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https://doi.org/10.1016/j.gie.2021.03.929

Illicit drug packet ingestion and the ASGE clinical guideline on removal of foreign bodies

To the Editor:

Recently at the New Jersey Poison Center, we consulted on a patient who swallowed packets of heroin to evade law enforcement and was admitted to the hospital for whole bowel irrigation with polyethylene glycol solution. After 24 hours, the packets were still in the stomach, and disagreement arose within the treatment team based on "Management of ingested foreign bodies and food impactions" from the American Society for Gastrointestinal Endoscopy,[1] which recommends against endoscopic packet retrieval and for surgical intervention if packets fail to progress. Our patient underwent endoscopic removal of several heroin packets, in consideration of 2 key factors: the circumstances of packet ingestion and the contents of the packets themselves.

There are 2 distinct scenarios in which patients ingest concealed packets of illicit drugs. "Body packing" refers to the ingestion of many large-volume, well-constructed packets to smuggle the contents across secure borders.[2] "Body stuffing" describes the hasty ingestion of a smaller number of poorly secured, low-volume packets to evade law enforcement. Although these low-volume packets are more likely to leak, they are much less likely to cause death because the total drug content is lower. These patients can undergo a trial of polyethylene glycol and, if packets fail to progress, controlled endoscopic removal.

Unfortunately, the stark distinction between stuffing and packing is often overlooked in the literature leading to unintended misguidance.[2] In addition, whether the packet contains an opioid or cocaine is significant. Although even a large opioid overdose can be effectively treated with naloxone and supportive care,[3] rupture of a large-volume packet of cocaine can be fatal. Endoscopy is usually appropriate for removal of heroin packets of either type that fail to progress from the stomach after a reasonable period (24-48 hours). Endoscopic removal is also reasonable for cocaine packets of either type but is best performed in a critical care setting with surgical backup. In either case, endoscopic technique should minimize trauma, such as with use of a basket or net rather than a grasping device.

The original guidance, published in 2011, could benefit from a focused update on these aspects of packet ingestion.

DISCLOSURE

Both authors disclosed no financial relationships.

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https://doi.org/10.1016/j.gie.2020.12.052

Response:

We appreciate the interest taken by Calello et al[1] in the American Society for Gastrointestinal Endoscopy (ASGE) guideline on management of ingested foreign bodies and food impactions.[2] In their letter, the authors highlight 2 distinct scenarios of illicit drug packet ingestion: body packing and body stuffing. The authors highlight a case of successful endoscopic removal of several heroin packets from a patient. On the basis of their clinical experience, the authors conclude that endoscopy is appropriate for the removal of heroin packets and may be considered for the removal of cocaine packets in a critical care setting with surgical backup.

We agree with the authors regarding 2 distinct scenarios of ingested illicit drug packets. Body packing is typically a well-coordinated ingestion of many large-volume and precisely packed drug packets for the purpose of drug trafficking.[3] By contrast, body stuffing refers to hurried swallowing of drug packets to avoid immediate arrest.[4] Drug packets in body stuffing are mainly for individual use and contain much smaller amounts of drugs, but they can

put an individual at risk for acute toxicity, given the overall fragile wrapping. The current ASGE guideline mainly addressed the issue of body packing and recommended surgical intervention for clinical signs of intestinal obstruction or if the packet fails to progress with conservative treatment. Given the concern for rupture and leakage of contents, the ASGE guideline and other society guidelines recommend against endoscopic intervention.[2,5]

There are important considerations before endoscopy can be routinely recommended for the removal of drug packets. They include intent of ingestion, type of packet wrapping, content and quantity of the packet, and local expertise. It is possible that even precisely packed large-volume drug packets can rupture and leak a potentially lethal dose of drug contents during an attempt at endoscopic removal. The contents of the packet, if known, can also significantly influence the overall management strategy. Although body packers with opioid poisoning can be treated with the opioid antagonist naloxone hydrochloride and supportive care, no drug antagonizes the lethal effects of cocaine, and this likely will require emergent surgical removal if packets leak during an attempt at endoscopic removal. More often, information regarding the overall quality of packaging, content, and quantity is not readily available, or the information may not be reliable enough to enable a clinical decision regarding endoscopy based only on that. Often, packets accessible to endoscopic removal likely represent a small fraction of overall GI burden of body packing or body stuffing.

In asymptomatic patients who have ingested a limited number of packets containing a small quantity of drugs that do not pass beyond the pylorus with conservative treatment, endoscopic evaluation may be considered as an alternative to surgery. However, we suggest that this should be done with multidisciplinary consensus and in an appropriate clinical setup, such as in an intensive care unit with the availability of naloxone hydrochloride for heroin packets or in an operating room with a surgical team ready to intervene in case the packets contain cocaine. We agree with the authors that if endoscopy is attempted, then nontraumatic devices such as a net or basket should be preferred over a grasper or snare-type device. The ASGE guidelines are updated at regular intervals to incorporate current literature, and we intend to update guidelines on the management of ingested foreign bodies and food impaction in the near future. We strongly encourage prospective trials under appropriate institutional review board supervision, focusing on the outcomes of endoscopic removal of illicit drug packets that can inform the literature further.

DISCLOSURE

Dr Thosani is a consultant for Boston Scientific Corporation, Covidien, and Pentax of America. Dr Qumseya disclosed no financial relationships.

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https://doi.org/10.1016/j.gie.2021.03.059