Body Packing-The Internal Concealment of Illicit Drugs
Traub SJ, Hoffman RS and Nelson LS. NEJM 2003;349:2519-26

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Background: Body Packers

- First described in 1973
- Are also called “swallowers”, “internal carriers”, “couriers” or “mules”
- May transport heroin, cocaine, others amphetamines, MDMA, marijuana or hashish described
- Carry 1 kg drug divided into 50-100 pckts
- Each packet has life threatening dose
- Men, women, kids have been body packers
Background: Body-Packers

- Body-stuffers: swallowing small amounts loosely wrapper drug in fear of arrest

- Packers: professionally wrapped
  - Drug wrapped in latex sheath, condom or balloon
    - Tied closed
  - Covered with other layers of latex
    - Sealed closed
  - Plastic food wrap, carbon paper can be incorporated to alter radiodensity to limit detection
Background

- Packets are usually swallowed,
  - May be inserted into vagina or rectum
- Constipating agents (loperamide) are used
- After reach destination, enemas, cathartics used
- People with “reasonable suspicion” maybe detained, observed or x-rayed by law enforcement
In Health Care

- Careful history as to type of drug, number of packets, nature of wrapping and present symptoms
- Patients may be dishonest
- Suspect in anyone with toxic effects after international flights
- PE: targeted at identifying toxidromes
Diagnostic Studies

- X-ray
  - “Rosette-like” finding
  - “double-condom” sign
  - Sensitivity approx 90%
- U/S has potential, needs more data
- Contrast CT
  - Increased sensitivity
  - False negative reported
  - Used experimentally to identify contents based on Hounsfield units
Figure 3. Algorithm for the Treatment of Body Packers.
Consultation with a medical toxicologist or a regional poison-control center is also advised. IV denotes intravenous, and CT computed tomography.
Management

- **Symptomatic Heroin Poisoning**
  - ICU, Naloxone drip (may require high doses), watch for ALI

- **Symptomatic Cocaine Poisoning**
  - Supportive care with BDZ, nitrates, bicarb, lidocaine, phentolamine
  - Immediate surgical removal
  - Treat amphetamines as cocaine

- **Asymptomatic Patients**
  - ICU, allow spontaneous passage, failure rate 5%
Decontamination

- Unless patient is prepped for immediate surgery, decontamination should be attempted
  - Activated Charcoal 1g/kg X 4 doses
  - WBI 2 liters/hr by NGT
  - Avoid oil based laxatives, may destroy the latex
  - Promotility agents need further study
Decontamination

- **Endoscopy:**
  - Risk of rupture outweighs benefit in most cases
  - Packets visible are likely only a fraction of total burden
  - Exception if 1-2 packets fail to pass pylorus

- **Surgery:**
  - For GI obstruction, perforation, cocaine toxicity
Medically cleared

- Observe until all packets pass
- Packet count
- 3 observed stools on WBI
- Then obtain repeat imaging (CT)
- Plain X-ray alone is not sufficient

- Strong consideration of ethical/legal team if patient is not in police custody