

Extraction of a rectal foreign body using a custom-made giant snare



Fig. 1 The standard polypectomy snare was too small to grasp the foreign body.

Extraction of foreign bodies from the rectum is a major challenge in therapeutic endoscopy [1,2]. The use of a standard polypectomy snare is hampered in cases where the foreign body is slippery or too large to place the polypectomy snare around the foreign body.

A 33-year-old man presented to our emergency department several hours after inserting a vibrator into his rectum. At clinical examination there were no signs of perforation. At flexible sigmoidoscopy the vibrator was visualized in the distal sigmoid. Multiple attempts to grasp the distal part of vibrator with a standard 30-mm polypectomy snare (Captivator, Boston Scientific, Natick, Massachusetts, USA) failed and the snare was deemed too small (► **Fig. 1**). Grasping the proximal end of the vibrator failed for similar reasons. Moreover, attempts to facilitate the positioning of the snare around the vibrator with a forceps using a second endoscope were unsuccessful. Therefore, we decided to construct a giant snare using a folded 450-cm guide wire (Jagwire, Boston Scientific, Natick, Massachusetts, USA) and a pusher from a 7-Fr endoscopic retrograde cholangiopancreatography (ERCP) biliary stent system (Flexima Biliary Stent System, Boston Scientific, Natick, Massachusetts, USA) (► **Fig. 2**).



Fig. 2 Custom-made giant snare (using a guide wire and biliary stent pusher).

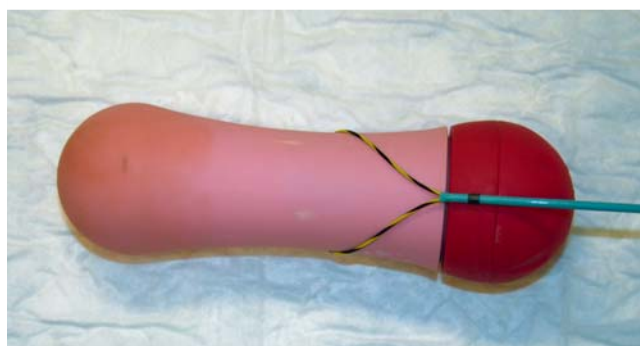


Fig. 3 Foreign body retrieved from the rectum.

Using a gastroduodenoscope, the giant snare was easily placed around the distal end of the vibrator. With gentle traction the vibrator was removed (► **Fig. 3**).

Thus, when a standard polypectomy snare is too small to grasp a foreign body in the rectum, a giant snare can be made simply using a folded guide wire and an ERCP biliary stent pusher.

Competing interests: None

Endoscopy_UCTN_Code_TTT_1AO_2AL

E. J. van der Wouden, B. D. Westerveld

Department of Gastroenterology and Hepatology, Isala Clinics, Zwolle, the Netherlands

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Bibliography

DOI 10.1055/s-0029-1244009

Endoscopy 2010; 42: E122

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Corresponding author

E. J. van der Wouden

Department of Gastroenterology and Hepatology
Isala Clinics, location Sophia
PO Box 10400
8000 GK Zwolle
The Netherlands
Fax: +31-38-4243056
e.j.van.der.wouden@isala.nl