## **Rectal bleeding from seeds impaction**

To the Editor,

The manifestations of lower gastrointestinal bleeding can range from asymptomatic bleeding (identified on fecal occult blood testing) to frank massive blood loss. Among the elderly patients, the most common causes include malignancy and diverticular disease. Here we report an uncommon cause of rectal bleeding in a patient who habitually swallowed the seeds of fruits she consumed.

A 73-year-old woman was admitted with a 3-day history of generalized body weakness and non-specific lower abdominal pain. She had not defecated during the past 3 days. The day before presentation, she developed bleeding per rectum. Her medical history was relevant for hypertension, type 2 diabetes mellitus, gastroesophageal reflux disease, and hyperlipidemia. Laboratory investigations performed on admission revealed mild anemia [hemoglobin level 11.3 g/dL (normal range 13-16 g/dL)] and mild dehydration, with a serum urea level of 8.8. The remaining investigations were normal. A rectal examination was performed during which the patient reported pain. Several seeds were extracted during the examination. The patient underwent bowel clearance and colonoscopy to exclude other pathology. Upon intubation of the colonoscope, multiple seeds were observed in the rectum (Figure 1a). It was necessary to extract these seeds manually before the colonoscopy could proceed. Multiple rectal ulcers with friable edges were observed in the rectum (Figure 1b). Several additional seeds were scattered throughout the left colon. No diverticular or other ulcers were observed in any other part of the colon. In total, approximately 40 seeds were extracted. The patient later revealed that she had consumed approximately 15 pieces of a local fruit (Baccaurea macrocarpa) several days prior and that she habitually swallowed the seeds of fruits that she consumed. She was advised to refrain against this activity and was well on follow up, with no further episodes of bleeding or bowel obstruction.

Rectal impaction with or without bleeding due to seeds or plant material has been reported in both adult and pediatric populations (1,2). The types of seeds reported include watermelon, pumpkin, sunflower, box myrtle, and popcorn kernels (3). However, bleeding is less common. In our case, the ovoid seeds, which measured 10×20 mm, were hard with narrow edges and likely contributed to the formation of rectal ulcers. Other possible complications include rectal perforation. Currently, there are no set treatment guidelines on how to manage these cases, mainly because there is such high variability in the actual composition of the obstructing material. Management may be purely conservative, using osmotic laxatives, stool softeners, and purgatives (4,5). For some cases, manual dis-impaction may be adequate for complete clearance or breakdown of the concretion to allow spontaneous evacuation. In other cases, a combination of medical agents and endoscopy (to break down concretions into smaller fragments) are required. Use of available equipment, such as a water jet flush or endoscopic accessories, including forceps, snare, basket or retrieval basket, can be attempted to break down and remove the impacted foreign body. However, in refractory cases, surgical intervention may be required, ranging from digital evacuation under general anesthetic (1,2) to an open laparotomy (6). Apart from the removal of the impacted foreign body,





**Figure 1. a, b.** Multiple seeds seen in the rectum **(a)** and rectal ulcerations on retroflexed view **(b)**.

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it is very important that the patient is advised to alter their diet and understand the importance of this advice. In our case, we advised avoidance of swallowing the seeds of fruits the patient consumes to prevent recurrence. In conclusion, our case highlights a rare cause of rectal bleeding secondary to seed impaction in the rectum. Clinicians should consider this possibility and enquire about the habitual swallowing of seeds.

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