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Letter to Editor

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Misplaced vibrator bullet in the rectum

Abstract

Per rectal insertion of foreign body for sexual gratification is not an unusual practice in this day and age. We describe an un-cooperative young lady, with an acute abdomen, refusing to give any history of preceding events. A routine abdominal X-ray, (performed at most NHS trusts in UK, for patients with an acute abdomen) clinched the diagnosis of a foreign body in the rectum, which was later extracted to relieve the patient's of her symptoms. The image highlights the importance of abdominal radiography in making surgical diagnosis promptly, even in this day of modern imaging modalities.

Keywords: foreign body rectum, anal vibrators, bullet vibrators, rectal obstruction

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Introduction

Per rectal insertion of foreign body for sexual gratification is not an unusual practice in this day and age. There are various objects marketed and sold as 'sex-toys' including battery operated vibrator machine, sometimes referred as bullet vibrator. We describe an un-cooperative young lady, with an acute abdomen, refusing to give any history of preceding events. A routine abdominal X-ray, (performed at most NHS trusts in UK, for patients with an acute abdomen) clinched the diagnosis of a foreign body in the rectum, with segments of spasm in the descending colon. The anal vibrator bullet was later extracted to relieve the patient's of her symptoms. Retrospectively she confessed at self-inserting the vibrator machine for pleasure.

Discussion

Presentation at the emergency department with retained rectal foreign bodies is not uncommon, although there are no reliable epidemiological data available.[1] Foreign bodies in the rectum are usually found in the adult population; they can be self-administered, autoeroticism, accidental introduction, and criminal assault.[2–4] Some psychiatric patients purposefully conceal objects in their rectum with the intention of self harm or sexual gratification.[5] There is a male preponderance in published literature.[3,5] Rectal foreign bodies are inserted intentionally or nonintentionally and pose both a diagnostic and therapeutic challenge to the clinician. Foreign bodies that are retained in the rectum have various shapes, numbers, and sizes. Presentation with anorectal foreign body is usually delayed because of the patient's embarrassment or concealment of preceding events.

After emergency or hospital admission, patients must be evaluated by surgeons with both a detailed history and physical examination. Digital rectal examination being an important tool. The unsuspecting medical practitioner may easily miss the diagnosis and fail to institute timely appropriate treatment. Sometimes, patients may formulate unusual stories to explain how the object became lodged in the rectum, including accidentally sitting on the object or insertion by an unknown assailant while asleep or drunk. Diagnostic problems and medicolegal issues can occur also with transanal rectal injuries because of the natural hesitancy of the patient to describe what might have been a very embarrassing incident. Transanal high hydrostatic pressure may determine severe colorectal injury, necessitating resection of the injured segment. The firm lateral support of the rectum makes the rectosigmoid junction the first part to be hit by the pressure column, which acts as a solid body as it opens the anal sphincter.[6]

The type of objects introduced through the anus are unlimited. A useful classification of rectal foreign bodies has been to categorize them as voluntary vs involuntary and sexual vs nonsexual. One of the most common category of rectal foreign bodies is objects that are inserted voluntarily and for sexual stimulation. In fact, autoeroticism has been reported as the most common reason for anally inserted foreign bodies.[7] The amount of patients presenting at the emergency hospitals with retained rectal foreign bodies appears recently to have increased. Foreign objects retained in the rectum may result from direct introduction through the anus (more common) or from ingestion. Affected individuals often make ineffective attempts to extract the object themselves, resulting in additional delay of medical care and potentially increasing the risk of complications. (Figure 1) The goals of radiological patient assessment are to identify the type of object retained, its location, and the presence of associated complications. Plain film radiographs still play an important role in the assessment of retained rectal foreign bodies.

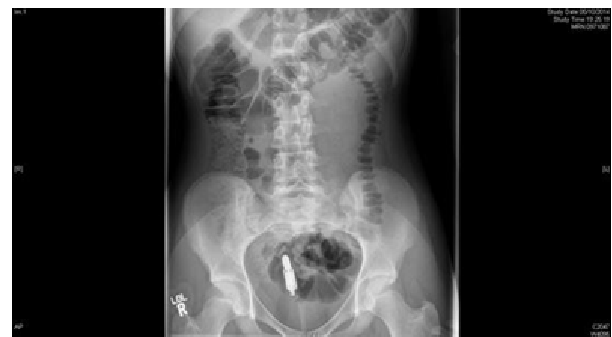

Figure 1 Abdominal X-ray depicting radio-opaque foreign body in the rectum (Anal bullet vibrator) and segmental spasm in the descending colon.

Conclusion

The image highlights the importance of abdominal radiography in making surgical diagnosis promptly, even in this day of modern imaging modalities. Prompt diagnosis and effective management reduces further surgical complications in such cases.

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Conflict of interest

The author declares no conflict of interest.

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