

**The missing piece : radiological and surgical management of a body packer with a methamphetamine packet stuck in the stomach.**

**ABSTRACT**

**Introduction** Usually, body packers have no complications and current recommendations for such patients advise a conservative approach, waiting for a spontaneous packet's evacuation with the bowel movement. In case of complications such a packet stuck in the stomach, a surgical approach seems to be safer than an endoscopic approach. **Case report** We report on a patient who was arrested by the police for suspected drug mules. A plain abdominal X-ray disclosed drug packets in the digestive tract. After spontaneous elimination of 35 drug packets, the patient had three unremarkable stools. However, a residual packet was noted in the follow-up plain abdominal X-ray. Ultrasonography (US) was done and a residual drug packet was noted in the stomach. This was later confirmed with non-enhanced computed tomography (CT) scan. As this was not eliminated during the 10 days following ingestion, oesophago-gastro-duodenoscopy(OGDS) was attempted but failed. It was finally removed through gastrostomy. **Conclusion** This case illustrated the different radiological features of a methamphetamine drug packet on x-ray, US and CT. It also stressed the importance of good collaboration between radiologist and clinician in the management of body packers. Furthermore, we have illustrated that gastrostomy is a safer approach than OGDS.

**Keyword:** Methamphetamine; Drug packet; Digestive tract; Stomach; Abdominal X-ray; Ultrasonography; Computed tomography scan (CT)