

Letters to the Editor

Endoscopic removal of a hashish packet

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Dear Editor,

Illicit drug trafficking within the body (“body packers”) represents a medical-legal problem currently on the rise. Endoscopic removal of drug packets is not generally recommended (1) because of the risk of packet rupture and subsequent overdose on the spilled substance. However, this may represent an effective alternative to surgery in selected patients (2).

Case report

A 40-year-old male presented with abdominal pain and diaphoresis following the ingestion of 30 g of hashish as a means of illegal trafficking, remaining in police custody during his hospital stay. Abdominal computed tomography (CT) revealed two foreign bodies in the ileum, 4-cm and 3-cm in size, with signs of mechanical obstruction without perforation, which were spontaneously expelled at 24 hours, their nature being confirmed following specific testing. A follow-up CT scan after 48 hours found another foreign body at the gastric antrum, which had not been recognized earlier; this prompted an oral endoscopic procedure that managed to remove a 4-cm round, semi-hard packet using a Dormia basket (Fig. 1). The procedure was uneventful under deep sedation administered by an anesthetist.

Discussion

Endoscopic management of body packers has been described for cases where a single packet (or a small number of packets)



Fig. 1. Endoscopic removal of hashish packet with a Dormia basket.

fails to cross the pylorus (2,3), as prolonged pressure of the foreign body on the gastric mucosa may result in intoxication, upper gastrointestinal bleeding, and gastric obstruction (4,5). In our patient, the absence of spontaneous progression after 96 hours, and the nature of the substance carried (hashish may diminish consciousness but is usually not life threatening, as opposed to a cocaine or heroine overdose) (3), were key factors in deciding the therapeutic approach.

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