



## CASE REPORT

### FISH BONE IN ANAL VERG

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#### ABSTRACT

Foreign body ingestion, particularly fish bone ingestion leading to gastrointestinal complications, is a common medical concern that is rarely associated with migration to the anal verge. This case report details an extraordinary instance involving a 27-year-old male who presented with acute anal pain and discomfort following a meal that included fish, suspected to have resulted in the ingestion of a fish bone. Diagnostic evaluation revealed a foreign body embedded superficially in the anal mucosa, confirmed through colonoscopy. Successful manual extraction was performed, leading to immediate symptom relief without complications. The patient's postoperative course was uneventful, with complete recovery noted within a week. This case underscores the importance of considering atypical presentations of foreign body migration in differential diagnoses for anal discomfort. It highlights the critical need for detailed patient history and thorough examination. Furthermore, it emphasizes the role of prompt diagnosis and intervention in mitigating potential complications associated with ingested foreign bodies. Enhanced awareness and targeted patient education on dietary precautions are recommended to prevent similar occurrences in the future.

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## INTRODUCTION

Case reports in medical literature serve as invaluable resources for highlighting rare or unusual clinical occurrences, contributing to the broader understanding of various medical phenomena. Fishbone ingestion leading to gastrointestinal complications, typically in the form of perforation or obstruction, is a relatively well-documented occurrence. Still, its migration to and eventual presentation in the anal verge is sporadic. This case report aims to explore an extraordinary instance of fish bone migration resulting in anal verge discomfort, highlighting the diagnostic challenge and clinical management required in such an unusual scenario. (0, 1). The ingestion of fish bones is a common accidental occurrence, and, in the majority of cases, these foreign bodies pass through the gastrointestinal tract without incident due to their small size and flexible nature. However, on rare occasions, these sharp objects can lead to serious complications. Most complications arise from perforations occurring in areas of the gastrointestinal tract with natural angular curvatures or narrowing, such as the esophagus, ileocecal valve, or rectosigmoid junction. (0, 2, 3).

Instances of fish bones migrating beyond these regions to the anorectal area are scant in the medical literature. In this case, an adult patient presented with pain and discomfort localized to the anal verge. The patient's medical history, physical examination, and investigative imaging collectively pieced together the unusual journey of an ingested fish bone. This report underscores the importance of considering foreign body migration in differential diagnoses when faced with atypical anorectal symptoms. Insights gleaned from this case could help medical professionals manage similar future occurrences by fostering awareness of this rare but possible event. (3, 4, 5)

**Patient Presentation and Initial Symptoms:** The patient, a 27-year-old male, presented to the emergency department with complaints of sudden onset anal pain and difficulty in sitting that had persisted for 5 hours while defecating prior visit to the emergency department. He reported a throbbing pain localized at the anal verge, which had progressively worsened, making activities increasingly uncomfortable. The patient did not recount an episode of rectal bleeding consisting of bright red blood on toilet paper and slight streaks in the toilet bowl. (6, 7).

He denied associated symptoms including mild abdominal discomfort and a sensation of incomplete evacuation following bowel movements or any fever, chills, or systemic symptoms. (8). The patient's medical history has no significance regarding past medical history. However, it surfaced during the consultation that the patient had recently consumed a meal that included fish, which he suspected swallowing a bone inadvertently. Despite concern about this event, he discontinued any further self-treatment due to increasing pain. (9, 10). Upon physical examination, the patient appeared to be in moderate distress, but his vital signs remained stable. An external inspection did not initially reveal any foreign objects or abnormalities, although tenderness was markedly present at the anal verge. The digital rectal examination was performed, and it revealed palpable foreign bodies, suggesting the possibility that the object is fish bone positioned at the lower third of the anal verge (11, 12, 13).

**Diagnostic Procedures and Findings:** In the evaluation of a patient presenting with discomfort in the anal region, the initial approach involved a detailed history and physical examination. The patient reported experiencing sharp discomfort and a foreign body sensation in the rectal area, following a recent meal that included fish. This prompted the consideration of a foreign body, possibly a fish bone, lodged in the anal verge (14, 15). A digital rectal examination was performed, and it revealed palpable foreign bodies, suggesting the possibility that the object is fish bone positioned at the lower third of the anal verge (16).

