

Pharmacotherapy in a patient with a foreign body in the rectum and mental retardation: A brief report

Running Title: Foreign body in the rectum

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Abstract

Certain types of behavior in people with a history of mental disorders and psychosis can engender harm. These behaviors can include rectal and vaginal use of foreign bodies by the patient.

A 54-year-old married man from a low socio-economic level finished school just with grade 2 and suffering from mental retardation disorder, inserted a foreign body into the rectum and, after a week, and due to problems such as bleeding and lack of defecation, referred to the hospital and underwent an operation. During the psychiatric consultation, the patient showed to be ashamed of his unusual act.

The cause of such behavior could not exactly be identified. Risperidone and Citalopram were prescribed for the patient, and behavior therapy and sex therapy were advised to prevent recurrence.

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Introduction

Several reports of a foreign body (F.B.) being inserted into the body either rectally or vaginally. Most of these behaviors are due to sexual arousal (1), but there are also reports that these people may suffer from psychiatric disorders and thus self-harm (2). Due to the taboo nature of such behaviors in Islamic countries, patients are most often reluctant to show up at the emergency room. Usually, they refer to the hospital in cases of severe pain and bleeding.

A 54-year-old married man from a low socio-economic level and educated in grade 2 at primary school with a history of mental retardation disorder as moderate M.R. inserted a foreign body, i.e., a water faucet handle with dimensions of 60*60*70 mm in his rectum for a week that forced him to undergo an operation. After a psychiatric consultation, the patient was embarrassed by his actions. His colleagues in the workplace had manipulated him several times and stimulated him to do so (**Figure1,2**).

His past medical history revealed signs of bipolar disorder, psychosis, and seizures. He had also failed to use the drugs. In neurological examination, resting tremor showed high frequency in the patient's left hand and to some extent in the patient's head. He did not have a good relationship with his wife. He had also failed to have any sexual relationship within a year and a half ago but with no history of paraphilic behaviors. However, the patient showed signs of mental retardation and hence self-annoying behavior. The reason for such behavior could be attributed to several factors. Including an

immature defense mechanism so that when his wife refused to have proper sex with him, he acted angrily towards himself; it could be sexual behavior with a sense of satisfaction and sexual pervert, or that patient had possibly been manipulated or threatened by someone.

Regarding the fact that the patient refrained from giving us detailed information, and we were forced to visit and interview with him several times, all three causes can be involved, but it is not clear which one bears a more prominent role.

A psychiatrist prescribed Risperidone 1 mg/daily and Citalopram 20 mg/daily. Measures were taken to educate him about his behavior, including improving sexual desire, family education around how to behave the patient and have sex, and



Figure 1. The water faucet handles inserted into the rectum by the patient.



Figure 2. An abdomen CT scan showing the foreign body as a water faucet handle in the rectum.

behavioral therapy.

Discussion

Predicated on the studies in two almost identical cases covering the patients with mental retardation, no drug interventions were performed, and the patient merely underwent an operation and postoperative caregivers (3, 4). Of important consideration can be following up on the patient's improvement and pharmacological intervention and his sexual and behavioral training.

We suppose such behaviors could be attributed to extreme stress and sometimes hallucinations. Because we failed to detect signs of hallucinations, we used low-dose risperidone to cover this possibility.

In people with mental retardation, if the patient complains of abdominal pain or rectal bleeding and atypical abnormal symptoms, foreign bodies must be considered a possibility.

Conclusion

Considering these possibilities and the recurrence of this behavior, the prescription of selective serotonin reuptake inhibitors (SSRIs) and antipsychotic drugs, along with behavioral training, can most likely prevent the recurrence of these events and thus reduce harmful behaviors.

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