An Unusual Foreign Body in the Rectum

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SUMMARY

This is the report of an unusual foreign body in the rectum which was a complication of the migration of an esophageal Celestin's prosthesis.

INTRODUCTION

The endoscopic placement of an endoprosthesis is an efficient procedure for the palliation of malignant stenoses of the esophagogastric junction. The insertion of plastic tubes has been widely used with prompt relief of dysphagia. Nevertheless, stent migration is one of the main complications, occurring in at least 15% of the patients (1). We describe the spontaneous downward migration into the rectum of a Celestin's prosthesis.

CASE REPORT

A Celestin's prosthesis had been placed two months before in an 82 year-old man, across an unresectable carcinoma of the cardia. He achieved excellent palliation for the first six weeks, after which his dysphagia recurred. Two weeks later, he noticed anal pain with normal daily bowel movements. A digital rectal examination and a plain abdominal radiograph confirmed the presence of the prosthesis in the rectum (**Figure 1**). The removal was carried out without premedication. The prosthesis, 10cm in length and 1.5cm in diameter, was removed with the patient bent over, keeping the buttocks separated with both hands (**Figures 2A** and **B**). Once the prosthesis reached the anal margin, with the help of forceps, it was removed without trauma. The patient resumed oral feeding on the same day, after dilatation with Savary-Gilliard® dilators and laser photocoagulation.

DISCUSSION

Endoprosthesis migration is usually due to a discrepancy in size between the prosthesis and the esophagus or to the lack of proper anchoring (2). The prosthesis is placed across the gastroesophageal junction, so strictures may migrate downward, since the distal tip of the stent enters the stomach, the upper end is sometimes too short to prevent migration. Once in the stomach, the prosthesis may be removed endoscopically, or left inside if no pyloric obstruction occurs (1,3). There is a report referring to the spontaneous delivery of covered expandable stents in the stool, one day to 8 months after placement. Curiously, in one case, this occurred 6 months after the migration had been detected (4). This supports the fact that in the absence of previous chronic intestinal disease or abdominal surgery, we may assume a passive attitude with clinical and imaging vigilance,

FIGURE 1 The prosthesis with radiopaque marks placed in the rectum.

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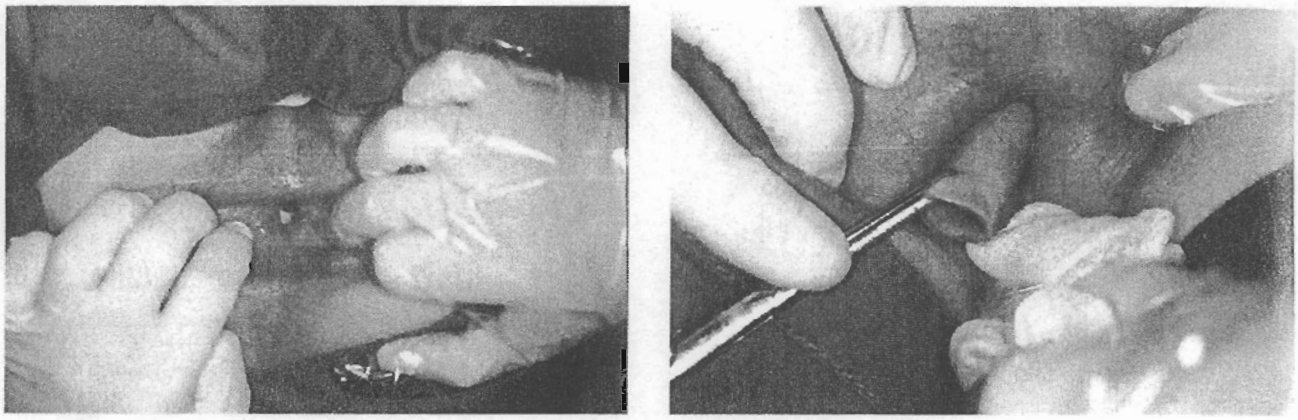

FIGURE 2 (A AND B) Transanal extraction with the tip of the Celestin's prosthesis grasped by a forceps.

although the migration may not be detected. Since they are used for the purpose of long-term bypass, the insertion of Celestin's prostheses across benign stenoses may disrupt and partially migrate through the digestive tract. The stent's end may pass into the colon and come out in the stool; however, it usually stops in the ileum, with a risk of occlusion or perforation (5,6).

The case described here shows that an entire Celestin's prosthesis may pass through the digestive tract without any trouble but may be retained in the rectum. In this patient, as the stent's distal end was localized in the anal canal, it was easily grasped and safely removed by a simple technique.

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