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An unusual case of proctalgia: kerosene rectal injury

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Kerosene has been described as an uncommon burn injury agent⁽¹⁾. We report a case of a 47-year-old male who presented to the Emergency Department with proctalgia after self-administration of an unknown enema in the context of cocaine intoxication. Physical examination revealed severe perianal inflammation (Figure 1.A) without suppuration and computerized tomography (CT) scan showed free air in mesorectum and retroperitoneum without intraperitoneal free air or fluid (Figure 1.B and 1.C). Rigid rectoscopy demonstrated erythematous rectal mucosa without perforation. Subsequently, perineal drainage and debridement were performed.

On the fifth postoperative day, the patient reported worsening proctalgia. Examination under anesthesia revealed the presence of new-onset anal ulcers (Figure 1.D), rigid rectoscopy identified deep ulcers limited to the rectal mucosa and colonoscopy ruled out colon involvement. During reevaluation, the patient disclosed the use of sailboat engine lubricant as the enema, with kerosene being one of its components. These findings were consistent with rectal burn injuries resulting from exposure to kerosene.

A laparoscopic end-loop colostomy was performed without any postoperative complications. Follow-up examinations with rigid rectoscopy showed improvement of rectal ulcers (Figure 1.E and 1.F).

To our knowledge, this is the first case of rectal burn injuries after kerosene exposure^(2,3). Aggressive washout, early colostomy and serial follow-up scopes are key components in the management of these rare injuries.

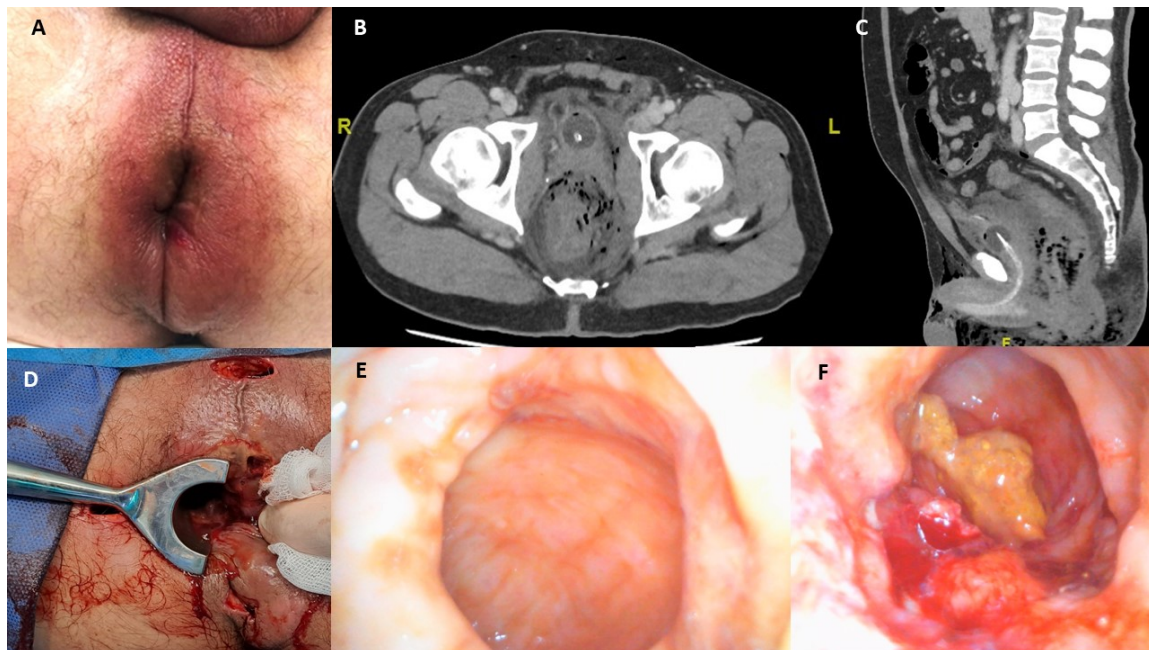


Figure 1. **A)** Severe perianal inflammation without fluctuation or suppuration. **B) C)** CT scan findings: free air in mesorectum and retroperitoneum without intraperitoneal free air or fluid. **D)** Long and deep anal and rectal fistulas were seen during the second examination under anaesthesia. **E) F)** Rectal ulcers on the rigid rectoscopy

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