Migration of a GI Foreign Body into Retro Peritoneum Without Peritonitis

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Abstract Reporting an unusual case of a GI foreign body migrating to retro peritoneum without peritonitis. A middle aged male patient presented to the outpatient department with low back pain, on evaluation there was long slender radio opaque foreign body present in the pelvis. Exploratory laparotomy done, surprisingly it was found to be a suction canula(metallic) used when undergoing tonsillectomy two years ago.

Keywords ENT suction canula · Retroperitoneum · Foreign body migration

Introduction

A middle aged man presented to the out patient department with chronic low back pain and lower abdominal pain since one month. No other history was significant. On examination no abnormality detected. Per rectal examination was also normal. Then he was advised a plain X-ray abdomen and blood investigations as a routine work up.

Surprisingly, there was a long slender radio opaque foreign body at pelvis giving an impression that it might be at sigmoid or rectal region due to sexual perversion. Colonoscopy was done with diagnostic and therapeutic intent, but was essentially normal. Finally an exploratory

laparotomy retrieved the foreign body lying in retro peritoneum.

On exploration, there was no foreign body in the peritoneal cavity. Then on palpation of posterior abdominal

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wall, it was felt in the retroperitoneum and retrieved successfully. A search for any bowel perforation was negative, and abdomen closed with a drain.

Foreign body retrieved from retro peritoneum

ENT suction canula

The foreign body retrieved was confirmed to be was a suction canula used in ENT surgeries. Incidentally the patient had undergone tonsillectomy two years ago.

In this case, the foreign body entered through oral cavity but did not exit from anus, and any foreign body should exit from natural orifice[1] is an old concept and the present concept is “Any foreign body moves towards its least resistance, it can be luminal, transluminal or through tissues [2] but not trophic towards another natural orifice”.

The other rarity in this case was perforation of gastrointestinal tract without peritonitis. Since, it was a thin long slender body, after its penetration, the luminal contents did not exit into the peritoneal cavity as the perforation was fully blocked by the walls of the foreign body. And it slowly migrated outside and might have taken long time to exit so that the healing also started simultaneously and sealed of.

However, a review of literature did not reveal any case report where GI foreign bodies were migrating to retro peritoneum without peritonitis.

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