Title: Endoscopic Retrieval of Ingested Narcotics- a Heroin Story Kamal Amer, MD Anmol Mittal, MD Anjella Manoharan, MD Julien Hohenleithner, MS3 Richard Arrigo, DO

## Case presentation:

Body packing and stuffing, which require ingestion of narcotic substances for means of transport and sale, is currently a huge healthcare and legal problem in many countries of the world. Depending on the narcotic ingested, body packing can sometimes lead to fatal events. Although in general, conservative management is advocated should complications arise surgical treatment options are typically pursued and may in turn provide more morbidity and mortality to patients. Current guidelines from the American Society for Gastrointestinal Endoscopy (ASGE) recommend against endoscopic retrieval of narcotic packaging given the risk of packet manipulation and rupture leading to deterioration of patient conditions [1]. Here we discuss the successful case of endoscopic retrieval of narcotic packet. The patient is a 27-year-old male who presented in the custody of police after ingesting 30 heroin packets. Conservative management with serial imaging after administration of polyethylene glycol (GoLytely) without resolution or passage of contents for greater than 48 hours. Surgical management was recommended however gastroenterology was consulted for potential endoscopic retrieval under supervised setting (operating room) with both the surgical team and toxicology team (with Naloxone drip available) at bedside ready to pursue surgical management should endoscopic retrieval fail. Endoscopic retrieval was successful using a Rothnet retrieval device. Patient had no complications and was discharged to police custody on day of procedure. Similar cases have been reported in current literature with similar success [2-6]. Endoscopic retrieval of narcotic packets may be pursued given that it is performed under a supervised setting with an available antidote.

## References:

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