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Case Report

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A case of giant fatal fecaloma

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ABSTRACT

Fecaloma is an uncommon intense variation of fecal impaction. Chronic constipation is a very common complaint in these patients. Its association has been observed in elderly women, neuropsychiatric patients, bed bound and institutionalized patients. The treatment of fecaloma can be challenging, ranging from conservative measures, colonoscopic removal to surgical intervention. We are reporting a case of giant fatal fecaloma in an elderly woman, who was on long term treatment for neuropsychiatric disorder.

Keywords: Fecaloma, Fecal impaction, Chronic constipation, Abdominal mass, Intellectual disability

INTRODUCTION

Fecaloma is an uncommon intense variation of fecal impaction. It refers to an accumulation of fecal matter which stagnates and hardens, leading to fatal complications. Chronic constipation is a very common complaint in these patients.[1,2] Hence, the differential diagnosis of fecaloma should be considered in patients with chronic constipation and abdominal mass.

CASE REPORT

A 71-year-old female, a known case of diabetes mellitus, hypertension and ischemic heart disease, presented with complaints of decreased oral intake, obstipation and abdominal distension for 5 days. She denied any history of fever, abdominal pain, nausea, vomiting, weight loss, anorexia, or urinary symptoms. She had been bedridden and was under neuropsychiatric treatment for the last 2 years. She gave a history of chronic constipation, requiring frequent laxatives use. On arrival, her vitals were stable. Abdominal examination showed tense, irregularly distended, tender abdomen with firm mass in the left lower abdomen and absent bowel sounds. Digital rectal examination showed rectum loaded with hard fecal material and lax tone. Routine laboratory investigations showed metabolic acidosis on arterial blood gas analysis, deranged renal parameters, proteinuria and bacteriuria. Abdomen X-ray showed dilated large bowel loaded with fecal shadows. Contrast enhanced CT (CECT) scan of whole abdomen revealed sliding hiatus hernia and grossly distended recto sigmoid colon, loaded with fecal matter up to the anal verge inferiorly measuring, 34×14×14 cm and causing mass effect over the urinary bladder with bilateral minimal hydroureteronephrosis (Figure 1-3). Manual evacuation, bowel enemas and other supportive measures were initiated, but were unsuccessful. Surgical treatment was refused. As she deteriorated, patient's attenders opted for comfort care, with the decision of not to resuscitate. The same day, patient died due to a combination of respiratory failure, fecaloma, septicemia, and severe metabolic acidosis.

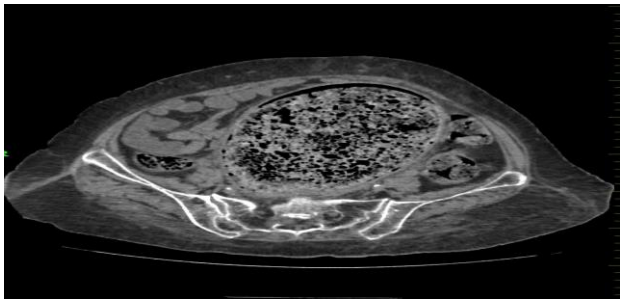

Figure 1: Axial view of the abdominal CT.

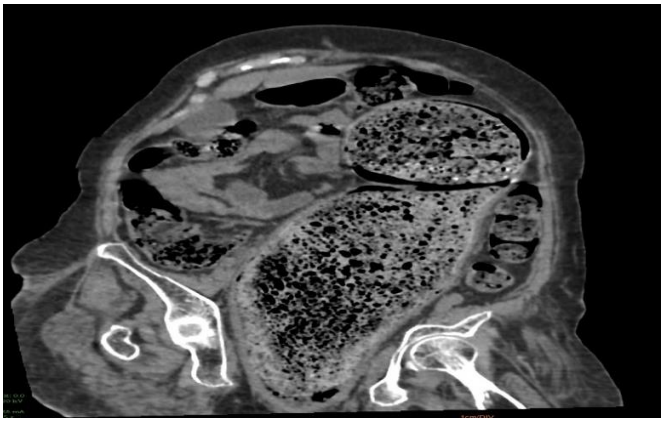

Figure 2: Coronal view of the abdominal CT of fecal impaction.

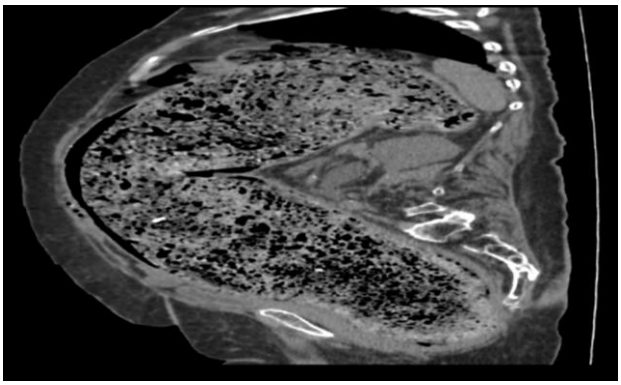

Figure 3: Sagittal view of the abdominal CT of fecal impaction.

DISCUSSION

Fecaloma is the accumulation of fecal matter which solidifies and increases in volume in the intestine. It forms a mass consisting of fecal material and intestinal debris. Fecaloma acquires the characteristics similar to a tumor, deforms the intestine and forces pressure on intestinal wall, lumen and adjacent abdominal viscera.[1]

Fecaloma was first described in 1967. The largest fecaloma mentioned in the literature measures about 30×21×18 cm.[3] It is most commonly seen in elderly women. Sigmoid colon and rectum are the most commonly affected sites, while caecum and small bowel are rarely reported. Its association has been observed in neuropsychiatric patients, bed bound and institutionalized patients, Hirschsprung's disease, Chaga's disease, Inflammatory and neoplastic disease, diabetic neuropathy, scleroderma, anorectal malformations, and in use of constipating medicines like antiepileptics, antidepressants and opioids.[2,3]

The symptoms are non-specific and the most common complaints are constipation, abdominal pain, distension, nausea, vomiting, weight loss and overflow type of diarrhea. Rectal bleeding, urinary retention, respiratory distress and altered general condition can also reveal the fecaloma. The hospitalization rates for constipation in the population with intellectual disability is 8 times more than the population without intellectual disability.[4] Complications associated with fecaloma includes bowel obstruction, colonic perforation, ulceration, peritonitis, bleeding and urinary bladder rupture. This mass can compress adjacent structures leading to hydroureteronephrosis, deep vein thrombosis and nerve compression. Some of the complications can be fatal. Perforation due to fecaloma, has reported high mortality rates of 33%.[4] Diagnosis is usually made through abdominal X-ray, barium enemas, abdominal ultrasound and abdominal CT scans.

The treatment of fecaloma can be challenging. Conservative measures like laxatives, enemas and manual evacuation are the primary treatment approaches. Colonoscopic fragmentation of fecal matter and removal have been successfully reported. When all these methods fail, surgical intervention is required to prevent complications and mortality.[2]

CONCLUSION

Old age population under neuropsychiatric treatment, presenting with constipation and an abdominal mass should allow fecaloma to be considered as a differential diagnosis. Early diagnosis and timely intervention are essential to relieve the symptoms and prevent potentially fatal complications.

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