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Anorectal ulcer caused by an ingested toothpick

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Dear Editor,

A 35-year-old male with no significant medical history presented with proctalgia and a fever of 39 °C. Laboratory test showed increased acute phase proteins (C reactive protein [CRP] of 132 mg/l). A pelvic computed tomography (CT) scan revealed signs of proctitis and a 15 mm rectal ulcer without signs of perforation (Fig. 1A). A rectoscopy was performed, which revealed a longitudinal foreign body embedded at the dentate line. The foreign body was successfully removed with grasping forceps (Fig. 1B) and was identified as half of a toothpick. The rectal mucosa was reevaluated after extraction. A deep ulcer covered with fibrin was observed at the dentated line (Fig. 1C). The patient reported accidental ingestion of a skewer with a toothpick a week prior to presentation. The patient was observed for 24 hours at the Emergency Department and later discharged with a good recovery.

Discussion

Anorectal foreign bodies are usually introduced through the anal route (1). For toothpicks, accidental ingestion is the most common entry route, which often goes

unnoticed. Although it is infrequent, toothpick ingestion carries a high risk of complications such as perforation, peritonitis and abscess formation if not diagnosed and treated early (2).

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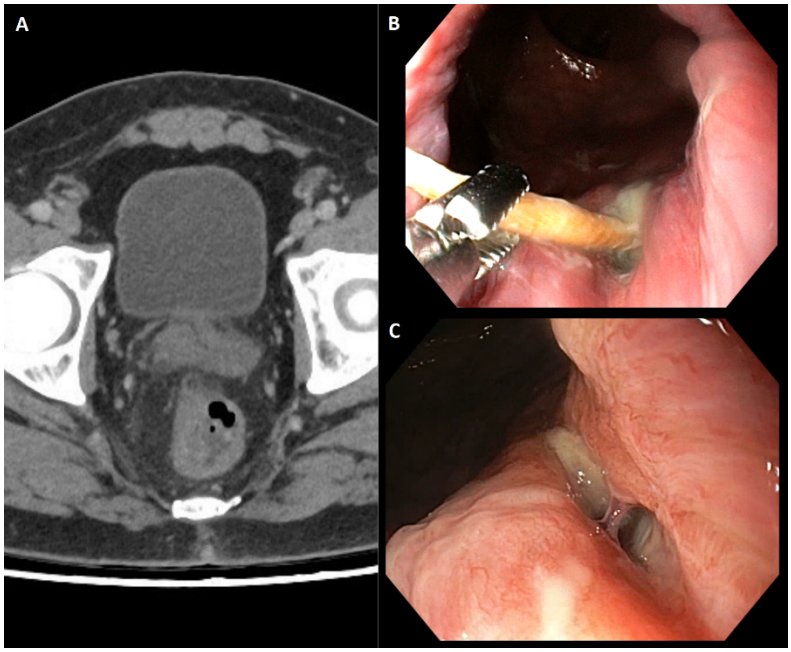

Fig. 1. A. Pelvic computed tomography (CT) contrast-enhanced findings: signs of proctitis (rectal wall thickening, pericolic fat stranding and free fluid) and rectal ulcer. B. Toothpick embedded in mucosa and underlying ulcer. Extraction with forceps. C. Deep anorectal ulcer.