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Through the Body, Beyond the Organs: Surviving TRANSPERINEAL ABDOMINO-THORACIC IMPALEMENT.

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CLINICAL PRESENTATION

- **Incident:** 21-year-old male fell onto an erect iron rod at a construction site, which was cut from a concrete pillar by co-workers.
- **Injury:** The rod remained impaled in the perineum, entering through the anal canal without lateral perineal injuries or active bleeding.
- **Physical Findings:** Hemodynamically stable with reduced breath sounds on the right side and a soft, non-tender abdomen.
- **Rod Location:** Palpable subcutaneously near the 7th and 8th ribs on the right side in the mid-axillary line.

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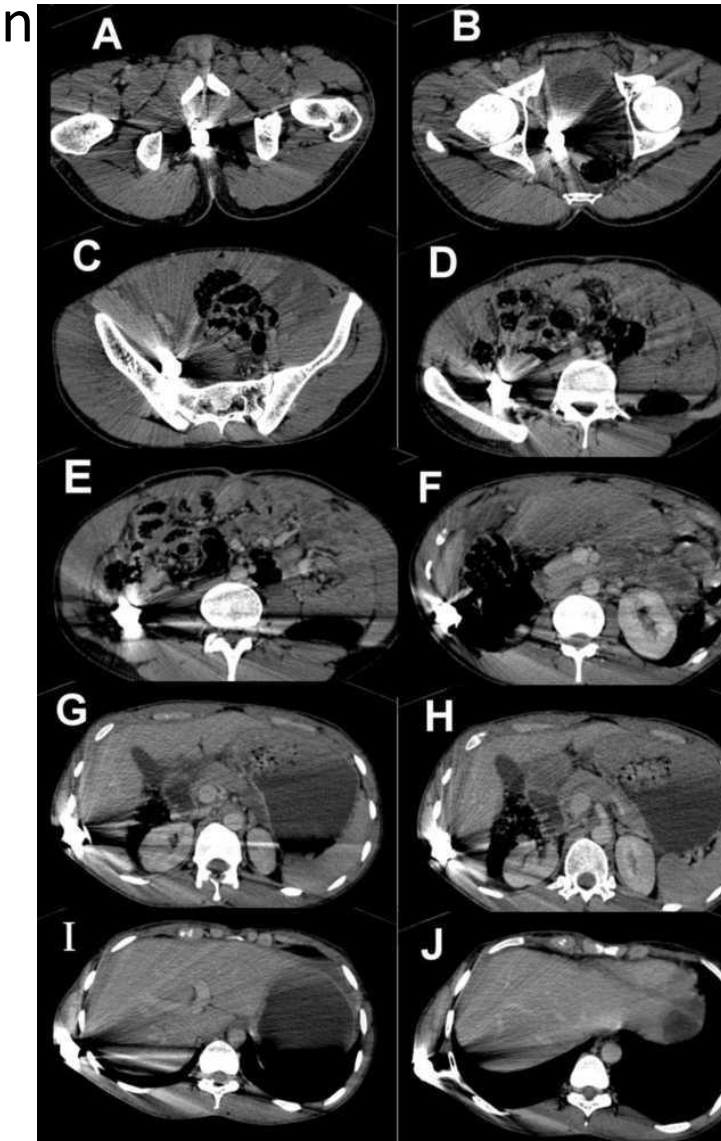


