## **Case Report**

DOI: http://dx.doi.org/10.18203/2349-2902.isj20172802

# An interesting case of faecolith intestinal obstruction

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Received: 24 March 2017 Accepted: 24 April 2017

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#### **ABSTRACT**

Intestinal obstruction is a common presentation in surgical wards. Faecolith causing intestinal obstruction are of rare occurrence that too in small bowel. We are herewith presenting a case of intestinal obstruction in small bowel due to Faecolith. It was treated by exploratory laprotomy and removal of Faecolith by enterostomy. This case is presented because of its rarity and emphasis on good history taking and pre-operative workup.

Keywords: Faecolith, Intestinal obstruction

### INTRODUCTION

Intestinal obstruction is one of the common conditions presenting in surgical department. The most prevalent causes are adhesions (40%), Inflammatory (15%), Carcinoma (15%), obstructed hernia (12%) etc. Faecolith causing intestinal obstruction is rare and unusual that too in small bowel. The small bowel obstruction due to Faecolith/stercolith is usually associated with jejunal diverticulum or ileal strictures, more commonly such obstructions, involves descending colon or rectum. The diagnosis of intestinal obstruction is based on the cardinal signs of pain, distension, vomiting and constipation. Plane X-ray abdomen in erect film shows dilated loops with multiple fluid levels.

Study was reporting a case of small intestinal obstruction secondary to Faecolith impaction in the terminal ileum.

#### **CASE REPORT**

A patient named H aged 40 years, female, admitted to surgical unit with complains of pain in abdomen,

distension off and on, constipation, of one month duration. On examination, the patient was thin built, poor nutrition, BP 100/70 mm of Hg, pulse 80 beats per minute, pallor, no jaundice, no paedal oedema.

The abdominal examination revealed a distended abdomen, no guarding, no rigidity, tympanic on percussion and presence of high pitched bowel sound in all the quadrants. There was no shifting dullness or fluid thrill. The plane X-ray abdomen in standing position revealed distended loops of bowel with multiple fluid levels (Figure 1).

A provisional diagnosis of intestinal obstruction was made and patient was planned for exploratory laprotomy. Pre-operative workup like blood and urine tests done and are found within normal limits.

Exploratory laprotomy, by midline incision done. The loops of small bowel found dilated. The caecum was collapsed. The loops of small bowel traced from G-J junction to ileo-caecal junction. Near ileo-caecal junction, the loop of ileum was containing a rounded irregular

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mass, firm to hard in consistency. It was freely mobile and not fixed to surrounding structures. The mass was coaxed about one ft. away from I-C junction and removed by enterostomy in the ante-mesenteric border. The intestine deflated and then repaired transversely. The whole of peritoneal cavity examined systematically and no other pathology found except large bowel, containing soft and indentable fecal matter.



Figure 1: Plane X-ray abdomen, showing dilated bowel loops and multiple fluid levels.



Figure 2: Faecolith.

The Faecolith removed was around four centimes in diameter with irregular surface and black to brown in color (Figure 2).



Figure 3: Faecolith in small intestine.



Figure 4: Faecolith peeping through enterostomy.

## DISCUSSION

Mechanical or functional obstruction of small bowel eventually leads to the condition called small bowel obstruction (SBO).<sup>2</sup> It is a common clinical condition and 20% of the admission for abdominal pain and distension are due to this condition.<sup>3-4</sup> The common causes in SBO are bands, adhesions, hernia, tubercular strictures, lymphoma and inflammatory bowel diseases. 5-6 Faecolith or enteroliths, however is a very uncommon cause of SBO in apparently normal gut.7 Faecolith is defined as the concretion of dry impacted faeces formed in intestine or vermiform appendix.8 Typically the presenting symptoms of faecal impaction are similar to any other cause of intestinal obstruction. It includes constipation, abdominal pain, distension, nausea, vomiting and anorexia.9-10 The treatment essentially consists of exploratory laprotomy, enterostomy and removal of Faecolith. 11,12

#### **CONCLUSION**

A case of intestinal obstruction is presented in this case study. The cause of SBO found to be Faecolith. The

Faecolith as a cause of intestinal obstruction is not very common, hence presentation of this case study.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

#### REFERENCES

- 1. Webster PJ, Hyland A, Bilkhu A, Hanavadi S, Sharma N. Perforated jejunal diverticula secondary to a large faecolith: a rare cause of the acute abdomen. Case Rep Surg. 2014;10:3943.
- 2. Rajesh, Kashyap V, Deepak. Faecolith in the ileum causing of intestinal obstruction. Inter J Curr Res. 2017;9:45430-1.
- 3. Foster NM, McGory ML, Zingmond DS, Ko CY. Small bowel obstruction: a population-based appraisal. J Am Coll Surg. 2006;203:170-6.
- 4. Bielefeldt K, Bauer AJ. Approach to the patient with ileus and obstruction. In: Tadataka Yamada, eds. Principles of clinical gastroenterology. (Kindle Edition): John Wiley and Sons; 2011.
- 5. Bhat SM. SRB's manual of surgery. Jaypee brother's medical publishers (P) ltd. New Delhi. 4<sup>th</sup> ed; 2013:982-1004.
- Williams NS, Christopher JK. Bulstrode and Ronan O'Connell. Bailey and Love's short practice of

- surgery. CRC press, 26<sup>th</sup> ed. Intes Obstruct. 2013;1181-1191.
- Chowdhury G, Kumar A, Rahman A, Das B. Uncommon cause (fecolith or enterolith) of small intestinal obstruction in the adult. Pulse. 2009;3:35-7.
- 8. Ain Q, Azhar SA, Baloch S, Khan SA, Salim A. Faecolith in the ileum causing intestinal obstruction. J Ayub Med Coll Abbottabad. 2015;28(1):189-90.
- 9. Araghizadeh F. Fecal impaction. Clin Colon Rectal Surg. 2005;18(2):116-9.
- 10. Hussain ZH, Whitehead DA, Lacy BE. Fecal Impaction. Curr Gastroenterol Rep. 2014;16(9):404.
- 11. Springer JE, Bailey JG, Davis PJ, Johnson PM. Management and outcomes of small bowel obstruction in older adult patients: a prospective cohort study. Can J Surg. 2014;57(6):379-84.
- 12. Zhao W, Ke M. Report of an unusual case with severe faecal impaction responding to medication therapy. J Neurogastroenterol Motil. 2010;16(2):199-202.

**Cite this article as:** Agrawal SN, Joshi VK, Mittal V. An interesting case of Faecolith intestinal obstruction. Int Surg J 2017;4:2372-4.