

Endoscopic removal of a large rectal foreign body using an endoscopic retrograde cholangiopancreatography guidewire snare

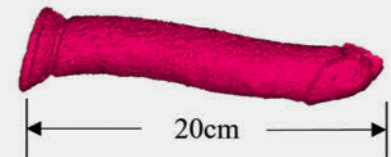
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▶ Video 1 Endoscopic removal of a large rectal foreign body using an ERCP guidewire snare.



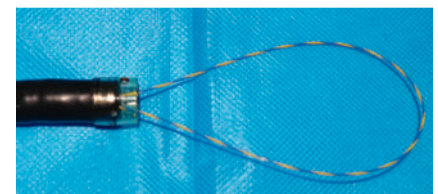
▶ Fig. 1 The CT imaging of foreign body. Abdominal CT and 3D reconstruction revealed a large foreign body lodged in the left colon, approximately 20 cm in length with an enlarged tail segment.



Rectal foreign bodies are a common presentation in emergency departments, predominantly observed in males and often associated with masturbation or sexual practices [1,2]. Endoscopic removal using a snare is the most common approach, but this method often fails for larger, smoother objects [3,4]. In this report, we report a case of successful removal of a rectal foreign body using a self-made snare, which was created by folding a 0.035-inch, 460-cm guidewire into a loop (▶ **Video 1**).

A 68-year-old man presented to the emergency department 8 hours after unsuccessful attempts to remove a foreign body he had inserted into his rectum. Abdominal CT and 3D reconstruction revealed a large foreign body lodged in the left colon, approximately 20 cm in length with an enlarged tail segment (▶ **Fig. 1**). Emergency colonoscopy confirmed its presence 15 cm from the anus.

Initial attempts to remove the object using foreign body forceps and a snare were unsuccessful due to the object's smooth surface and the significant resistance it presented. Similarly, a standard 40-mm polypectomy snare failed to grasp the distal end of the object because of its size. To address this, we designed a novel snare device using an endoscopic retrograde cholangiopancreatography (ERCP) guidewire (▶ **Fig. 2**). A 0.035-inch, 460-cm guidewire was folded, and both ends were inserted retrogradely through the endoscopic accessory channel. This design allowed for adjustable snare diameter based on the foreign body's size. Using this self-designed device, we carefully secured the distal edge of the object and successfully extracted it. The



▶ Fig. 2 The self-made snare. A 0.035-inch, 460-cm ERCP guidewire was folded, and both ends were inserted retrogradely through the endoscopic accessory channel to form a snare. Abbreviation: ERCP, endoscopic retrograde cholangiopancreatography.

foreign body was identified as a silicone penile prosthesis measuring approximately 200 mm in length and 50 mm in diameter (▶ **Fig. 3**).

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► **Fig. 3** The foreign body. The foreign body was identified as a silicone penile prosthesis measuring approximately 20 cm in length and 5 cm in diameter.

Conflict of Interest

The authors declare that they have no conflict of interest.

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