INVESTIGATIONS

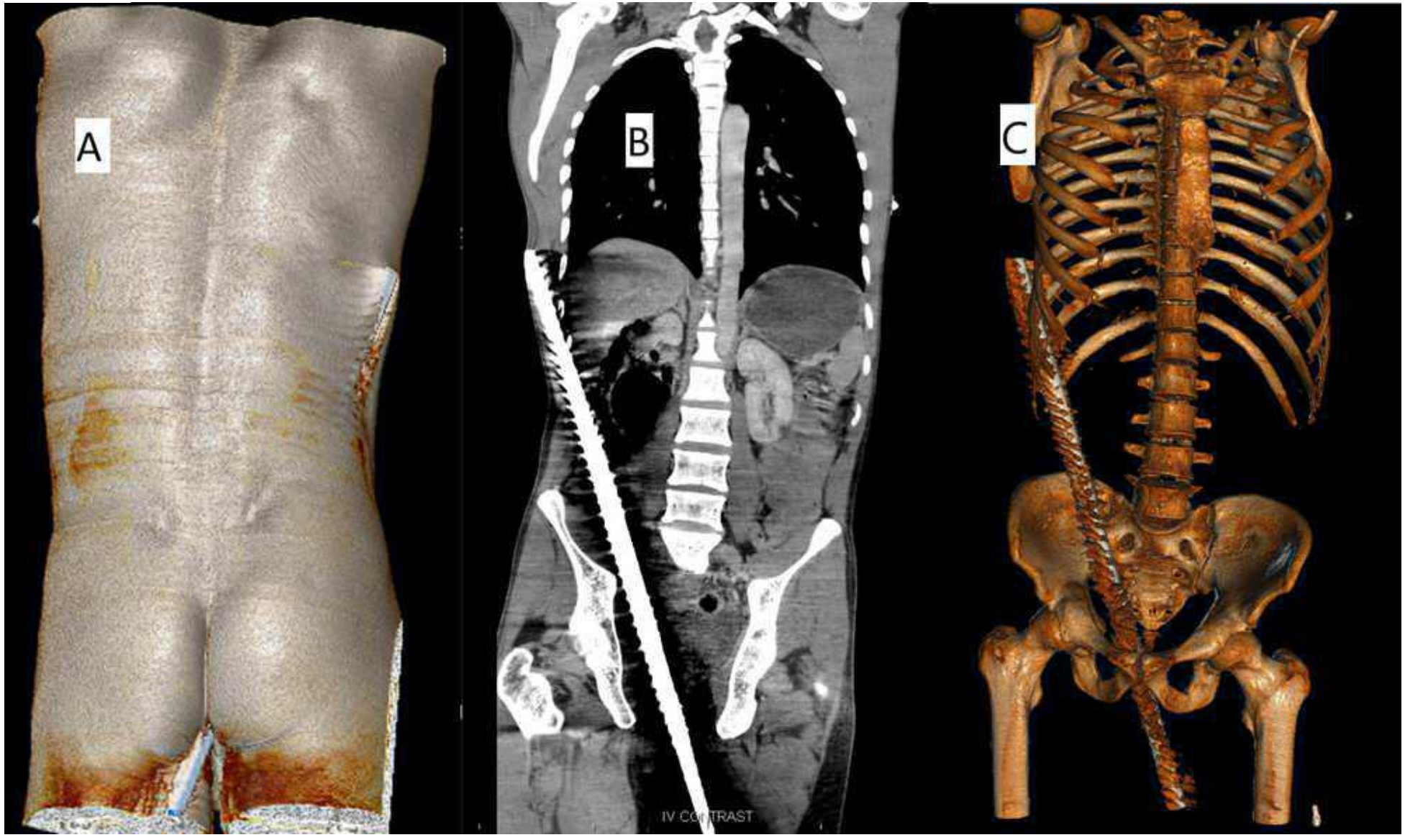
- CECT CHEST ABDOMEN AND PELVIS DONE SHOWED – metallic foreign body entering through the perianal region, traversing the right ischioanal fossa, and extending into the extraperitoneal space posterolateral to the bladder and prostate.

- It exited the abdominal cavity through the 10th and 11th intercostal spaces and terminated in the subcutaneous plane of the right posterolateral chest wall.

