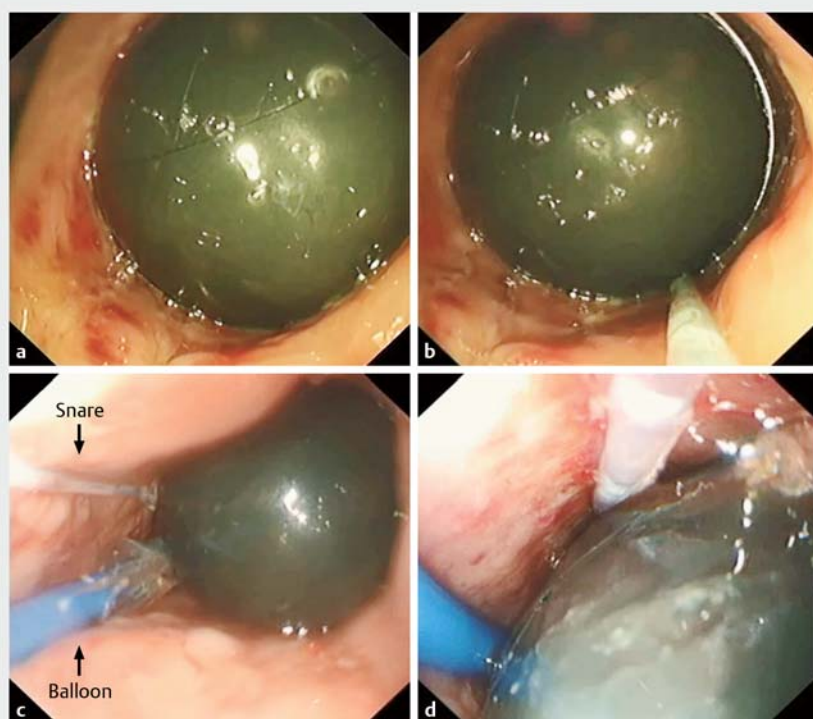
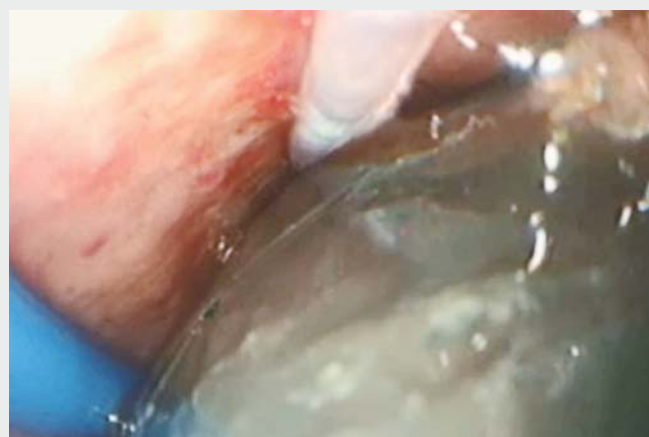


Balloon-assisted endoscopic extraction of a lamp bulb stuck in the rectosigmoid junction: an inspiration from ERCP



► **Fig. 1** Images during proctosigmoidoscopy showing: **a** a lamp bulb wrapped with black tape at the rectosigmoid junction; **b** the bulb being grasped with a snare; **c** a balloon being passed along a guidewire alongside the bulb; **d** the snare and balloon being pulled outward at the same time.



► **Video 1** Endoscopic extraction of a lamp bulb that was stuck at the rectosigmoid junction.



A 35-year-old man was referred to our hospital owing to insertion of a lamp bulb into his anus 5 hours earlier. The patient's abdomen was soft and not distensible. An abdominal radiograph showed a spherical opaque foreign body at the junction of the rectum and sigmoid, without any signs of perforation. Proctosigmoidoscopy found a black spherical foreign body (5.0 cm in transverse diameter) at about 15 cm from the anus (► **Fig. 1 a**), which was wrapped with black tape and whose neck pointed to the oral side. Several attempts were made to remove it with a snare grasping the neck of the bulb (► **Fig. 1 b**). However, the bulb rotated with endoscopic extraction and could not be passed through the acute angle of the rectosigmoid junction. Subsequently, a balloon was delivered over the bulb along a guidewire (► **Fig. 1 c**). After inflation of the balloon, the snare and the balloon were pulled outward at the same time (► **Fig. 1 d**; ► **Video 1**). Finally, the bulb was extracted successfully with withdrawal of the scope (► **Fig. 2**). There were no additional injuries, and the patient was discharged uneventfully the same day.

Rectal foreign body is a unique part of colorectal trauma. It is very common nowadays and usually causes difficulties in extraction because of the delay in attending hospital while several attempts



► **Fig. 2** The lamp bulb after it had been removed.

are made to extract it at home [1]. For high-lying foreign bodies, like the one described above, they are usually located near the rectosigmoid junction and a proctosigmoidoscopic procedure is always necessary [2, 3]. Our experience in extracting foreign bodies stuck at the rectosigmoid junction suggests that the use of a snare and a balloon at the same time is helpful in fixing the rotatory foreign body, which then makes it easier to extract a difficult object such as this.

Endoscopy_UCTN_Code_TTT_1AQ_2AH

Acknowledgment

We acknowledge the support from National Key R&D Program of China (Grant No. 2017YFC0112300 and 2017YFC0112305).

Competing interests

None

The authors

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DOI <https://doi.org/10.1055/a-1022-4387>

Published online: 25.10.2019

Endoscopy 2020; 52: E124–E125

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Stuttgart · New York

ISSN 0013-726X

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