

Surgical extraction of 85 cocaine capsules

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Introduction:

Body stuffer syndrome, a manifestation of substance abuse characterized by the clandestine ingestion of illicit drugs, presents a unique challenge to healthcare providers. This report documents a case involving a 30-year-old male who was brought to the emergency room in a state of agitation after being apprehended at the airport. Upon evaluation, it was discovered that the patient had ingested a significant number of cocaine-filled capsules. This incident underscores the gravity of body stuffer syndrome and the critical importance of swift intervention to mitigate potential complications.

Aim of the article:

The objective of this study is to present the case of a 30-year-old man with body stuffer syndrome who was brought to the emergency room by law enforcement in an agitated state, and from whom 85 capsules of a substance presumed to be cocaine were surgically extracted.

Presentation of case:

A 30-year-old man was brought to the emergency room by law enforcement under suspicion of body

packing. He was apprehended at Casablanca's Mohammed 5 International Airport after drawing police attention due to his agitation.

Upon admission, the patient exhibited marked agitation, profuse sweating, non-cooperation, and violent behavior. Emergency imaging revealed multiple oval-shaped formations in the digestive tract, located in the stomach and colon, which were spontaneously hyperdense (285 HU), challenging to count (approximately 57), sometimes contiguous, and nearly identical in size and shape, suggestive of being illicit substance-filled capsules.

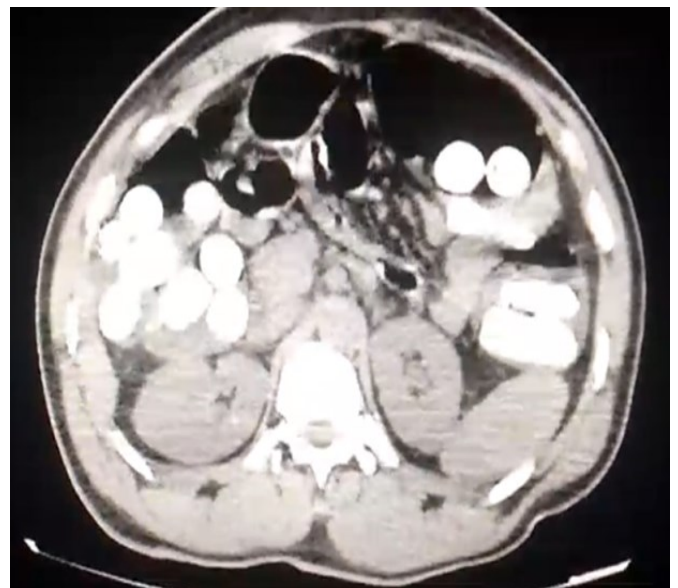


Figure 1 : Axial CT showing multiple oval shaped formations in the digestive tract.

The patient's agitation escalated, necessitating transfer to the operating room. Surgical exploration revealed several foreign bodies in the stomach and colon. An appendectomy was performed, followed by the extraction of 60 capsules, presumed to contain cocaine, via the appendicular base, closed with separate sutures. Subsequently, a gastrotomy was performed to extract 15 additional capsules, with a further 10 capsules extracted anal-



Figure 2 : the extracted 85 cocaine capsules.

Analysis of the capsules revealed that three within the stomach exhibited small perforations allowing the passage of white powder.



Figure 3 : A perforated cocaine capsule.

All the capsules were handed over to the police as evidence.

The patient was subsequently admitted to intensive care, where on the third post-operative day, signs of sepsis with abdominal distension developed.

Upon surgical re-evaluation, a large peritoneal effusion of turbid fluid and an 80-cc collection of pus in the right iliac fossa, fed by a fistula in the cecal sutures, were identified. An ileocecal resection was performed with a double barrel ileocolostomy.

Unfortunately, the patient succumbed to septic shock the following day.

Discussion

The concealment of illicit drugs within the body is a growing problem that poses medical and legal challenges. Illicit drug packages can be hidden internally through methods like swallowing or insertion into body cavities such as the vagina or rectum. Individuals engaged in this practice have been referred to by various terms including 'body packers', 'swallowers', 'stuffers', or 'mules'. Substances smuggled via body concealment have included hashish, heroin, and cocaine.

Those involved in body concealment may present to medical facilities due to complications such as drug intoxication, intestinal obstruction, and, in rare cases, sudden death. Alternatively, they may come to attention following arrest by customs officials who seek medical assessment. The increasing frequency of publications on this subject underscore the growing concern surrounding international drug smuggling through body concealment.

(1)

In our case, the patient was brought in by the police after his arrest, seeking medical attention due to his agitation.

Current research underscores the significance of non-invasive imaging techniques like computed tomography (CT) in the diagnostic evaluation of cases involving body stuffer syndrome. These imaging methods play a crucial role in pinpointing the location and quantity of ingested foreign objects, facilitating surgical decision-making, and evaluating potential complications.(2,3)

Surgical intervention is warranted when episodes of drug toxicity persist despite medical management. (4) It's crucial to highlight that individuals experiencing severe drug intoxication, which doesn't improve with standard supportive treatments, should undergo surgery promptly.(5) In our case, the patient was treated surgically following his persistent extreme agitation.

In addition, vigilant monitoring for potential postoperative complications such as drug toxicity, bowel perforation, and infection is crucial. Infectious complications are common in the postoperative period. (5)

Given the intricate nature of cases involving body stuffer syndrome, collaborative efforts between healthcare professionals and law enforcement agencies are indispensable. This collaborative approach not only ensures appropriate medical care but also facilitates legal proceedings, including evidence preservation, forensic documentation, and compliance with legal protocols, safeguarding patient well-being while upholding legal standards.

Conclusion:

In conclusion, this case emphasizes the imperative of cohesive medical and legal responses to address body stuffer syndrome. Despite surgical intervention, the patient's outcome underscores the grave dangers linked with ingesting illicit drugs. Looking ahead, heightened awareness, collaborative approaches across disciplines, and proactive engagement with law enforcement are pivotal for improving outcomes and confronting the intricate issues posed by this condition.

Summary :

Body stuffer syndrome, where individuals ingest illicit drugs to evade detection, poses significant medical challenges. This report details a 30-year-old male apprehended at Casablanca's airport who ingested 85 cocaine capsules. Emergency imaging and escalating agitation necessitated urgent surgery, resulting in the extraction of 60 capsules via appendectomy, 15 via gastrotomy, and 10 anally. Despite postoperative care, the patient developed sepsis and succumbed to septic shock. This case underscores the critical need for prompt medical intervention, effective use of non-invasive imaging, vigilant postoperative monitoring, and collaborative efforts between healthcare providers and law enforcement to address the severe risks associated with body stuffer syndrome.

Keywords: Body stuffer syndrome, surgical extraction, cocaine ingestion.

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