

Case Report

Fecal impaction and colon obstruction

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ABSTRACT

Fecal impaction is an important cause of lower gastrointestinal tract obstruction and carries high risk of mortality and morbidity, it is highly emphasized to early identify it to minimize any risk of complication. Recurrence is common, therefore preventive modalities as increasing the dietary fiber content to 30 gm/day, water intake, or discontinuation of medications that contribute to colon hypomotility. In this paper, I am pointing off the early recognition and treatment of fecal impaction to avoid lethal complications, therefore physicians should have higher level of suspicions because if fecal impaction goes unrecognized this will lead to fatal morbidity and mortality.

Keywords: Fecal impaction, Colon obstruction, Colon cancer, Constipation

INTRODUCTION

Fecal impaction, which is a preventable disorder, is known to be a serious medical condition to all age groups, however children, disabled and institutionalized individuals are at highest risk population.

Fecal impaction is caused due to prolonged constipation, difficulty of passing stool, overuse of laxatives and lack of mobility. Fecal impaction is associated with high risk of morbidity and mortality as well as increased health care costs.

Therefore, to avoid the consequences of fecal impaction it is always advised to prevent prolonged constipation by making simple small lifestyle changes as avoiding dehydration by drinking plenty of water, eating foods rich in fibers and practice some exercises that will enhance a good digestive tract motility.^{1,2}

It is of high concern to recognize it early by taking an adequate history and proper physical examination when a patient presents with acute abdominal pain.

The main aim of this paper is to show how fecal impaction which is commonly faced by both the young population as well as elderly should not be ignored because its ignorance could lead to high morbidity and mortality.

CASE REPORT

A 42-year-old patient, medically free, presented to the emergency department with a picture of acute abdomen. The patient complained of severe abdominal pain for two days duration associated with altered bowel habits, constipation. He had no vomiting episodes; pain was not relieved by analgesics.

On physical examination, patient was afebrile, and had a rigid abdomen with guarding on palpations.

CT scan of the abdomen was done, marked inflammatory changes affecting the terminal ileum, cecum, ascending and proximal transverse colon associated with colonic wall thickening, pericolic fat stranding with multiple small lymph nodes as well as marked mucosal enhancement. There is around 4 cm gas filled cavitory lesion with some calcification within communicating with transverse colon

through a small narrow neck and surrounded by tiny air pockets which could be well representing contained completely walled off perforation. Enlarged inflamed diverticula is another diagnostic possibility. The rest of the colon and small bowel loops appear grossly unremarkable.

The liver, spleen, suprarenal's pancreas, gall bladder, and both kidneys appear grossly unremarkable.



Figure 1: CT scan showing impacted fecal mass.

Patient was then administered to the operating room, laparotomy was done, findings showed severe large fecal, toothed, pedunculated fecal walls with perforation at the transverse wall, and there was peritonitis as well.

Due to the findings found in the laparotomy, right hemicolectomy was done, and the patient was discharged in a good general after 5 days.

DISCUSSION

Fecal impaction alters the normal process of passage of digested food that passes from the stomach into the intestine, then into the colon, and rectum – which is gastrointestinal passage. This impaction is a serious problem if left not treated this would lead to a serious illness which mainly affects older population. Therefore fecal impaction if left ignored would end on sever grave damages, so based on many clinical practices all patients experiencing such symptoms should immediately seek medical consultation.

There are many underlying etiologic causes for constipation that will lead to fecal impaction, these include dietary, neurogenic, laxative abusers, lack of mobility, as well as congenital disorders a Hirschsprung disease.

Inadequate dietary is one of the most important risk factors of fecal impaction since it leads to colonic hypomotility.

Aging, as well as spinal cord injury are causes for patient decreased physical activity together with mobility, this will lead to fecal impaction due to decreased colonic mass movement, and inability to use abdominal muscles to assist in defecation.

Individuals who are laxative dependent are no longer able to produce a normal colonic response to achieve defecation.

A good approach to such cases include dealthed history taking together with appropriate physical examination to be done, an important note to be taken into consideration is that fecal impaction is not always a benign condition, since its complications as colon perforation, rectal bleeding, electrolyte imbalance are usually fatal.³

There are several treatment methods dependent upon the patient's clinical presentation. If the patient presents with severe abdominal pain associated with peritoneal signs as fever, abdominal tenderness, loss of appetite then kidneys, ureters, bladder (KUB) radiography should be done checking for free air, if free air is present then we administer IV fluids, nasogastric tube (NG) tube and nil per os (NPO) or we undergo laparotomy.

However, if no air was found under diaphragm, we follow the modality as the patient presentation with absence of peritoneal signs, we do CT scan with rectal gastrografin enema to know whether the obstruction is complete or incomplete. In complete obstruction we do manual disimpaction, but in incomplete obstruction we do proximal softening. In both complete and incomplete obstruction, we do distal washout, followed by flex sigmoidoscopy or complete colonoscopy. Surgical resection of the involved segment in fecal impaction is reserved for cases complicated by ulceration and perforation.

CONCLUSION

It is greatly helpful for early recognition and identification of fecal impaction especially in high risk populations since this greatly minimizes patient's discomfort.

There are several treatment modalities, ranging from digital disimpaction and distal or proximal washout, Prevention of fecal impaction is the best therapy, this includes increased fiber and fluid intake to avoid further recurrence episodes.

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