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Male Sexual Assault - A Case Report of Foreign Body in the Rectum from Sexual Assault by Female Partner

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ABSTRACT

Most rectal foreign bodies (FB) are a result of insertion for sexual gratification. FB in the rectum as a result of sexual assault in males by the female partner is rare. A 32-year-old man presented with a 6-day history of deep anal pain and lower abdominal pain, following an assault by a female partner while he was drunk. Physical examination and plain radiography confirmed a FB in the rectum. The FB was removed at exploratory laparotomy following failed attempt at trans rectal removal under spinal anaesthesia. The FB was confirmed to be a perfume canister. The patient has remained well at two months of follow up.

Male sexual assault by female is not uncommon and can lead to disastrous effects. The female sexual assault on male is underreported and reported usually when there are complications. There is need to do more in-depth study to investigate the incidence of this.

Keywords: Case report, Male, Sexual assault, foreign body, rectum

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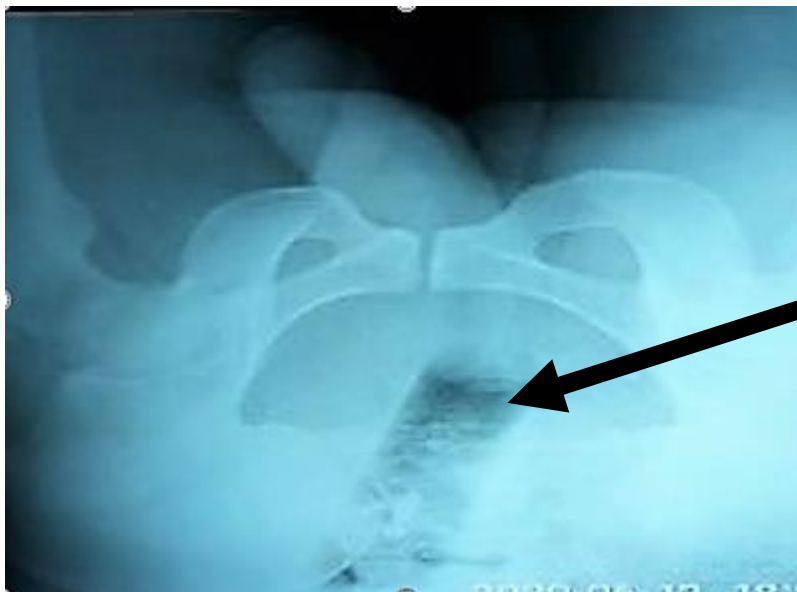
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INTRODUCTION

Rectal foreign body [RFB] is not uncommon in medical practice.^{[1][2]} It was first described in medical literature around the 16th century.^[3] It occurs in all age groups and with varying objects recovered. The true incidence of RFB is not known.^[4] In recent years RFB has becoming more frequent from sexual abuse or gratification from sex toys.^[6] Sexual eroticism is a common cause of rectal foreign body usually by self or homosexual partner.^{[3][5]}

Many patients present late and are usually not willing to disclose the truth about what led to the insertion.^[7] Management varies from manual removal to exploratory laparotomy. This case was managed in a tertiary institution after failed management in other secondary hospitals. RFB from sexual abuse in the adult male is uncommon. This report is intended to raise awareness as well as highlight the rising profile of male sexual abuse.



Cylindrical radiolucent foreign body

Figure 1: Plain radiograph showing a cylindrical object in the pelvic region



Figure 2: The empty perfume canister removed from the sigmoid colon at laparotomy

CASE REPORT

A 32 year old artisan presented with a six days history of deep anal pains and colicky lower abdominal pains on self-referral at our emergency

unit. The problem started when he took a female commercial sex worker home after drinking alcohol, became drunk and unable to have sexual intercourse with the woman. He woke up with

deep anal pains and felt an object in his rectum. On asking the sex worker she indicated that was his punishment for failing to have sexual intercourse with her. He subsequently developed loss of appetite and colicky lower abdominal pain. There was history of constipation and mild abdominal distension. There was no history of vomiting. There was no history of psychiatric illness, anal masturbation or homosexual activity. His efforts to remove the FB as well as multiple attempts at several general and private hospitals were not successful.

Physical examination showed that the patient was anxious, afebrile, anicteric, acyanosed, not pale and lying in the right lateral position. Pulse rate was 100 beats per minute and blood pressure 120/89mmHg. The abdomen was not distended, moved with respiration and there was tenderness in the left iliac fossa. A cylindrical object was palpable in the left iliac fossa that was arising from the pelvis and bowel sounds were increased. There was good perianal hygiene and the anal sphincteric tone was normal. A cylindrical object was palpable 7cm from anal verge that was continuous with the object felt in the left iliac fossa. Examining finger was stained with normal faeces but no blood stain.

Abdominal ultrasound could not locate the FB due to increased intestinal gas. Plain abdominal radiographs showed a hypoluscent cylindrical object extending from the level of the coccyx to above the pelvic brim [Figure 1]. Haemogram and serum electrolytes were normal. Human immunodeficiency virus, hepatitis B surface antigen and hepatitis C surface antigen tests were negative.

Under spinal anaesthesia and in lithotomy position, attempt was made to remove the RFB during at procto-sigmoidoscopy but was not successful. At laparotomy under general anaesthesia, the findings were; clear peritoneal cavity, a cylindrical object measuring 15cm x 4 cm was palpable in the sigmoid colon. The object was removed after sigmoid colotomy and found to be an empty perfume canister with some faecal

stains [Figure 2]. The sigmoid colon was repaired, abdomen cleansed and wound closed.

The patient did well and was discharged home 6 days after surgery and has remained well at ...four weeks ...of follow up on the second visit. He was counselled and further referred to the psychologist but did not keep subsequent appointment with the psychologist.

DISCUSSION

The incidence of rectal foreign body is unknown but it affects all age group, sex and race.^[8] RFB could be either voluntary or involuntary. Most cases of voluntary insertion is for sexual eroticisms.^{[3][9] [10]} Male are at higher risk of RFB at a ratio of 5:1 for male to female ratio.^[9] This patient is a male and presented at the usual peak age between 20 – 40 years, our patient was 32years old. Most of the objects inserted are smooth edged, like in our patient, this facilitate insertion but sometimes can be rough edged.^[4]

Most cases of rectal foreign body usually present late, sometimes years.^[4] This case presented after six days after several failed attempts at removal by self and medical personnel. Abdominal X – ray including the pelvic region identify the object in most cases like in this case presented. Other investigation that could help include CT – scan.

Manual removal was not possible because of the migration of the foreign body into the sigmoid colon with colicky pains and some obstruction. Complicated RFB high up in the rectum and perforated ones usually requires laparotomy.^[6] Laparotomy was done for the patient with successful removal and uneventful recovery,

Considering that a lot of patients are usually shy to explain the true nature of the situation that led to the foreign body, there may be other explanations for this case.

In cases of RFB from sexual assault it is usually on children, mentally challenged and homosexual males.^[11] In this case alcohol intoxication was the factor enabling factor. The late presentation and attempts of removal resulted in high migration that led to laparotomy to remove it.

Some of the patient with more dangerous object inserted are due to psychiatric illnesses in which case psychiatric evaluation is part of the management.^[3] In this case presented, there was no history of psychiatric illness

Conclusion

This case is unusual because the sexual assault was by the female against the man, not for eroticism and not consented to unlike most cases of RFB. Also it was done not even for the pleasure of the assailant, but as a punishment. This also underlying the silent female to male sexual assault, and might not be uncommon but rather underreported.

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