

Gastrointestinal cocaine body packing

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Smuggling of illicit substances by internal bodily concealment, known as body packing, has become a worldwide problem [1,2]. It was first reported in 1973 and since then it has evolved into an important means of international cocaine and heroin smuggling [3].

Herein we present two cases brought under custody to our hospital for treatment, after swallowing packages containing cocaine. Two male persons, a 31-year-old Nigerian and a 38-year-old Peruvian were arrested on suspicion of drug smuggling after arriving at Athens International Airport "Eleftherios Venizelos". Police suspected them of body packing and brought them to the Emergency Department of our hospital. The Nigerian man complained of abdominal pain and constipation while the Peruvian man was frightened of package rupture. The Nigerian had increased bowel sounds on clinical examination but apart from that no other finding was reported in both cases. A plain abdominal radiography demonstrated multiple abnormal radio-opaque foreign bodies in both small and large intestine in the first case but it was normal in the second. Urine toxicology testing was positive for cocaine in the Nigerian. The first case was managed with whole gut irrigation (polyethylene-glycol) and passed 54 packets per rectum which were identical and their dimensions were 4x3x2 cm (Fig. 1). Because of the concern of package rupture the second case underwent upper-gastrointestinal endoscopy which demonstrated 6 packets in the stomach with no evidence of package rupture. Since he was asymptomatic he was managed conservatively with whole gut irrigation and passed uncomplicated 20 handmade packets of cocaine [4,5]. Before being discharged both patients had a computed tomographic examination which did not reveal any remaining intraluminal packet and then they were referred to law enforcement authorities.

Body packers present to hospitals either because they have developed complications or after being arrested by custom officers who seek medical advice on their behalf. These admissions are seen more often in hospitals situated near a port of entry and many of them, in view of the lack of international guidelines, have already developed algorithms and protocols to manage these cases [2]. The medical staff dealing with such cases has to face not only medical but also ethical issues which complicate their



Figure 1 Forty one of the fifty four machine-wrapped packets containing cocaine recovered from body stools of the first case

management. For example: it is unclear in which extent doctors should cooperate with law enforcement authorities in searching of illicit substances by internal bodily concealment, there is a dilemma whether doctors should report to the authorities-drug smugglers presenting to emergency units seeking for help and how to supervise these cases during hospitalization so as to limit the chance of re-ingesting excreted drug packets.

In conclusion, body packers put themselves in danger of imprisonment and death so they must be treated both as prisoners and as patients. Therefore there is a need to create international guidelines which will assist the doctors and the hospital's legal counsel and ethics committee in managing these cases.

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