



## **Bodypacking: When to Operate?**

**K. Elhattabi<sup>1</sup>, A. Bachar<sup>1\*</sup>, F. Z. Bensardi<sup>1</sup>, M. Bouali<sup>1</sup>, A. Elbakouri<sup>1</sup>  
and A. Fadil<sup>1</sup>**

<sup>1</sup>*Visceral Surgical Emergency Department, CHU Ibn Rochd, Faculty of Medicine and Pharmacy  
Casablanca, Hassan II University, Casablanca, Morocco.*

### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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**Case Study**

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### **ABSTRACT**

The bodypacking is a drug delivery that is growing, especially since the events of September 11, 2001 from which were reinforced customs controls of baggage or packages. This mode of transport may cause, digestive or toxic complications whose management requires special care and sometimes a notice and / or surgery. We report four clinical cases. They have occlusive and toxic complications admitted in our hospital. During 5-day monitoring the complication has been observed, a surgical treatment is carried out after the initiation of medical treatment. Several factors have caused these complications. The death rate increases in this situation. Traditional packaging seems an important factor.

*Keywords: Bodypacking; emergency; dissimulation.*

### **1. INTRODUCTION**

Intra-corporeal concealment of narcotics includes any transportation of illicit drugs, whether within the same country or internationally, using the

human body as a vehicle of transport. Such in-body transportation of cocaine exposes the cocaine to the risks of capsule entrapment and the occurrence of intestinal obstruction or acute intoxication. We report the observation of 4

\*Corresponding author: E-mail: [bachar.amine81@gmail.com](mailto:bachar.amine81@gmail.com);

badypaker patients using rescue surgery in the emergency room.

## 2. CASE PRESENTATION

### 2.1 Case: No. 1

A 36-year-old man of Nigerian origin was stopped by police at Casablanca airport on his arrival from São Paulo, Brazil, for intra-digestive transport of cocaine capsules ingested two days ago. The scanner confirmed the presence of the capsules. The patient was admitted to our department for clinical and biological surveillance during his spontaneous release of the capsules. The patient presented with excruciating chest pain with profuse sweating, the ECG showed an acute coronary syndrome (ST shift, Q-wave necrosis and T (-) Fig. 1. Troponins were positive at 4.5 ug/l. The patient was sent to the O.R. after conditioning. Surgical removal of the remaining capsules by colonic expression showed the cracked appearance of a pellet Fig. 2. The patient presented with cardiac arrest and was declared dead intraoperatively.

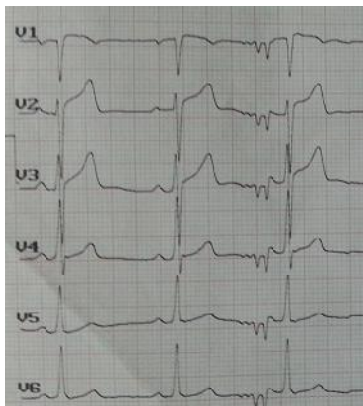


Fig. 1. Electrocardiogram showing coronary syndrome



Fig. 2. Image showing the fissured capsule

### 2.2 Case No. 2

A 42-year-old man from Guinea Bissau arrested at Casablanca airport on suspicion of ingesting a cocaine capsule. On admission the patient was conscious and hemodynamically and respiratorily stable. The rectal examination allowed to palpate a strange body intrarectally, the rest of the examination was without particularity. The thoraco-abdominal-pelvic CT scan objectified the presence of 92 intradigestive capsules. The evolution was marked by the spontaneous emission of 91 capsules over a period of 5 days under clinical and biological surveillance.

The patient presented with an incoercible ingestion of vomit. The control CT scan showed the enclavement of a capsule at the gastric level Fig. 3. After failure of its extraction by a oesogastroduodenal fibroscopy, a surgical exaction was considered as an emergency measure. Extraction was performed by gastrotomy.

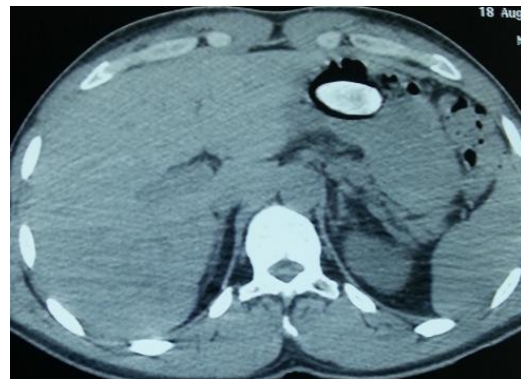
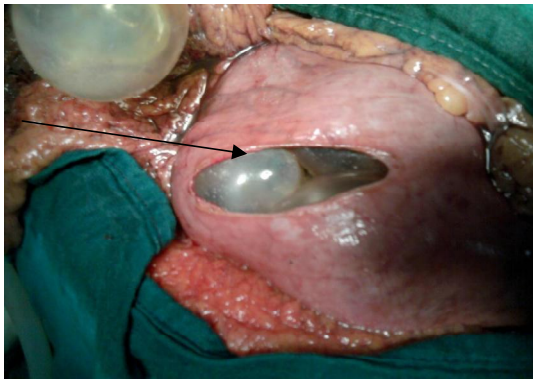