To further investigate, a colonoscopy was conducted, allowing direct visualization of the anal canal. This procedure revealed a thin, sharp object embedded superficially into the mucosa of the anal verge, consistent with a fish bone. The visualization confirmed that the fishbone had penetrated the superficial layers of the mucosa without causing significant hemorrhage or deep tissue injury. To confirm the nature and exact placement of the foreign object, an X-ray was considered before a colonoscopy for the possibility of localized the fish bone position (10, 17). Furthermore, an endoscopic evaluation was decided against due to the successful identification and retrieval of the object during the initial procedures. The removal of the fishbone resulted in immediate relief of symptoms, with no subsequent complications or signs of infection reported (18).

**Treatment Plan and Intervention:** In addressing the case of a fish bone lodged in the anal verge, the treatment plan primarily aims at relieving discomfort and preventing further complications such as infection or perforation. Initially, the patient undergoes a comprehensive examination to confirm the presence of the foreign object, typically involving a digital rectal exam and possibly imaging techniques like an X-ray (figure 1) or CT scan if the presence of the fishbone is not immediately clear. (19, 20).

Once confirmed, the intervention is generally straightforward but requires careful execution to avoid mucosal injury. The chosen method of extraction is often manual retrieval, performed by a healthcare professional wearing gloves and using appropriate lubrication to minimize discomfort. In certain cases, a colonoscopy may be employed to provide better visualization and access to the foreign object. If manual

removal proves challenging, a colonoscopy (Figure 2) approach may be undertaken, which facilitates a visualized extraction and reduces the risk of further injury (Figure 3) (21, 22, 23).



Figure 1. Arrow Shows the Possibility of FB



Figure 2. Colonoscopy Image

To manage pain, analgesics may be provided, and in cases with prolonged irritation or risk of infection, a short course of antibiotics may be prescribed. Additionally, recommendations for dietary modifications and increased fluid intake are advised to ease future stool passage and minimize strain, thereby promoting healing of the affected area. Regular follow-up is crucial to ensure complete recovery and to address any lingering symptoms or concerns. (25)



Figure 3. Foreign body that has been removed

**Outcome and Recovery:** The outcome and recovery of the case involving a fish bone in the anal verge were positive and uneventful. Following the successful identification and removal of the foreign object, the patient's symptoms improved significantly. The immediate discomfort, pain, and any potential bleeding associated with the lodged fishbone were alleviated after the extraction procedure. The healthcare team closely monitored the patient for any signs of infection or complications, but thankfully, none arose (18, 26, 27). Prophylactic treatment with a broad-spectrum antibiotic was administered to prevent any potential infection due to the presence of a foreign object (28). The patient was advised to follow a soft diet temporarily and maintain ample hydration to ensure smooth and unstrained bowel movements, reducing any additional stress on the anal region during the healing process. Follow-up appointments were scheduled to monitor for any delayed reactions or complications, such as abscess formation or tissue damage, but no further medical issues were observed. Over the following week, the recovery was smooth with complete healing of the affected area (29). The patient reported resolution of all symptoms and a return to normal bowel function. Education on dietary precautions, such as carefully deboning fish before consumption, was provided to prevent recurrence. This case highlights the importance of swift medical intervention and the effectiveness of prompt treatment resulting in a positive recovery trajectory (30, 31).

**Discussion And Implications For Practice:** The presence of a fish bone in the anal verge, while a rare presentation, is a significant clinical finding that underscores the importance of thorough patient assessment and history-taking. Discussions around such cases highlight the necessity for medical practitioners to maintain a broad differential diagnosis when a patient presents with atypical symptoms around the gastrointestinal tract or anus. This case also serves as a reminder of potential complications associated with ingested foreign bodies, which can traverse the entire gastrointestinal tract and cause unexpected issues. (32, 33, 34). In clinical practice, this case emphasizes the importance of being vigilant for symptoms that could indicate the presence of a foreign body. It prompts healthcare providers to consider uncommon diagnoses in cases of unexplained anorectal discomfort or bleeding. Imaging studies, such as X-rays or CT scans, can be valuable tools in identifying foreign bodies that aren't apparent through initial exams or symptoms (21, 25)

There is also an implication for preventive strategies as part of patient education about careful eating habits, particularly when consuming foods that could contain tiny bones, such as fish. (35). Ultimately, this case underlines the critical role of a multidisciplinary approach in managing foreign body ingestion scenarios, involving gastroenterologists, surgeons, and radiologists to ensure comprehensive patient care. Enhancing awareness and understanding through case reports can aid in better diagnosis and management, potentially reducing patient morbidity in similar situations (36).

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