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Case report

Chronic Ileus caused by Stercoral Megacolon

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ABSTRACT: A 47 year old man was admitted to hospital with abdominal pain, constipation and extreme abdominal distension. The patient did not have a regular bowel movement for the last two years of his life. He had been using laxatives, enema and went through manual removal of fecal impaction for the last 20 years of his life. At the age of 1, he underwent anal atresia surgery and Hirschsprung's disease (HD) was diagnosed at that time. The abdominal CT scan revealed massive fecal material in dilated colon and visible compressions of nearby structures. Medical consilium decided that the patient should undergo surgery, subtotal colectomy and unipolar colostomy. During the operation 21 kg feces was removed. The quality of life of patient improved significantly. Colostomy gave better results than treatment with laxatives for 20 years.

Key Words: Hirschsprung's disease, Megacolon, Constipation, Adult, Surgery.

Introduction

Hirschsprung's disease in children can be resolved in several ways without forming a temporary protecting colostomy.(1) For the same illness in adults, surgery with colostomy provides a better long term outcome and improved quality of life.(2) Adults with megacolon disease in progress, show anorexia, obstipation, abdominal pain, abdominal distention and weight loss.(3,4) Symptoms of Hirschsprung disease (HD) in children and idiopathic megacolon are different from symptoms in adults by clinical and radiological characteristics.(5,6) The family doctor should include monitoring for postoperative complications.(7) The diagnosis of HD is very important for surgical treatment of chronic constipation.(8,9)

Case Report

A 47 year old man was presented with abdominal pain, constipation and extreme abdominal distension. The patient did not have a regular bowel movement for the last two years of his life. At the age of 1 he underwent anal atresia surgery and Hirschsprung's disease was diagnosed. He had been using laxatives, enema and manual removal of fecal impaction was solution for the last 20 years of his life as he could not agree to undergo surgery and potentially live with stoma.

Method: Laboratory assessment showed normal value ranges of complete blood count, urea, glucose, sodium and potassium.

The abdominal CT scan revealed massive fecal material in dilated colon and visible compressions of nearby structures. Kidneys were situated caudally with tortuous ureter on the right, width max 30 mm. A cyst of a complicated structure was detected in the upper pole of the left kidney. The liver was compressed and situated caudally. The head of the pancreas and gallbladder were compressed. The heart was moved to the left. The colon and its contents were clearly visible from intrapelvic position spreading across the right abdomen up to the level of the trachea bifurcation. The right diaphragm was moved upwards. (Figure 1.)

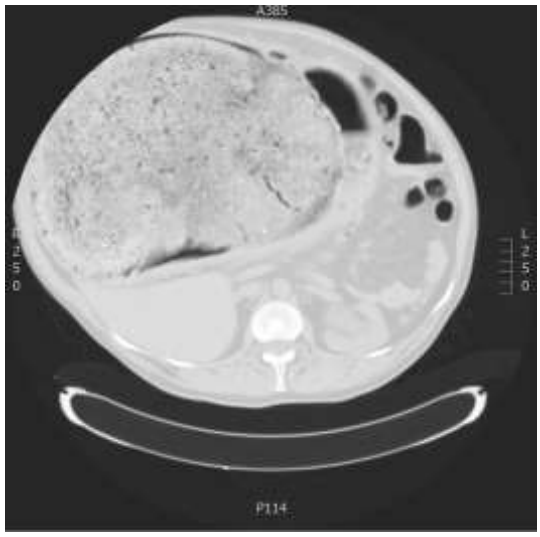

Figure 1. Computed tomography of megacolon filled with stercoral material

After a detailed examination of the patient, medical consilium consisting of surgeons, anaesthesiologists, gastroenterologists and oncologists jointly decided that the patient should undergo surgery. Presurgical preparation included nasogastric intubation, central venous catheter (CVS), low-molecular-weight heparin (LMWH40 mg), broad-spectrum antibiotics (metronidazole and cefazolin), intravenous (iv) rehydration. Surgery performed included upper and lower laparotomy,

subtotal colectomy, unipolar colostomy, drainage cavi Douglassi. (Figure 2.)

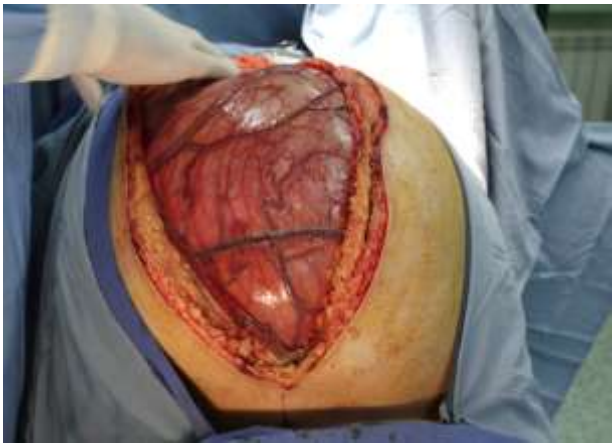

Figure 2. Megacolon

During the surgery the structures for subtotal colectomy could not be seen due to which the colon incision and the removal of 21 kg feces were proposed. After surgical suture was applied accordingly, surgery continued in new clean conditions and new surgical instruments (disinfection and sterilization) were used.

Post-operative period went as follows:

Day 1 – nasogastric tube was removed (no retention present), intravenous treatment continued, normal stoma functional, tea and water included.

Day 2 - soup included.

Day 3 – soft food included

Day 4 – semisolid and solid food included, bowel movement started and normal colostomy established.

Day 8 – polydipsia and polyuria identified (15 liters), and the condition was closely monitored with regular examination of urea, creatinine, blood sugar and kidney function tests.

Day 14 – 7 liters of polyuria was detected and patient was moved to endocrinology department for further monitoring and treatment of polyuria and polydipsia.

Conclusion

The quality of life of the patient was better with colostomy than other treatment including laxatives for 20 years. The pain of the stomach and constant constipation limit food intake. The family doctor should give attention to adult patients suffering from Hirschsprung's disease. The surgeon can decide to perform colostomy in adult patients. Unlike children, adult patients can be explained the benefits and how to manage and live with stoma, the option that this patient opted for.

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