

# Body Packing-The Internal Concealment of Illicit Drugs

Traub SJ, Hoffman RS and Nelson LS. NEJM  
2003;349:2519-26



Barbara Kirrane, MD  
Yale University

# 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



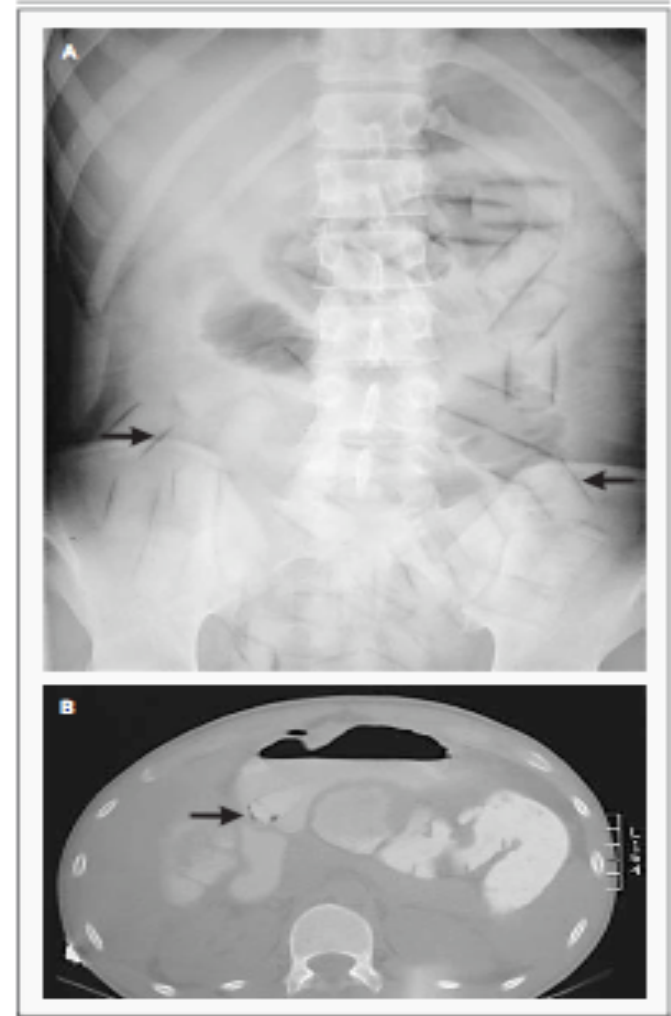
# In Health Care

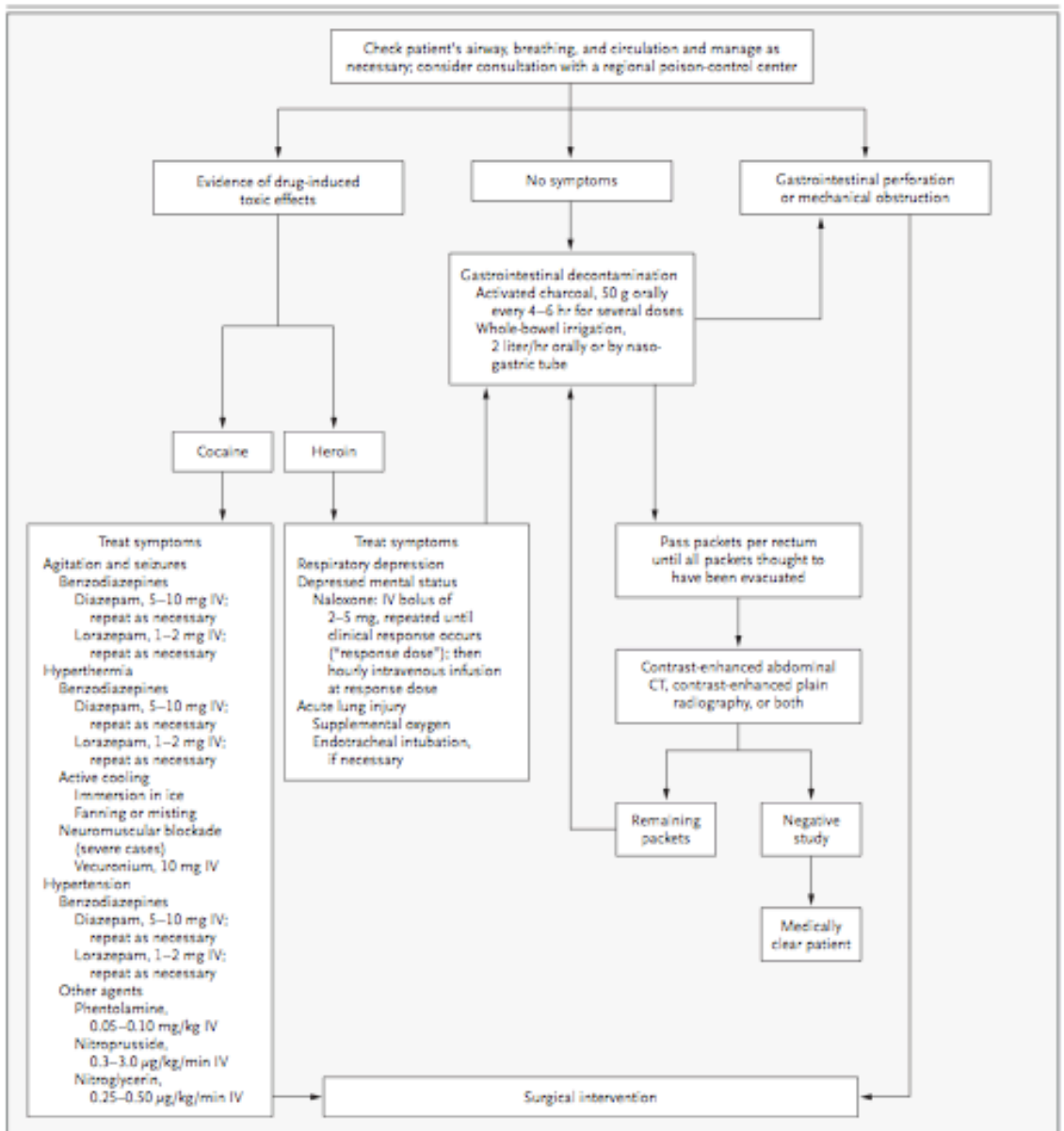
- Careful history as to type of drug, number of packets, nature of wrapping and present symptoms
- Patients may be dishonest
- Suspect in anyone with toxic effects after international flights
- PE: targeted at identifying toxidromes



# 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

