

Case of Unusual Foreign Body Insertion in a Gluteal Area in a Schizophrenic Patient: Visual Diagnosis

Şizofreni Hastasında Gluteal Bölgeye Alışılmadık Yabancı Cisim Sokulması

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Abstract

Insertion of a foreign body into the body is frequent in medical literature but multiple insertions are rare. In almost half of cases of foreign body insertion into the body, the cause is for sexual arousal / stimulation. Among other reasons, cognitive disorders, suicide attempt, psychosis, depression, dementia and delirium, constipation and hemorrhoids treatment, attention-grabbing behavior, as well as abuse should be considered. These insertions can lead to major complications. In this case report, foreign bodies are described in the gluteal area of a 49-year-old psychiatric patient.

Keywords: foreign body, gluteus, schizophrenia

Özet

Yabancı bir cismin vücuda sokulması tıbbi literatürde siktir, ancak çoklu uygulamalar nadirdir. vücuda yabancı cisim sokulması vakalarının neredeyse yarısında neden cinsel uyarılma / stimülasyon içindir. Diğer nedenler arasında, intihar girişimi, psikoz, depresyon, demans ve deliryum, kabızlık ve hemoroid tedavisi, dikkat çekme davranışı yanı sıra istismar düşünülmelidir. Bu uygulamalar ciddi komplikasyonlara yol açabilir. Bu olgu raporunda gluteal bölgesine yabancı cisim sokan 49 yaşındaki bir psikiyatrik hasta sunulmuştur.

Anahtar Kelimeler: yabancı, cisim, şizofreni

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1. Introduction

Foreign body insertions such as anorectal and urethral holes are frequently presented to emergency department (ED). These insertions can lead to surgical complications and even death [1]. Foreign bodies in children are often accidental and with oral intake, but adults often suffer from concomitant psychiatric

diseases [2]. In schizophrenic patients, it may occur as a response to command hallucinations [3]. Foreign bodies can enter the body by swallowing, insertion or by traumatic force. We here report a rare visual diagnosis case of foreign body insertion in the gluteal area in a schizophrenic patient.

Case

A 49-year-old male with previous schizophrenia history about 15 years was admitted to our emergency department with an inability to sit and pain in the gluteal area. He was accompanied by her mother. His medical history included an emotionally unstable personality disorder and an anxious, avoidant personality. Physical examination confirmed edema, ecchymosis and abrasion with mild tenderness in the gluteal area. Digital rectal examination confirmed soft stool. Radiographic evaluation in the form of

an acute abdominal series was obtained. His abdomen and pelvic X-ray confirmed multiple linear radiopaque foreign bodies throughout the pelvis (Figure 1,2). Investigation with a CT abdomen and pelvis showed multiple needles, adjacent to the right anus entrance, left and right perirectal area and the posterior rectal wall (figure 3). Our patient was consulted to general surgery, orthopedics and psychiatry departments. He was discharged with conservative treatment after 48 hours of hospitalization.



Figure 1. Abdominal X ray and Foreign bodies



Figure 2. Pelvic X ray and Foreign bodies

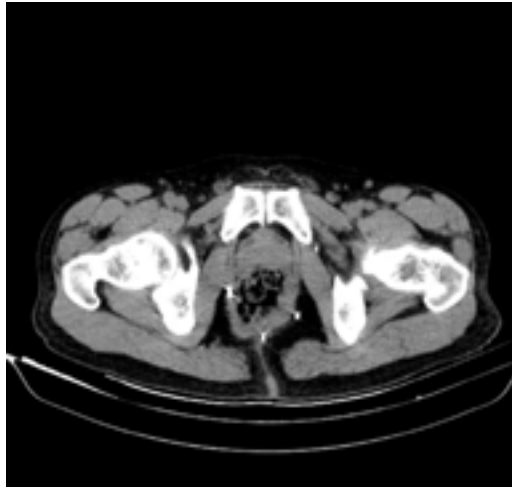


Figure 3. Computed tomography and Foreign bodies

2. Discussion

Insertion of a foreign body into the body is frequent in medical literature but multiple insertions are rare. The subject of foreign body removal has wide coverage in the fields of surgery, emergency medicine and paediatrics. Self-harm situations such as foreign body insertion are more often indicative of an underlying psychiatric disorder. Diagnosis of these cases, which can be encountered in emergency departments, is sometimes difficult. Because of the underlying psychiatric disorder, patients cannot identify this condition in their anamnesis. It is thought that such behaviors in psychiatric patients occur as a result of delusional beliefs or as a response to hallucinations due to psychotic diseases such as schizophrenia [3]. This is not only seen in schizophrenic patients, but may also occur in patients with substance use, mood disorder, bipolar disorder, and personality disorder [2, 4, 5]. In our patient, a needle was inserted into his body probably as a result of hallucination due to schizophrenia.

Our patient had placed multiple needles intramuscularly in the gluteal region. As in our case, most of these conditions are not fully identified by patients, especially before a life-threatening situation occurs, early recognition and management of the cases are required.

The most prominent cases in the literature about foreign body ingestion/insertion are often related to more than one foreign body. In the literature, psychiatric patients; In addition to oral ingestion, cases of foreign body penetration into the muscle, heart, brain, urethra and bladder have been reported [6-8].

Successful management involves a collaborative approach involving primary care physicians, emergency physicians, surgeons and psychiatrists. It is important to reveal the etiology of foreign body placement, which can help management strategies that target behavioral motivation.

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