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### Unique Endoscopic Retrieval of a Large Rectal Foreign Body

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## INTRODUCTION

- Large rectal foreign bodies are usually difficult to extract and typically require operative management

## HISTORY OF PRESENT ILLNESS

- A 15-year-old male presented to the ED with chief complaint of lower abdominal pain and retained rectal foreign body
- Physical exam significant for palpable midline mass distal to umbilicus and pain with lower abdominal palpation
- CT abdomen/pelvis showed elongated foreign body in the sigmoid colon, measuring 17cm x 3cm, x 3cm, no noted perforation

# Unique Endoscopic Retrieval of a Large Rectal Foreign Body

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## DISCUSSION

Using this minimally invasive endoscopic technique, a more invasive diagnostic laparoscopy was avoided and recovery time significantly shortened

This case report shows that endoscopic management can take on a larger role in the extraction of large foreign bodies

## MANAGEMENT

- Manual retrieval in the ED was unsuccessful
- Exam under anesthesia (EUA) with flexible sigmoidoscopy and possible diagnostic laparoscopy was scheduled for the operating room
- AN EG 2900 colonoscope was introduced into the rectum and carefully advanced past the proximal end of the foreign body
- Using insufflation, external caudal abdominal pressure, and the tip of the colonoscope to move mucosa, the foreign body was moved down into the rectum
- Once in the rectum, manual retrieval was successful