- Right pleural hematoma



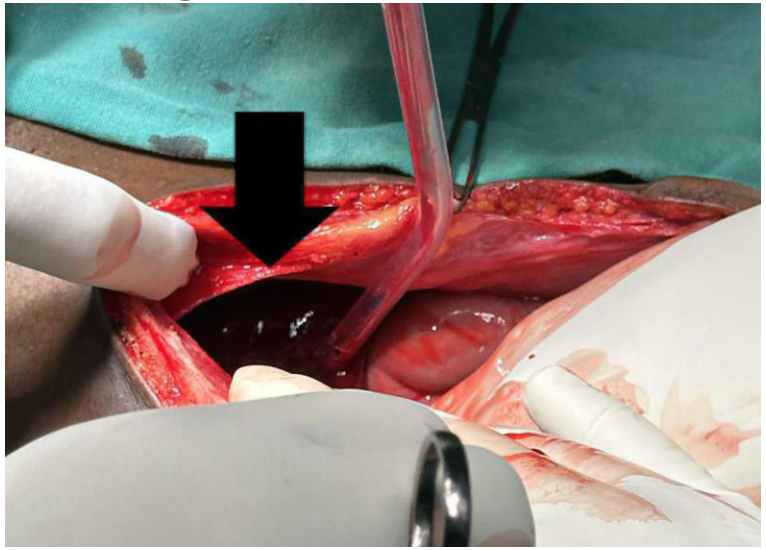
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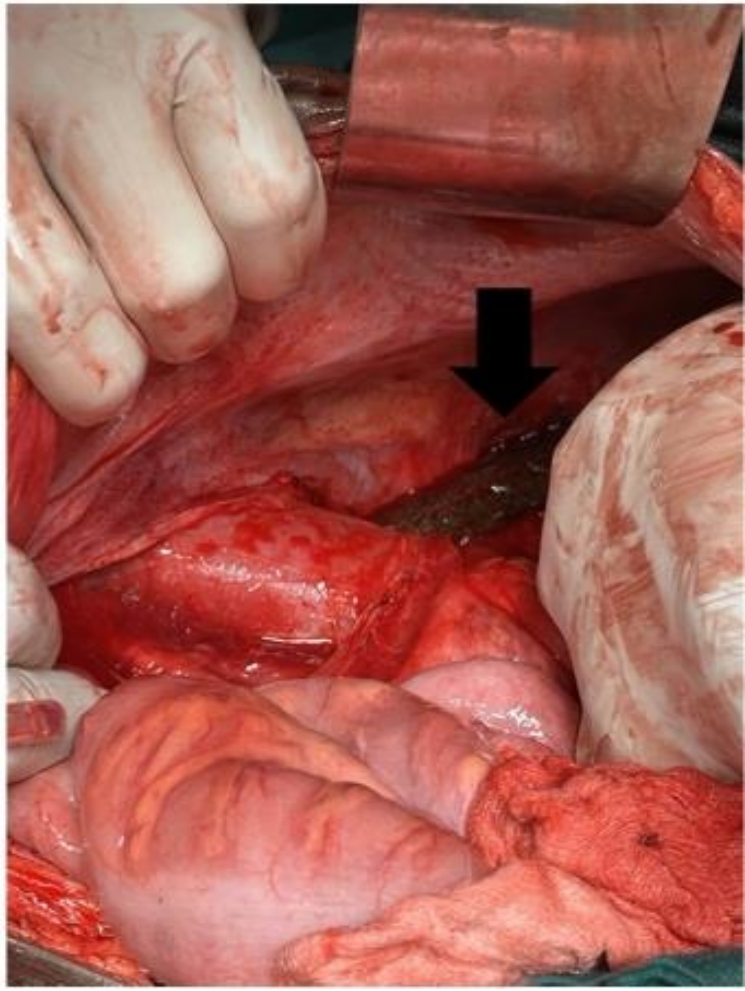
PROCEDURE

- A general surgeon and vascular surgeon performed a midline laparotomy to address the impalement injury.
- A large hematoma in the right iliac fossa was identified, with no active bleeding, and the rod was found intraperitoneally, penetrating the diaphragm.
- The rod passed behind the right psoas muscle, sparing the bowel and solid organs, and was exposed by mobilizing the cecum, ascending colon, and small bowel.

