

Case Blog

Title: Stercoral Colitis

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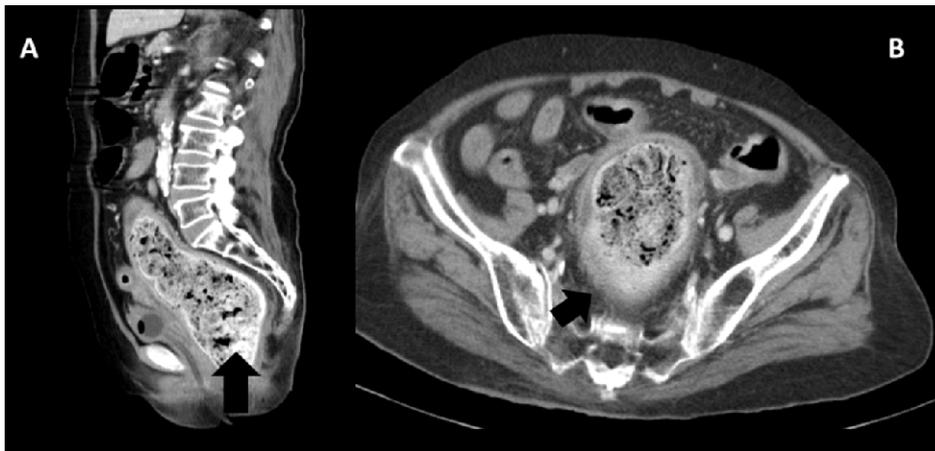


Figure 1: Computed tomography of abdomen revealed fecaloma (arrow) in the rectum (A), with inflammatory rectal wall and peri-rectal fat stranding (arrow) (B).

An 80 year old woman presented with lower abdominal pain for days. The patient had a history of end-stage renal disease, diabetes mellitus, and old stroke. On arrival, her vital signs were a temperature of 36.8°C, pulse rate of 83/min, respiratory rate of 25/min, and blood pressure of 122/75 mmHg. Physical examination was unremarkable except abdominal distention, and lower abdominal tenderness. Laboratory examinations were as follows: White cell count: 26400/mm³, Aspartate aminotransferase: 65 IU/L, Glucose: 372 mg/dl, C-reactive protein: 149.7 mg/L (reference value, <3 mg/L). Computed tomography (CT) of abdomen revealed fecaloma in the rectum with inflammatory rectal wall and peri-rectal fat stranding (Figure 1), which was consistent with stercoral colitis. One episode of massive bloody stool developed during hospitalization, and the colonoscopy showed large linear circumferential ulcers with bloody clots and several red nipple signs found at rectal sigmoid colon. Her clinical condition was responded to conservative management with mesalazine enema, NPO and parenteral nutrition. Several days later, the abdominal pain and distention gradually improved, and she was discharged uneventfully. Stercoral colitis is an inflammatory colitis that is caused by increased intraluminal pressure from fecaloma on the walls of the sigmoid colon, where the vascular supply was the most vulnerable [1,2]. Because of prolonged localized pressure and compromised vessel supply, pressure ulcers may develop thereafter. Perforation of colon can occasionally occur due to the progression of pressure ulcers, and its associated mortality may be up to 35% [3]. Early diagnosis of stercoral colitis is not easy because its manifestation may be non-specific. In this clinical condition, Abdominal CT can provide useful informations for diagnosis, such as the presence of fecaloma, pericolic stranding, perfusion defect, dense mucosa, colon wall thickening and proximal colon dilation [1]. Moreover, if the presence of extraluminal gas or an abscess is detected by CT, it should indicate the diagnosis of colon perforation, and suggest surgical intervention for life-saving.

References

1. Wu CH, Wang LJ, Wong YC, Huang CC, Chen CC, et al. (2011) Necrotic stercoral colitis: importance of computed tomography findings. *World J Gastroenterol* 17: 379-384.
2. Bayraktutan U, Akpınar E, Erbil B, Oğul H, Kantarci M (2014) Findings from imaging stercoral colitis associated with colonic perforation. *Eurasian J Med* 46: 142-143.
3. Serpell JW, Nicholls RJ (1990) Stercoral perforation of the colon. *Br J Surg* 77: 1325-1329.

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