

Body Packer with Gastrointestinal Bleeding: A Case Report



Hadi Mirfazaelian¹, Somayeh Mirbagheri^{2*}, Khosrow Bagheri³

1. Prehospital and Hospital Emergency Research Center, Imam Khomeini Hospital Complex, Tehran University of Medical Sciences, Tehran, Iran.

2. Emergency Medicine Department, Imam Khomeini Hospital Complex, Tehran University of Medical Sciences, Tehran, Iran.

3. General Surgery Department, Shiraz University of Medical Sciences, Shiraz, Iran.

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ABSTRACT

Body packing (ingesting drug-filled packets) is a well-known method of drug smuggling, especially among prisoners. It carries significant risks, including packet rupture, bowel obstruction, and life-threatening gastrointestinal bleeding.

We present a 37-year-old male prisoner with a known history of peptic ulcer disease who presented with severe epigastric pain, coffee-ground vomiting, and hematochezia. Abdominal X-ray revealed multiple foreign objects consistent with drug packets. Due to ongoing bleeding and the rupture of one packet during removal, the patient underwent emergency surgical intervention. This case highlights the importance of early imaging, multidisciplinary management, and the need for surgical readiness in body packers with active bleeding.

Introduction

Body packing refers to the ingestion of wrapped drug packets (usually cocaine, heroin, or other opioids) for the purpose of smuggling. It is a common practice among prisoners and international traffickers. The medical literature describes numerous complications associated with body packing, including intestinal obstruction, packet rupture leading to acute intoxication, and mechanical injury to the gastrointestinal tract that can result in bleeding, perforation, or sepsis [1,2].

Patients with pre-existing gastrointestinal conditions,

such as peptic ulcer disease, are at even higher risk for severe complications when packets exert pressure on the mucosa or cause direct trauma. This case report illustrates a patient with a history of peptic ulcer disease who developed significant gastrointestinal bleeding after ingesting multiple opiate packets, necessitating urgent surgical management.

Case Presentation

A 37-year-old male prisoner, escorted by security personnel, presented to the emergency department complaining of severe, constant epigastric pain that started a few hours earlier and progressively worsened. He rated the pain as 8 out of 10 (0 = no

* Corresponding Author:

Somayeh Mirbagheri

Address: Emergency Medicine Specialist, Imam Khomeini Hospital Complex, Tehran University of Medical Sciences, Tehran, Iran.

E-mail: dr.ssmirbagheri@gmail.com



Fig. 1. Abdominal X-ray showing multiple radiopaque foreign bodies (drug packets) within the gastrointestinal tract. (Note: The original image from the case is referenced as Figure 1.).

pain, 10 = worst imaginable pain). The patient also reported coffee-ground vomiting and hematochezia. His past medical history was notable for peptic ulcer disease, but he was otherwise healthy.

On physical examination, vital signs were within normal limits. Abdominal examination revealed tenderness in the epigastric and umbilical regions, without guarding or rebound. Laboratory studies demonstrated anemia consistent with acute blood loss. Fluid resuscitation and intravenous proton-pump inhibitor therapy were initiated. Gastroenterology and general surgery consultations were obtained.

An abdominal X-ray (Figure 1) showed multiple radiopaque foreign objects distributed throughout the gastrointestinal tract, highly suggestive of drug-filled packets. When confronted with the imaging findings, the patient admitted to swallowing multiple packets of opiates as a means of smuggling, though he could not specify the exact number ingested.

Given the patient's history of peptic ulcer disease and the ongoing gastrointestinal bleeding, conservative management with whole-bowel irrigation was considered but deemed unsafe because of the active hemorrhage. During attempted endoscopic removal, one packet ruptured, prompting immediate surgical intervention. At laparotomy, all drug packets were

carefully extracted, and the gastrointestinal tract was inspected for any sites of perforation or active bleeding. The patient tolerated the procedure well and had an uneventful postoperative course.

Discussion

Body packing poses a unique challenge to emergency physicians, gastroenterologists, and surgeons. Asymptomatic body packers are typically managed conservatively with whole-bowel irrigation using polyethylene glycol, while symptomatic patients especially those with signs of obstruction, toxicity, or bleeding require urgent intervention [1,5]. In our patient, the combination of pre-existing peptic ulcer disease and mechanical trauma from the packets likely precipitated the gastrointestinal bleeding.

The pressure exerted by drug packets can cause mucosal ischemia, ulceration, and even perforation [3,4]. Rupture of a packet not only risks acute drug overdose but also can lead to chemical irritation and further hemorrhage. In this case, the rupture of one packet during removal underscored the fragility of the packets and the potential for rapid clinical deterioration.

Imaging plays a crucial role in diagnosis. Plain

abdominal radiography is often the first-line investigation and can reveal characteristic “double-condom” or “tic-tac” signs [2]. When clinical suspicion is high but plain films are equivocal, computed tomography (CT) may provide better delineation of packet number, location, and integrity.

Multidisciplinary coordination is essential. Emergency physicians must stabilize the patient, gastroenterologists may attempt endoscopic retrieval in selected cases, and surgeons should be prepared for laparotomy if there is evidence of obstruction, perforation, uncontrolled bleeding, or packet rupture [5]. The British experience reported by Bulstrode et al. emphasizes that surgical intervention is required in about 20–30% of symptomatic body packers, with mortality largely related to packet rupture and subsequent overdose [5].

Our patient’s uneventful recovery after surgical removal highlights that timely operative management can be lifesaving in body packers with active bleeding or packet rupture. However, prevention through education and stricter prison controls remains the most effective strategy to reduce the incidence of this dangerous practice.

Conclusion

Body packing is a high-risk method of drug smuggling that can lead to severe gastrointestinal complications, particularly in individuals with pre-existing peptic ulcer disease. This case demonstrates that active gastrointestinal bleeding in a body packer warrants a low threshold for surgical intervention, especially if packet rupture occurs. A multidisciplinary approach involving emergency medicine, gastroenterology, and surgery is crucial for optimal outcomes. Early imaging, careful monitoring, and preparedness for emergency surgery are key components of managing these

complex patients.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this article.

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Conflict of Interests

The authors have no conflict of interest to declare.

References

- [1] Gill JR, Graham SM. Ten years of “body packers” in New York City: 50 deaths. *J Forensic Sci.* 2002;47:843-846. <https://doi.org/10.1520/JFS15469J>
- [2] Kucukmetin NT, Gucyetmez B, Poyraz T, Yildirim S, Boztas G, Tozun N. Foreign material in the gastrointestinal tract: cocaine packets. *Case Rep Gastroenterol.* 2014;8:56-60. <https://doi.org/10.1159/000358555>
- [3] Fineschi V, Centini F, Monciotti F, Turillazzi E. The cocaine “body stuffer” syndrome: a fatal case. *Forensic Sci Int.* 2002;126:7-10. [https://doi.org/10.1016/S0379-0738\(02\)00011-7](https://doi.org/10.1016/S0379-0738(02)00011-7)
- [4] Najafi N, Montazeri M. Heroin body packer’s death in Shiraz, Iran: a case report and literature review. *Asia Pac J Med Toxicol.* 2017;6:34-37.
- [5] Bulstrode N, Banks F, Shrotria S. The outcome of drug smuggling by “body packers”: the British experience. *Ann R Coll Surg Engl.* 2002;84(1):35-38.