

Proctitis and pyrexia caused by body packing of cannabis resin

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We report the case of a 48 year old man who attended the Accident and Emergency Department after smuggling a large number of pellets of cannabis resin in his gastro-intestinal tract. Five days after ingesting the pellets, which were wrapped in portions of rubber condom, he developed abdominal pain and proctitis. He continued to exhibit a pyrexia even after the removal of the majority of the pellets, and was investigated for pyrexia of unknown origin (PUO). The importance of obtaining a good history from sick travellers, and the need for thorough physical examination, are emphasized.

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Introduction

A 48 year old man presented to the Accident and Emergency Department complaining of general malaise, constipation and lower abdominal pain radiating to the rectum. He admitted that he had swallowed a large number of pellets of cannabis resin (hashish), each enclosed within a portion of rubber condom, five days previously before returning from holiday in India.

On examination he was noted to be anxious, distressed and sweating. His oral temperature was 37.3°C. Systemic examination was normal except for some suprapubic and left iliac fossa abdominal tenderness with no guarding. Rectal examination revealed the presence of multiple hard, spherical objects each about 1 cm in diameter.

Initial treatment with a phosphate enema was ineffective and over 100 pellets were removed from the rectum (via a proctoscope) using Rampley's sponge - holding forceps. Some of the pellets had

lost their rubber coating and it was noted that the rectal mucosa was inflamed.

After removal of the pellets the patient reported feeling much better and he was allowed to go home with local analgesic gel to apply to the anus as required. However, he returned to the Accident and Emergency Department a few hours later with a recurrence of the burning pain in his rectum and reported that he could feel more pellets, but was unable to pass them. Examination revealed left iliac fossa tenderness without guarding and his bowel sounds were present but scanty. In view of these findings abdominal X-rays were taken which revealed multiple rounded opacities in the rectum, transverse and descending colon, each with a distinct air-halo. (Figures 1 & 2) Proctoscopy revealed friable, congested mucosa and further pellets, 38 of which were removed. He was admitted to the observation ward and treated with sublingual buprenorphine and intramuscular metoclopramide.

It was noted the following morning that his temperature was still elevated at 37.5°C, having reached a peak of 38.4°C during the night. He had spontaneously passed a further 28 pellets and felt more comfortable.

In view of the persistent pyrexia and history of travel to an endemic malarial area, he was transferred to the regional infectious diseases unit for investigation. His leucocyte count was mildly elevated at 13.4×10^9 per litre. No malarial parasites were seen on serial

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Figure 1. Patient's plain abdominal x-ray, showing round opacities in the transverse and descending colon and rectum.



Figure 2. Magnified view of opacities in the descending colon, showing the air-halo.

blood films and blood, urine and stool cultures grew no pathogens. He continued to have spasms of pain in the rectum but had fully recovered 5 days after admission.

Discussion

The smuggling of drugs wrapped in rubber or paper has been reported several times in the literature.¹⁻³ Deaths occasionally occur when such packages containing heroin and cocaine rupture within the gastrointestinal tract, causing acute overdose. One report from Germany records a case of ileus following the intestinal transport of hashish,⁴ but there are no case reports of pyrexia or proctitis caused by accidental enteral intoxication with cannabis. The radiological appearances in this case are unusual and well defined.

The diagnosis in this case was aided by a clear history from the patient. His symptoms could easily have

been misinterpreted without the specific details of drug ingestion - the differential diagnosis of fever and abdominal pain occurring shortly after foreign travel is especially difficult. This case provides a reminder of the essential surgical principle that a rectal examination must be performed on every patient who presents with abdominal pain or indeed any other acute unexplained illness.

References

1. Lopez HH Jr, Goldman SM, Liberman II, et al. Cannabis - accidental peroral intoxication. *JAMA* 1974;227(9):1041-2.
2. McCarron MM, Wood JD. The cocaine 'body-packer' syndrome. Diagnosis and treatment. *JAMA* 1983;250(11):1417-20.
3. Robins JB, Rae PW. Recovery of ingested heroin packets. *Arch Emerg Med* 1986;3(2):125-7.
4. Hofmann KT, Erhardt HP. Ileus caused by intestinal transport of hashish. A contribution to the knowledge of the so-called body packer syndrome. *Chirurg* 1986;57(4):275-8.