Sir,

We report a case of generalized acute peritonitis by sigmoid perforation, caused by a tip of a ballpoint pen.

A 44-years-old single man, with no noticeable past medical history, was seen in the emergency unit on the 14 November 2002 with symptoms and signs of acute peritonitis. A plain abdominal X-ray showed an oblong opacity in the left iliac fossa [Figure 1]. Surgery was performed the same day through a laparotomy. The findings were, a faecal peritonitis, a sigmoid colon foreign body as a pen [Figure 2], a perforation of 0.5 cm of diameter on the anterior aspect of the sigmoid colon about 1 cm from the recto-sigmoid junction.

The procedure consisted of a colonic enterotomy, removal of the foreign body, suturing of the perforation and a colostomy.

The reversal of colostomy was done a month later. During post-operative period, the patient developed wound infection managed with local wound care and antibiotics. The patient did well.

Colorectal foreign bodies clinical presentation vary in severity. When there are no complications, the removal is possible and easier through transanal route under general anaesthesia. The acute generalized peritonitis secondary to perforation is the most dangerous complication because of the colonic septic environment. Foreign bodies discovered in the literature are various in nature. Ball pen is exceptional in all the findings of colorectal foreign bodies.

In western countries, this entity is seen in patients with abnormal sexual behaviour such as anal erotic activity and other psychiatric disorders. None of these problems were mentioned during history-taking and physical examination. However, a second history taking done because of the nature of this peculiar foreign body, revealed that five years ago, the patient accidentally introduced and lost his pen in the rectum while trying to introduce a traditional drug prescribed by the traditional doctor for constipation. The same type of mechanism was reported by Clarke and coworkers in two patients. Kumar reported a similar mechanism in a patient who introduced accidentally a toothbrush into his anus to relieve himself from severe anal itching.

The delay to immediate consultation and examination may be due to the discretion and shame concerning rectal and genital diseases in our cultural context. Why such a late perforation? We think that due to the small size of the pen it has been able to wander within the colon cavity for some time. It also may have been stuck in the colon wall surrounded by faeces that kept it in place. The organic concretions on the pen after its removal [Figure 2] suggest that the foreign body was in the colonic cavity for a long time.

The endoscopic removal through transanal route if possible during the acute phase could have prevented this foreign body late complication and limited the present morbidity.

This case is anecdotal and interesting because of the
Letters to Editor

lesion mechanism, the duration and nature of the foreign body. This is the first Senegalese case report of colorectal foreign body.

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