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Case Report

Endoscopic Extraction of "Body Packing" About A Case

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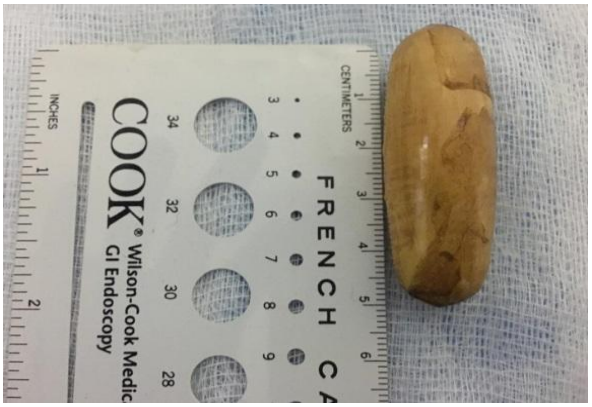
Abstract

Background: Under the term "foreign bodies" of the upper digestive tract, it is conventional to consider food impactions and foreign bodies ingested accidentally or intentionally [1]. Intentional ingestions are most often sharp or stinging foreign bodies, or even "*body packing"* (plastic bags, most often condoms, filled with narcotics) [2]. We're reporting our successful experience about endoscopic extraction of a "*body packing"* in a young patient of 27 years old.

Keywords: Endoscopic Extraction Body Packing.

CLINICAL CASE

A patient of 27 years was admitted to hospital for ingestion volunteer of packages of drugs. An unprepared abdominal x-ray was taken and could not reveal any radiopaque foreign bodies in the gastrointestinal tract it also showed no signs of bowel obstruction or perforation. Abdomino-pelvic CT showed its presence at the level of the gastric lumen of 8 dense foreign bodies, cylindrical in shape measuring 50 x 16 mm for the largest. With a voluminous foreign body with ovoid shape, individualized at the level of the vaginal lumen measuring 115 x 46 mm. The patient was admitted to the endoscopy department after manual extraction of the intravaginal pellet, the patient has spontaneously evacuated 4 pellets with the persistence of the other 4 intra-gastric. After a multidisciplinary meeting made by radiological and gastroenterological intensive care surgeons, the decision was to perform an endoscopic extraction under general anesthesia in the operating room at an intensive care unit.



Endoscopic extraction of the 4 capsules was made with a cloth basket without any incident. A follow-up x-ray revealed no other persistent bundles. At the end of the gesture, the patient was consequently doing well, mobilizing without any complaints.

The 4 capsules trapped in the stomach after endoscopic extraction with a cloth basket

Abdomino-pelvic CT scan showing the presence at the level of the gastric lumen of 8 dense foreign bodies, cylindrical in shape measuring 50 x 16 mm for the largest. With a voluminous foreign body of ovoid shape, individualized at the level of the vaginal lumen measuring 115 x 46 mm

DISCUSSION

Every year, thousands of body packers risk their lives, health and freedom to transport illegal drugs to pass through high-security ports of entry around the world such as airports. Body wrapping is the concealment of illicit drugs in the gastrointestinal tract or other openings [3]. The drug pouch material is mainly made with a latex sheath due to its waterproof nature; more sophisticated pouches can be used [4].

Usually, three main drugs are smuggled through body packaging: cocaine, heroin and cannabis products. The packaging varies considerably in shape and size [5]. Orally ingested packets are usually round in shape, while genitally inserted packets are usually oval, measuring 4 - 6 cm in length and 2 - 3 cm in width [6]. Three different types of cocaine packets have been described by McCarron and Wood [4]. The type I comprises cocaine powder protected by two to four Fi films of preservatives: such a bag is extremely Vulner reliable leakage and break [4].Type II and Type III contain a powder or paste of cocaine well packed. The second type is heavily covered with several layers of tubular latex and generally gives the impression of having been wrapped directly by machine. The third type has a layer of aluminum foil. In addition, the Type I V package has been described by Pidoto et al. [7] it is made by dissolving cocaine hydrochloride in an aqueous alcohol solution. The resulting dense cocaine paste is transferred to a processor and, once reinforced, is ready for tubular latex packaging [7].

People involved in these illegal practices refer to the emergency department for multiple diagnostic, ethical and legal issues. The radiologist should recognize and look for signs of complications that these drug packages may cause. These include obstruction of the small or large intestine, gastrointestinal perforation and subsequent acute peritonitis [5]. In addition, rupture of the packaging may cause systemic absorption of the drug, resulting in drug toxicity or overdose.

The CT scan is superior to the ordinary abdominal x-ray because it produces higher contrast resolution images and provides precise information on the location, size, quality and quantity of drug packages [8]. Using CT scans to detect drug packets allows us not only to quickly assess associated complications such as bowel obstruction or perforation, but also to quickly treat the intoxicated patient due to the rupture Packaging [8, 9].

Regarding endoscopic treatment, the latest clinical guidelines from the European Society of Gastrointestinal Endoscopy explicitly state that endoscopy is not recommended for the recovery of ingested drug pouches [10]. Nonetheless, there is emerging evidence from Australia, Turkey, the United States and Iran that upper gastrointestinal endoscopy has been used successfully in patients who had ingested opioids and methamphetamine [16, 11.13]. These case reports suggest that endoscopy can be used to avoid the most invasive treatments, including surgery. A study in Iran [17] is the first to compare endoscopy with the often recommended routine conservative management [14, 15]. In this study among the 18 patients treated endoscopically, no patient suffered a rupture of the package or needed surgery, unlike the group managed conservatively and endoscopy was successful for all the range of substances (i.e. opioids, stimulants, cannabis).

CONCLUSION

Endoscopic management was formally contraindicated [10], but preliminary evidence from the Iranian study and also from our case suggests that endoscopic retrieval of trapped sacs in the esophageal tract and stomach can be performed safely and effectively without serious poisoning. This method of endoscopy is associated with a shorter hospital stay and improved patient outcomes, compared to conservative

treatment. A larger randomized trial would be needed to confirm our results and attribute causality.

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