ANAL PAIN SECONDARY TO SWALLOWED BONE

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SUMMARY
Swallowed foreign bodies can be a source of morbidity or rarely mortality since they can impact in the pharynx and the oesophagus and cause discomfort or even perforate to cause mediastinitis. Most (80% to 90%)[1] foreign bodies including swallowed bone pass into the stomach, proceed through the intestines and are passed in stool without problems. Swallowed bone has been documented to cause intestinal perforation[2], enterovesical fistula[3] and perianal abscesses[4]. Two cases of swallowed bones, which passed through the alimentary tract to finally cause anal pain and anal fistula, are presented. Doctors should be aware of the possibility of sharp objects being the cause of anal pain and must therefore be careful when performing digital rectal examinations to prevent injuries from these foreign objects.

Keywords: Swallowed bone, fistula-in-ano, foreign objects.

CASE REPORTS

Case 1

A 49 years old male butcher presented to the surgical clinic of the Korle-Bu Teaching Hospital with a complaint of severe stabbing anal pain of three days duration.

Figure 1 Beef bone removed from the anus of case No 1

The pain was accompanied by constipation and was not relieved by analgesics. He was very anxious and distressed. No abnormality was found on general examination. Rectal examination, however, revealed a piece of bone (figure 1) lying transversely across the anus about two (2) centimetres from the anal verge with both ends embedded in the anal skin.

The bone was carefully removed without anaesthesia resulting in an almost instant relief of his anal pain. He was reviewed at the clinic a week later and was found to be in good health with no anal pain. He was therefore discharged.

Case 2

A 20 years old female house help presented to the same surgical clinic with anal pain, bleeding per rectum and recurrent swelling around the anus of six months duration. On examination she looked healthy and all systems were normal. Rectal examination revealed a fistula-in-ano with the external opening at the left lateral (3 o'clock) position three centimetres from the anal verge. Digital rectal examination was unremarkable. Investigation showed normal haemoglobin of 13.2g/dl. Sickling was negative. Urinalysis and stool examinations were normal. At a scheduled fistulotomy, a direct fistula track with an intervening abscess cavity containing an undigested bone was found. The track was laid open and she made an uneventful postoperative recovery.

DISCUSSION

The ability of swallowed bone to cause problems in the lower gastrointestinal track has been well documented[2,3,4]. Chicken bone has been reported to cause perforation of small bowel leading to peritonitis[2] and cases of internal fistulas secondary to swallowed bones including colovesical fistulas have been reported[3].

Most swallowed bones are, however, either digested or pass through the gastrointestinal tract without causing problems. Around the anus swallowed fish bone has been known to cause perianal abscesses and anal fistulae[4] which can be a source of severe anal pain. Fistulae-in-ano have occasionally been found to contain swallowed foreign bodies, for example melon seeds, in associated abscess cavities[5]. Fistula-in-ano has also been known to contain calculi[5,6]. Most foreign bodies in the anus are however, inserted transanally by the patients and are a source

of unexplained anal pain[7]. This report shows that swallowed pieces of chicken and beef bones also possess the ability to cause anal pain and abscess formation with its attendant fistula-in-ano.

Doctors and surgeons are therefore warned of the possibility of these swallowed sharp foreign bodies being a cause of severe anal pain and may pierce their finger during digital rectal examination or surgical operations for fistula-in-ano or perianal abscesses.

REFERENCES

1. Low VHS, Killius JS. Animal, Vegetable, or Mineral: A collection of abdominal and alimentary foreign bodies. *Appl Radiol* 2000; 29(11): 23-30.

2. Munoz C, Mendarte U, Sanchez A, Bujanda L. Acute abdomen due to perforation of colon by ingested chicken bone: diagnosis and endoscopic treatment. *Am J Gastroenterol* 1999; 94: 3069-3070.

3. Khan MS, Bryson C, O'Brien A, Mackle EJ. Colovesical fistula caused by chronic chicken bone perforation. *Ir J Med Sci* 1996; 165(1): 5-12.

4. Goligher JC. Surgery of the anus, rectum and colon (3rd Edn) Bailliere Tindall, London. 1975; 205-255.

5. Fahal AH., Birido NO., Gadir AFA, el Arabi YE. Calculi within an anal fistula (case report). *BJS* 1997; 84(7): 1001.

6. Ahmed ME, Shumo AI. A calculus within an anal fistula in a diabetic patient. *Saudi Med J* 2001; 22(2): 170-171.

7. Ooi BS, Ho YH, Eu KW, Nyam D, Leong A, Seow-Choen F. Management of anorectal foreign bodies: a cause of obscure anal pain. *Aust and N Z J Surg* 1998; 68(12): 852-855.