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Case Report

Intra-Digestive Migration of Delbet Blade

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Abstract

The Delbet blade is a non-irritating, non-toxic surgical consumable for multi-channel drainage. It is frequently used, and migrations are exceptional.

We report unusual case of a migrating Delbet blade on intra luminal into left colon a patient how underwent rectal surgery. The patient had successful endoscopic removal for the foreign object.

Keywords: *Migration; Intra Luminal; Delbet Blade*

Introduction

Migration of surgical material is a rare complication of various surgical procedures and should be considered when abdominal pain occurs [1]. There are sporadic reports of intraluminal migration of foreign objects.

Most commonly they are compresses, while surgical drains are very rarely reported. The migration of these surgical drains increases morbidity significantly and may cause devastating outcomes if neglected. Treatment is usually surgical. However, the minimally invasive approach is increasingly advocated.

Case Report

We report the case of a 53-year-old patient who presented with abdominal pain without any particular symptomatology after colorectal anastomosis for rectal tumor, a Delbet blade was placed in the left iliac fossa.

Having stable vital signs, on clinical examination, the external tip of the blade was no longer visible or palpable, on the third postoperative day.

An emergency abdominal computed tomography (CT) showed no signs of occlusive syndrome, pneumoperitoneum, or intra-abdominal collection. However, it did show retraction of a corrugated drain, which was trapped intra-luminally in the descending colon 6 cm from the colorectal anastomosis (Figure 1).

The patient underwent emergency low endoscopic for foreign body removal, with a good outcome.

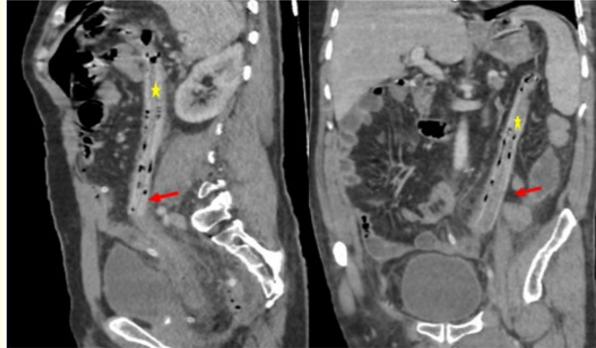

Figure 1: *(A, B) Computed tomography (coronal and sagittal sections) demonstrating the Delbet blade (asterixis) intraluminally in its entire length, trapped in the descending colon (arrows).*

Discussion

Drainage equipment is used prophylactically after surgical procedures. They are useful for draining and suspecting digestive fistulas, haemorrhages and anastomotic leaks. Finally, they reduce postoperative mortality by preventing the build-up of intra-abdominal fluid collections [1].

Migration of intra-peritoneal surgical drains is a rare complication, in the literature, only a few cases of intra-abdominal migration of the surgical drain have been reported [2]. It usually occurs in the peritoneal cavity and rarely in hollow organs [3].

As with any foreign body, its evolution within the abdomen is variable. It may remain mute, or sustain suppuration through the drainage orifice, or be responsible for a digestive fistula [1].

In our case, its migration was suspected in time, as early as the third postoperative day.

A computed tomography scan was done to accurately localize the drain. Typically, Delbet's blade can be recognized on imaging by its linear nature and alternating high density (prosthetic material) and very low density (aera) (Figure 1). It was entering the lumen of the descending colon.

The Delbet blade is surgical consumable for multi-channel drainage, when is not properly secured, the blade's elasticity allows it to retract, facilitating its migration into the abdomen.

If not diagnosed earlier, the migrating drain may be complicated by acute intestinal obstruction, abscess or peritonitis [4].

Computed tomography is an invaluable tool, enabling precise pre-therapeutic topographical diagnosis. At the same time, it provides a complete exploration of the abdominal cavity in search of complications (fistulas, pneumoperitoneum, abscesses).

Most of the instances recorded so far have involved Penrose and Jackson-Pratt drains [5]. Our case is distinguished by the type of peritoneal drain and the rare intraluminal migration.

Conclusion

This case demonstrated an iatrogenic complication of surgical abdomen, that can engage the vital prognosis of the patient and surgeons should be aware of it. Prevention implies proper fixation and daily inspection.

Competing Interests

The authors have no competing interests to declare.

Bibliography

1. Messager M., *et al*. "Is there still a need for prophylactic intra-abdominal drainage in elective major gastro-intestinal surgery?" *Journal of Visceral Surgery* 152.5 (2015): 305-313.
2. Radhakrishna Veerabhadra and Tanga Sharad M. "Lesson learnt from a migrated drain: a case report". *Annals of Medicine and Surgery* 20 (2017): 80-83.
3. Gündeş Ebubekir., *et al*. "Migration of abdominal drains into the gastrointestinal tract: unexpected complications". *Archives of Medical Science-Civilization Diseases* 1.1 (2016): 141-145.
4. Sow O., *et al*. "Forgotten blade of delbet on the drainage site of a complicate peritonitis of a voluminous seroma". *MOJ Surgery* 6.6 (2018): 177-178.
5. Radhakrishna V and Tanga SM. "Lesson learnt from a migrated drain: A case report". *Annals of Medicine and Surgery (London)* 20 (2017): 80-83.

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