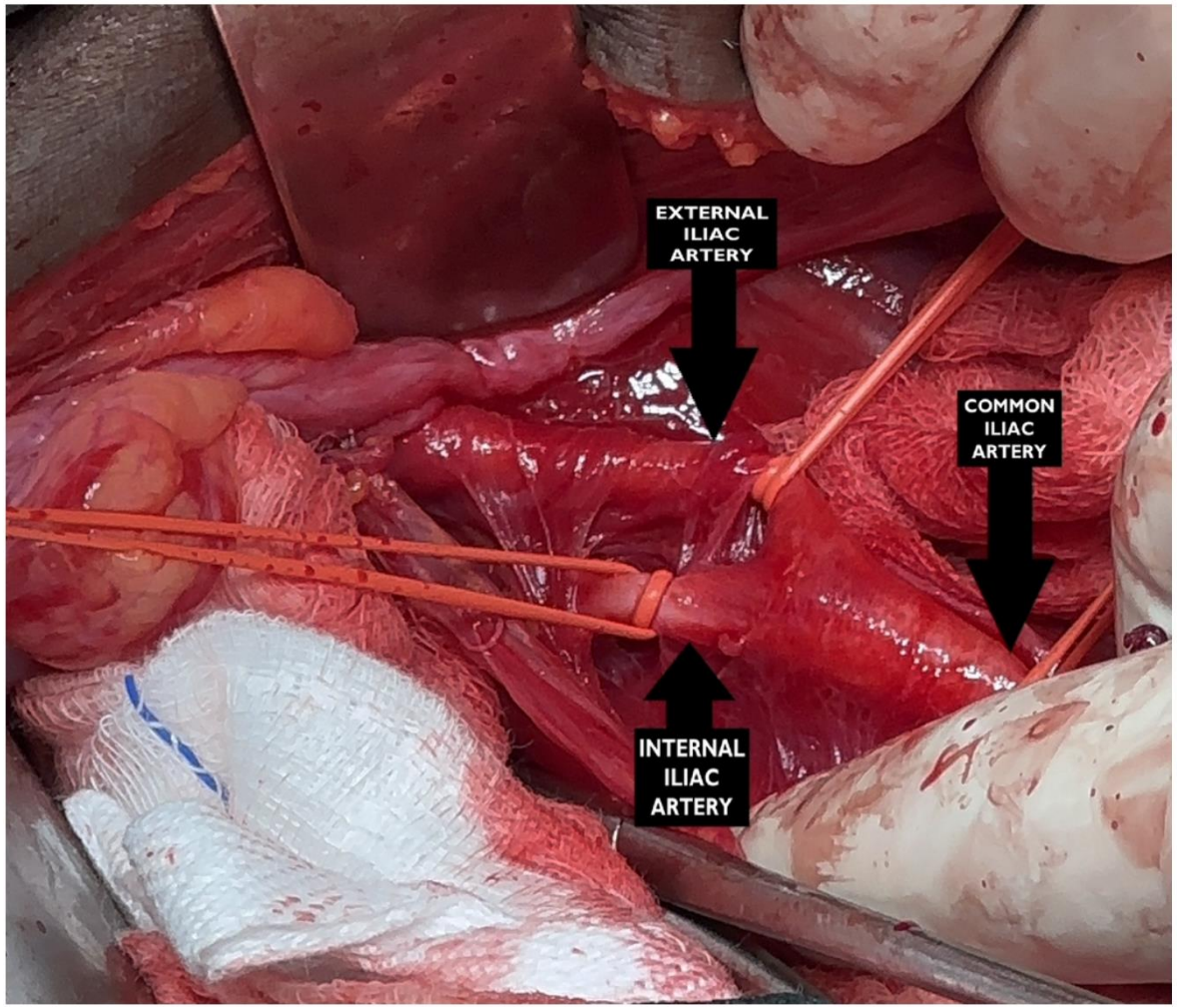


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- The rod was removed under direct visualization, with subsequent bleeding from the right internal iliac artery and vein controlled with sutures.
- The diaphragmatic rent was repaired, a right intercostal drain was inserted, and a colostomy created
- The patient received multiple blood transfusions, and the procedure lasted three hours with an estimated blood loss of one litre.



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OUTCOME AND FOLLOWUP

- The patient received post-operative care in the intensive care unit. He retained normal anal tone and had an uneventful recovery. He was discharged on post-operative day eight.
- On follow up after 6 weeks patient c/o swelling in right scapular region (impalement site)



- Incision and drainage was done and 20ml of pus drained and foreign body removed (cloth)

