

Dislodged Biliary Stent As An Unusual Cause of Rectal Perforation

Category: Emergency & Disaster Medicine, Poster Presentation

Disclosure: The authors did not report any financial relationships or conflicts of interest

[Supplemental Video](#)

Presenting Author: Luther Newton Daniel, BS, OMS 3, General Medical Education, Magnolia Regional Healthcare, Corinth, Mississippi

Coauthors: Oneka Richardson, MD, Magnolia Regional Healthcare, Gene Combest, MD, Magnolia Regional Healthcare

Introduction:

Endoscopic biliary stent placement is a common procedure in the settings of obstructive jaundice or postoperative biliary leaks. Stent dislodgement and migration through the GI tract has been reported, although this usually occurs without complication and the stent passes spontaneously. In rare cases, however, dislodged biliary stents have been reported to cause intestinal or colonic perforation. Here, we present the case of a 70-year old male with rectal pain resulting from perforation of a dislodged biliary stent.

Presentation of Case:

70-year old male nursing home resident presented to the emergency department with a complaint of 7 days of rectal pain and a possible foreign body protruding from the anus as per nursing home staff. The patient was hemodynamically stable and afebrile at the time of arrival. On examination, there was what appeared to be a plastic foreign body protruding 1-2cm from the anus. CT of the pelvis confirmed the presence of a dislodged biliary stent in the rectum with protrusion from the anus. A right anterolateral rectal perforation approximately 6cm superior to the anal verge was noted as well, with the barbed end of the stent protruding through the rectal wall. The patient reported that he had undergone a cholecystectomy with stent placement in 2015. He was taken to surgery, where the stent was removed under general anesthesia. The perforation was unable to be visualized or repaired due to stool filling the rectum. The patient tolerated the procedure well, and after 1 day of admission for observation, he was discharged back to the nursing home.

Final Diagnosis:

Rectal perforation from a dislodged biliary stent

Management:

The stent was removed under general anesthesia. Surgical repair was not possible and he did well with subsequent observation.

Learning Objectives

1. Identify a rare cause of a patient presenting with new onset rectal pain and foreign body.



