

Successful treatment of body packers with many packages

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Introduction: Increase rate of the drug traffic and those customs, have led the smugglers to attempt various methods in during the last years. One of these methods of illicit drug smuggling is body packing. Smuggling by intra-abdominal concealment, is called "body packing". **Case Reports:** Tehran metropolitan area police in summer 2007 arrested 90 suspected body-packers in several safe houses and airport in a cooperative movement between Iranian, Turkey, and Pakistani police department. These body-packers had African nationality and used Iran as a hub for smuggling drugs from Pakistan to EU countries, Far East and also Middle East countries .

Eleven of these men (age range, between 25-38 years) admitted to Loghman-Hakim Hospital after preliminary radiological examination by plain X-ray, for management of their condition. They were without sign and symptom in admission.

Nine men demonstrated multiple enteric packages in their X-ray. Confirmatory CT scan was performed for most of the patients.

These men remained under observation in the hospital. Following administration of sorbitol and polyethylene glycol for 4 pateint and only sorbitol for 7 pateint , packages start to pass(Admition range between 1-10 days).

Examination of package substance revealed small amounts (12-20 g) of powder (crack and cocaine) enclosed within mechanically sealed rubber balloons, highly resistant to rupture and leakage.

No surgical intervention needed and all the cases managed conservatively. All cases dischrached without complication. **Discussion:** The most important medical complications of body-packing include partial or complete gastrointestinal tract obstruction and drug intoxication following leakage or rupture of the covering materials, however most cases do not experience complication and packages may pass spontaneously or pass with the use of laxatives but rarely surgical removal indicated. The main indications for surgery remain cocaine and stimulants toxicity and bowel obstruction.

Following reasons may account the large number of body smugglers in Iran/Tehran:

- 1- Special geopolitical location of Iran.
- 2- Increasing the production of the narcotic substance in neighbor countries of Iran according to the United Nations International Drug Control Programme (UNDCP) reports.
- 3- Severe control of fighting narcotic agent staff in Iran which causes the smuggler transports successfully the narcotic substance through internal transporting (Body smuggling).

4- Afraid of referring to the hospital when symptoms of intoxication occur because the smugglers have a hard punishment.

There are no exact reports in actual numbers of body packers, because all of these persons haven't been taken captive and only in some of them symptoms of body packer syndrome is being revealed. Autopsy of body packers may give the comprehensive data about packaging methods, exact number of packets, type of the transported illicit drug and location of the packets in the body. Hospital physicians may neglect this type of gastro intestinal foreign body if they aren't aware of the body packer syndrome whereas immediate help to every poisoned patient is necessary at the first minutes of intoxication. **Conclusions:** The detection of drugs concealed internally for smuggling is a problem that its diagnosis requires vigilance and a high level of suspicion, in the domain of management, in the majority of patients, conservative management will result in passing of ingested packages without further need for surgical intervention.. However Medical therapy is effective and acceptable when patient's status is monitored carefully in the intensive care unit. However, the immediate surgical intervention should be kept in mind as an alternative. The physician should confirm the passage of all packets from the GI tract using imaging study before discharge of the patients from hospital. Usually, passing of two or three packet-free stools during continuous WBI therapy for 12 h, with a negative abdominal radiograph, is a reasonable end-point. Also, after surgical removal, the physician will need to confirm that the GI tract is free of drug-filled packets.