Fig. 3. Scanner image showing the intragastric enclaved capsule

### 2.3 Case No. 3

A 30-year-old man admitted to intensive care for agitation confusion and hemodynamic instability (tachycardia at 144 beats/minute, BP: 06/04 mm Hg) on ingestion of cocaine capsules packaged with condoms 6 days ago Fig. 4. The patient was taken to the operating theatre after being put in condition. Surgical examination revealed a peritoneal effusion of great blackish and foul odour on necrosis of the gastric wall and perforation at the level of the small curvature with the presence of the capsules in the gastric area, hail and colic Fig. 5. Gastrotomy was considered with hail and colic for extraction of the capsules. The patient died intraoperatively.



**Fig. 4.** Image of an abdomen without preparation showing the capsules



**Fig. 5.** Intra-operative image showing intra-gastric capsules



**Fig. 6.** CT image showing intradigestive capsules



**Fig. 7.** Image showing the cracked capsule

## 2.4 Observation n 4

A 35-year-old man of Nigerian nationality was arrested at Casablanca airport on suspicion of ingesting cocaine capsules. Initially admitted to the shocking room, the patient was given a conditioning and thoraco-abdominal CT scan that revealed the presence of 65 capsules in an intradigestive Fig. 6. The evolution was marked by the appearance of tachycardia at 130 beats per minute with malignant hypertension at 210/110 mmHg followed by cardiac rhythm disorders. The patient had issued 42 capsules. He was taken to the operating room for surgical extraction of the capsules. The patient underwent gastrotomy and transverse colotomy for the extraction of 23 capsules. One capsule found intragastrically was perforated responsible for the symptomatology Fig. 7. The postoperative follow-up was simple.

## 3. DISCUSSION

Erythroxylum coca and the precursor of cocaine, the latter is a powerful anesthetic, vasoconstrictor, sympathomimetic and central nervous system stimulant. Its addictive use gives rise to numerous trafics, whose transport in the

body allows for organized transport from the producing regions to the regions of consumption [1]. Body packers use pellets that are most often professionally manufactured (3 to 15 g of cocaine per pellet packaged in condoms, cellophane sheets or wax) [1-4]. Nevertheless, complications can occur, due to fissuration or blockage of the pellets in the digestive tract. Through our observations we have presented the complications that have occurred in this type of patient: occlusive or toxic. Recourse to salvage surgery is necessary to reduce the risk of mortality. Intestinal occlusion produces an evocative clinical picture; the notion of stopping evacuation is important after the 5th day of ingestion [5]. The scanner allows the remaining pellet to be objectively examined [3]. The BAUHIN valve or the pyloric sphincter is the most frequent site. Manual packing seems to be an occlusion factor due to the difference in volume of the pellets, the treatment consists of surgical extraction by opening the digestive tract or anal evacuation after expression [6,7,8]. The prognosis depends on the speed of the operation and the presence of possible hydro-electrolytic disorders. The appearance of toxic signs indicates a cracking of the pellet, leading to the clinical picture of overdose. The mortality rate is high in this case and the prognosis depends on the speed of the extraction and to operate immediately if the patient presents a retention of the pellet, especially in an acid environment [9]. The ECG is a daily monitoring tool: The clinical signs are polymorphic especially if the patient is a consumer. Beyond the 5th day the risk increases. Cocaine has no antidote [5]. Treatment of intoxication is symptomatic, combining benzodiazepines such as diazepam (Valium) for the treatment of agitation and convulsions, sodium nitroprusside or alpha-blockers or calcium channel blockers for the treatment of high blood pressure (beta-blockers are contraindicated as they may aggravate, by their membrane-stabilizing effect, coronary spasm induced by cocaine intoxication), sodium bicarbonate and lidocaine in case of ventricular arrhythmia. Surgical extraction should not be delayed. The prognosis is poor [10].

#### 4. CONCLUSION

Surgical extraction remains the lifesaving surgery for complicated bodypackers. The mortality rate remains high. Surveillance is paramount in these patients, it consists of prevention and extraction before the complication occurs.

#### CONSENT

As per international standard or university standard, patient's consent has been collected and preserved by the authors.

#### ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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