriage. Latex condoms are commonly used for this purpose as this are readily available⁶ (Figure 1) (Figure 2).

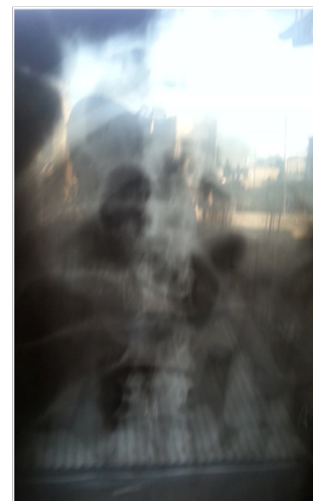


Figure 1 Condom bags filled with illicit drugs in plain film of abdomen.



Figure 2 Condoms filled with drugs after removal.

Traffickers use constipating agents, such as diphenoxylate or loperamide, for keeping the packets in gastrointestinal tract until they reach their destination. After entering the country of destination, body packers use laxatives, cathartics, or enemas to help pass their cargo rectally.⁷

Although persons carrying more than 200 packets have been described.³ One packet of cocaine, heroin, or amphetamine contains a potentially life-threatening dose of drug.⁶ Body packers may present to the emergency department because of drug toxicity, intestinal obstruction, or more commonly, requested by law-enforcement officers for medical confirmation or exclusion of suspected body packing.⁶

History is important although traffickers are unlikely to tell the truth. A plain abdominal radiograph is the initial method of choice for the detection or exclusion of drug-filled packets within the gastrointestinal tract of body packers. The findings are multiple radio dense foreign bodies with unnatural uniformity, as in this case, a rosette-like finding formed by air trapped in the knot where a condom is tied, or a double-condom sign, in which air trapped between layers of latex making them more visible.⁸ Air around the latex may also suggest a loss of integrity of the packing material. Plain abdominal radiography has a sensitivity of 74%–100%.⁹

Ultrasound is safe and can be done on bedside and urgently hence can be used for initial evaluation. Contrast-enhanced CT easily identifies drug packets, which typically appear as foreign bodies surrounded by a small amount of gas. CT is more sensitive than plain radiography, but sufficient assessment of sensitivity is lacking.¹⁰

Currently accepted management of asymptomatic patients is to wait for it to pass and this happens usually in 3 to 6 days. The overall rate of failure, defined as any indication for surgery, of such conservative management, is only about 5 percent.⁶ Surgery may be indicated for patients with acute cocaine poisoning or gastrointestinal obstruction or perforation. Open surgery is safer than endoscopy because of risk of rupture with the latter.⁶

Conclusion

Addis Ababa being in strategic location in the horn of Africa and the rise of the problem of drug trafficking,¹¹ doctors should be aware of the problem of body packing and its clinical management.

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Consent

A proper consent was obtained from the patient.

Conflict of interest

The author declares no conflict of interest.

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