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Case Report

A rectal "kissing ulcer" caused by an ingested jujube pit in an adult: a case report and literature review

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Abstract: The spectrum of rectal foreign bodies includes food or nonfood objects that are swallowed and various objects that are inserted via the anal canal. Foreign bodies in the rectum are usually removable transanally, including manual disimpaction and endoscopic removal, although sometimes operative intervention is required. Here, we report a case of an ingested jujube pit lodging in the rectum which presented as non-specific lower abdominal pain and generalized body weakness in a 66-year-old woman. The patient underwent colonoscopy to remove the foreign body by forceps and an irregular shaped "kissing ulcer" was seen in the rectum.

Keywords: Foreign body, rectum, adult, colonoscopy, rectal ulceration, case report, review

Introduction

Foreign bodies in the rectum ware largely inserted via the anal canal, most commonly for sexual arousal [1], but occasionally some objects became arrested in the anorectal region after ingestion, including food and nonfood objects [2]. Fortunately, 80% to 90% of ingested foreign bodies will pass spontaneously [3]. However, 10% to 20% will require nonoperative intervention, and 1% or less will require surgery [2]. Sharp-pointed objects have the highest risk of complications, up to 35% [3]. We report a rare case of foreign body in the rectum with rectal ulceration in a 66-year-old woman.

Case presentation

A 66-year-old woman presented with a 2-day history of non-specific lower abdominal pain and generalized body weakness. History was negative for nausea, vomiting, hematemesis, diarrhea, melena, and hematochezia. Her medical, surgical and medication history was unremarkable.

On examination the patient's abdomen was diffusely tender with no peritoneal signs and bowel sounds were audible. A rectal examination was performed and a hard foreign body with sharp edges was felt.

The patient underwent colonoscopy to remove the foreign body and to exclude other pathology. Upon intubation of the colonoscope, a hard foreign body was observed in the rectum (**Figure 1A**). An irregular shaped "kissing ulcer" was seen in the rectum with bleeding (**Figure 1B**). The foreign body was removed by foreign body forceps. This fusiform foreign body, which was approximately 2 cm in length, were hard with very sharp points at each end, and recognized as a jujube pit. The patient was discharged with advice to refrain against the activity to swallow the seeds of fruits that she consumed.

At 2 weeks follow-up, the patient reported normal bowel movements and had no complaints.

Discussion

The majority of foreign body ingestions occur in the pediatric population, and the preschool toddlers were most prone to ingest inanimate objects [4]. In adults, foreign object ingestion occurs more commonly among those with psychiatric disorders, mental retardation, or a his-

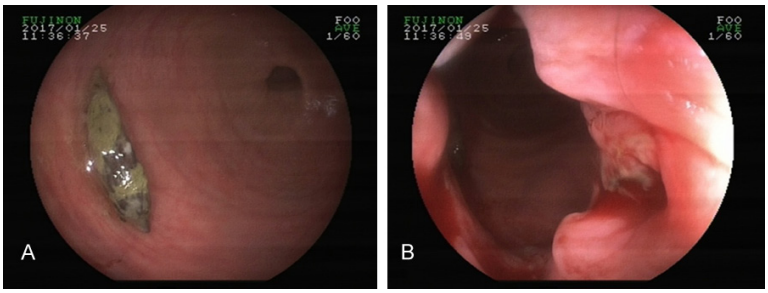

Figure 1. Colonoscope showing impacted jujube seed and rectal ulceration. A. A jujube pit was observed in the rectum; B. An irregular shaped "kissing ulcer" was seen in the rectum with bleeding.

tory of alcohol intoxication, and prisoners with 'Self-injurious' behaviors to manipulate the prison system [2]. And up to 80% of accidental foreign body ingestion occurs in individuals with dentures apparently due to loss of tactile sensitivity of the palatal surface [5].

The variety of objects removed from the rectum almost defies imagination. Except for the multifarious foreign bodies inserted through the anal canal [6], a fragment of bone swallowed with meat or fish, and other sharp-pointed objects, like needle, toothpick, and dental bridgework, accounted for a large part of the ingested objects lodges in the rectum [2]. In our case, the rectal "kissing ulcer" was caused by a jujube pit. A jujube is an edible drupaceous fruit of several spiny rhamnaceous trees of the genus Ziziphus, which is rich in China. Till the present day, only one case of perforation of the small bowel due to a jujube pit has been described in the literature in English [7].

When the foreign body lodges low in the anal canal, the patient gets severe anal pain, but if the foreign body is higher, then pain is much less marked and the patient goes on to develop sepsis as a consequence of the associated injury [8]. The patients may have perianal fistulas [9] or perianal abscesses [10] due to the foreign bodies. And there are also some rare complications reported, for example, Shimizu et al., in 2014, reported a case of Fournier's gangrene caused by the penetration into the rectum of an ingested fish bone [11].

The first step in the management of these foreign bodies is to exclude a bowel perforation [12], and plain abdominal radiography may be helpful. If perforation of the bowel has occurred, immediate laparotomy is warranted. If there are no signs of perforation, several management approaches can be tried, included rectal irrigation, manual disimpaction under general anesthesia or not, and endoscopic removal. Endoscopic extraction is a minimally invasive technique which can treat the patient on an outpatient basis under conscious sedation instead of general anaesthesia. Regular endoscopy accessories like polypectomy snares and biopsy forceps are always used to grasp small foreign bodies, and other medical devices like Sengstaken tube, Foley cathether, achalasia balloon are also reported to use during the removal [12-14]. Foreign bodies with a hook can be removed using a rat forceps to grasp the hook [6].

A Two-channel endoscope can be used to pass a wire to grasp an object with an eye [15]. When the inserted foreign body is large, a vacuum may develop causing a strong suction force countering its removal [6]. Using an tube (for example, Foley catheter) to inject air into the rectum or colon while extracting the foreign body should be the first-line technique to remove a large object [16].

Conclusion

A case of rectal ulceration due to the pointed jujube pit arrested after ingestion is presented. Various kinds of foreign bodies in the rectum and their treatment are discussed.

Disclosure of conflict of interest

None.

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