

Case Report

Unusual foreign body insertion in rectum and vagina in schizophrenic patient

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ABSTRACT

Insertion of foreign body in to the body is rare in medical literature. Here we report a case of 21 year old female who presented to emergency with acute abdomen and on detailed evaluation turned out to be schizophrenia. Our patient had history of insertion of ball pen in rectum following command hallucination. The foreign body was later removed through laparotomy. The cause of insertion of foreign body are multiple from command hallucination, suicidal attempt, erotism to somatic delusions. Thus the clinician should always be vigilant while dealing with psychiatric patients as sometimes impacted foreign body can present as acute emergency.

Keywords: Command hallucination, Foreign body, Schizophrenia

INTRODUCTION

The introduction of rectal foreign bodies into the rectum dates back to 16th century.¹ The purpose for insertion of foreign bodies into the genitourinary system could be psychiatric, accidental, sexual stimulation, curiosity among adolescent,¹ Various objects that have been inserted into the rectum include bottle, bones, seeds, carrots, vessel jar, lemon, thermometer.² However cases of insertion of foreign body into vagina have been rarely reported.³ Insertion of foreign bodies in psychiatric patients have been reported.⁴ However insertion of foreign bodies into the rectum and vagina in psychiatric disorders has been rarely reported.⁴ To the best of knowledge no case of insertion of foreign body into rectum and penetration into vagina has been reported. Here we report a 21 year old female with insertion of foreign body (ball pen spring) into the rectum, followed by penetration into vagina.

CASE REPORT

A 21 year old female, Kashmiri, Muslim, right handed presented to emergency department with history of recurrent bouts of fever and burning sensation while passing urine from past 3 weeks. The patient had history of haematuria from past 1 weeks. The patient had taken multiple antibiotic combinations during this period and had visited various departments for the same. The patient was advised multiple investigation including blood counts, culture and was advised to have a gynaecological check-up, to rule out the gynaecological causes of urinary tract Infection. The gynaecological examination revealed local bulge and erythema in posterior wall of vagina.

Patient was advised imaging, including abdominal and pelvic X ray, CT Pelvis and CT Abdomen. Axial CT scan revealed radio dense foreign body in vagina (ant wall) and rectum and coronal image showed rounded radio

dense foreign body (ball pen spring) in vagina (as shown in Figure 1 and Figure 2). The patient was asked about the history of trauma. The patients look perplexed and started talk about demons, spirit and their effects on his pain. The attendants were asked about the same. They reported that this behaviour, along with history of suspiciousness to family members and talking to self was present since 6 month. In view of these symptoms, patient was advised psychiatric check-up. Detailed history revealed suspiciousness, decreased self-care and biological functions for a period of 6 months and mental status examination showed unkempt female, incoherent slow speech, delusion of persecution, command hallucinations (in the form of hearing voices of abusing her to put foreign bodies in to anal rectum), with intact attention/ concentration, orientation and grade one insight. Physical and neurological examination was normal except tachycardia and fever was present.



Figure 1: Axial CT scan revealed radio dense foreign body in vagina (ant wall).



Figure 2: Rectum and coronal image showed rounded radio dense foreign body (ball pen spring) in vagina.

DISCUSSION

Haft and Benjamin were the first to refer to case of foreign body in rectum. Although the in 1919, the first case report was published. Most of the foreign bodies are inserted through anus rather than by swallowing.⁵

The insertion of foreign objects into the body appears with some frequency in the medical literature, but has been reported in minority in psychiatric patients. While psychiatric causes has been hypothesized as the underlying etiologic in some of these cases, the incidence of the behaviour within psychiatric practice has not been established.⁴ Foreign objects insertion in psychiatric patients is associated with highly repetitive behaviour. This behaviour may be because of delusional beliefs or a response to command hallucinations, as well as to commit suicide, especially in schizophrenia.^{6,7} The other causes of foreign body insertion are mood disorder, personality disorder, suicide have reported with insertion of foreign bodies⁷. The group of patients with foreign body insertion include children (75-80%), psychiatric patients especially with suicidal tendencies, substance abusers, prisoners,. most of the foreign bodies are of non-food related.⁶⁻⁸

Here we report a 21 year old female patient. Our patient had history of insertion of ball pen in rectum and vagina following command hallucination (figure 1 and figure 2). Foreign body insertion following command hallucination has been reported earlier.⁴ The patient had history of command hallucination following which she introduced ball pen in to rectum and which punctured into vagina. The foreign body was later removed through laparotomy. There have been few reports of ingestion of foreign bodies involving command hallucination,⁶ impaction of foreign body in ear,⁹ insertion of nail inside brain to commit suicide by various schizophrenic patient,¹⁰ in various schizophrenic patient in the past. To the best of knowledge no case of insertion of foreign body into rectum, followed by perforation into vagina has been reported.

The patient was put on risperidone (2mg twice a day for one week). The dose was titrated to 4mg twice after 2 weeks as there was minimal improvement in his psychotic symptoms. After 6 weeks, the patient had minimal psychotic symptoms. On follow up of 6 month, patient is doing well and taking medicines regularly (risperidone 4mg twice a day).

CONCLUSION

The clinician should always be vigilant while dealing with psychiatric patients as sometimes impacted foreign body can present as acute emergency.

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