The cocaine smuggling in the gastro-intestinal tract resulting in mechanical pylorostenosis

Niedrożność przewodu pokarmowego spowodowana przemytem kokainy

A 45-year-old male, body packer, who confessed to have swallowed 44 packages of cocaine in a total dose of approx. 360 g, was admitted to hospital because of clinical signs of acute intoxication with cocaine followed by ileus. The emergency surgical gastrotomy was initiated, and the conglomerate of Scotch tape and packages with cocaine were removed. Conclusions: Small rupture of one package of cocaine in a body packer stomach caused acute poisoning with cocaine, confirmed additionally by the presence of its metabolites in the urine. Mechanical pylorostenosis provoked by cocaine packages required emergency surgical operation.

Introduction

Body packer is the term for intracorporeal transport of drugs packed in rubber or plastic containers [14]. A case of male smuggling cocaine in 44 swallowed packages was presented.

Case report

In November 2004 a 45-year-old patient was admitted to the Emergency Department of Mrągowo hospital because of headache, stomachache, anxiety, dizziness and dysphoria. He admitted that he had swallowed approximately 360 g of cocaine in 44 containers (one container had approx. 8 g of cocaine). About 8 hours prior to the admission the vomiting and stomachache as well as other signs of acute cocaine intoxication appeared.

On admission to the hospital the patient was alert and agitated. Vital signs were as follows: pulse 120 beats/min, blood pressure 170/120 mmHg, respiratory rate 22 breaths/min, and temperature 38.5°C. There was one short episode of convulsion followed by the loss of consciousness which lasted for about two minutes. Examination of the head, eyes, ears, nose, and throat was within the normal limits. The neck was supple. The cardiac, lung, abdominal and skin examinations were unremarkable. Neurological examination revealed an alert and well oriented male who was agitated. There were no significant abnormalities in basic biochemical tests results. The analysis of the urine for cocaine was positive.

The patient was transferred to the anaesthesiologic ward where midazolam, metoprolol, furosemid and lactulose were included. After about 3 hours one package of cocaine was excreted by the patient.

The abdominal X-ray revealed distension of the stomach with numerous packages of cocaine. About 30 minutes later the emergency surgical treatment was initiated. Longitudinal gastrotomy in the region of gastric antrum was done. The conglomerate of Scotch tape and 43 cylindrical (each 3 cm in length) packages were removed; one of them was slightly perforated. After gastrotomy the inspection of the duodenum, jejunum, ileum and large intestine as well as peritonaeoclysis were done.

Eight days of further follow up did not show any abnormalities, and the patient was discharged from the hospital in a good clinical condition.

Discussion

Smuggling of narcotics by internal concealment has increased considerably worldwide [2,7]. Body packers or "mules" are people carrying narcotics packages in their bodies [2,9,14]. During the period from 1988 to 1992 Norwegian customs officials reported 245 seizures where packets of narcotics had been inserted into rectum, vagina, or had been swallowed [7]. The most serious clinical complications of body packers syndrome are ileus and acute intoxication with narcotics caused by ruptured container [2,3,13,14].

Upon analyzing 215 cocaine body packers bowel obstruction, haemorrhagic complications and seizures were observed in 5.1%; 4.2%; and 2.3% respectively, however, the clinical presentation was deceptive [5,13].

An abdominal X-ray often reveals the packages, and it is necessary for diagnosis as well as follow-up [1,4,5,13]. The drug is often double wrapped in latex membranes or condoms, and the air which is trapped between two layers, forms crescents visible on the X-ray [1]. According to Geyskens et al. the double condom sign and the rosette form are two pathognomic radiologi-
cal signs, however, McCarron and Wood have noted that in some body packers the abdominal X-ray was negative [4,11]. In Marc et al. study the use of a single dose of 60 ml of water-soluble contrast compound was an easily performed, efficient, and safe method for the diagnostic procedure [10]. Hartoko ascertained that among 7 cases of body packers CT-scan was necessary in 3 to make a proper diagnosis [6]. The presence of cocaine metabolites in the urine allow to confirm the diagnosis [8].

The therapy of body packers depends on clinical condition. If there are no other symptoms, treatment with mild laxatives is probably the best choice, however, surgery is preferred when there is ileus or packages are fragile or ruptured [1,4,11,12,13].

Conclusions
Small rupture of one package of cocaine in a body packer stomach caused acute poisoning with cocaine, confirmed additionally by the presence of its metabolites in the urine.

Mechanical pylorostenosis provoked by cocaine packages required emergency surgical operation.

References