CASE REPORT

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Complicated Fecalith Impaction in a Patient with Psychosis

Psikozlu Hastada Komplike Fekalit

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ÖZET

Elli altı yaşında kadın hasta, abdominal distansiyon ile acil servise başvurdu. Psikoz nedeniyle 15 senedir risperidon, clorpromazin, biperiden kullanmaktaydı. Tanısal testler rektosigmoid kolonda tıkanmaya işaret etmekteydi. Acil laparotomi ile fekolit çıkarıldı. Cerrahi sonrası incelemede, kullandığı ilaçlar dışında fekal tıkanıklığa neden olabilecek unsura rastlanmadı.

Anahtar kelimeler: Fekalit, İntestinal obstrüksiyon, Antipsikotik tedavi

ABSTRACT

A 56-year-old woman presented to the emergency department with severe abdominal distention. She was under treatment of psychosis with Risperdal® (risperidone) and Largactil® (Chlorpromazine hydrochloride) for 15 years. She was taking akineton (Biperiden HCL) to prevent side effects of the anti-psychotic treatment. Diagnostic studies revealed severe faecal impaction in the rectosigmoid colon. Emergency laparotomy was performed and impacted fecalith was removed. All the diagnostic studies after the surgery were inconclusive for the reason of the fecalith impaction other than her medication for psyhosis.

Key words: Fecalith impaction, Intestinal obstruction, Anti-psychotic treatment

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Introduction

Constipation with fecal impaction is a common and usually overlooked problem. Fecaloma is frequently radiopaque and is usually seen at the rectosigmoid colon.[1] Causes of fecal impaction include gender (women), socioeconomic status, low intake of dietary fiber, dehydration, immobility, alcohol ingestion, anti-psychosis drugs, hypothroidism.[2,3] In this report, we present a case with anti-psychosis treatment who had complications secondary to fecalith impaction and needed emergent laparotomy.

Case Report

A 56-year-old woman presented with abdominal pain and distention which started four weeks prior to admission to our clinic. The relatives of the patient stated her abdominal distention increased last ten days. A review of systems and physical examination showed a markedly distended abdomen and deep vein thrombosis in the left leg secondary to abdominal distention. She had a prominent kyphoscoliosis. The patient with life long constipation was living alone and her relatives gave the history since she was unsociable. She was under treatment of psychosis with Risperdal® (risperidone) and Largactil® (Chlorpromazine hydrochloride) for 15 years. The patient had tremors which is a known side effect of Risperdal (Parkinson like effect). She was taking akineton (Biperiden HCL) to prevent side effects of anti-psychotic treatment. Her thyroid hormon levels were within normal limits and there was no sign of any chronic metabolic disease. The CT scan showed extremely distended sigmoid colon with fecalith and dilated bowel loops above the impaction. Evacuation of the fecalith was attempted with failure. We decide to emergent laparotomy since her abdominal girth significantly increased the day after admission.

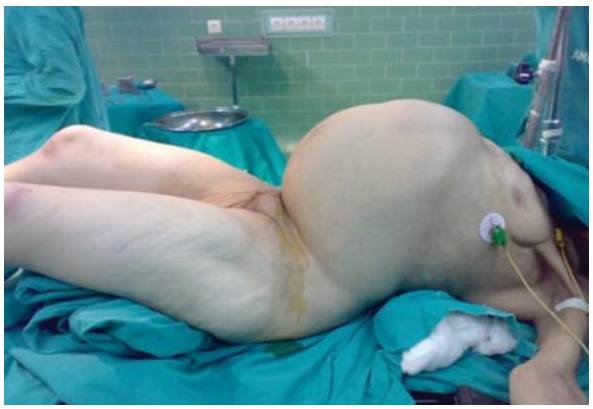

Figure 1. Extremely distended abdomen and deep vein thrombosis in the left leg secondary to compression of fecalith-full rectum.

Emergency laparotomy showed the whole large bowel was extremely distented. The sigmoid colon and rectum were markedly dilated, thickened, and very redundant with a firm intraluminal mass. The bladder also was extremely distended (3 liters of urine aspirated during the surgery) (Fig. 1-3). Since the patient has pelvic anatomic abnormality, we could not dissect down to the rectum.

A sigmoid colotomy was performed and all the calcified fecal mass were removed. After the removal of the content the diameter of the sigmoid colon was more than 20 cm. The inside of the sigmoid colon and rectum was inspected to rule out any intraluminal pathology to explain the fecalith impaction. Then Devine ostomy was performed. During the postoperative follow-up period, a rectoscopy and biopsy of the rectum was performed which did not show any additional findings to explain the cause of impaction. Urologic evaluation did not show any organic abnormality, too. The urinary retention is considered due to medications. Now the patient is on postoperative third month and waiting for colostomy closure.

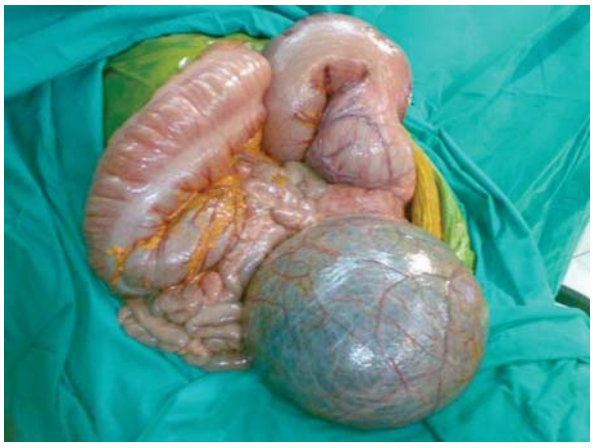

Figure 2. Distended bladder with 3 liters of urine and distended transverse colon.

Discussion

Constipation with fecal impaction is a common and usually overlooked problem. Fecaloma is frequently

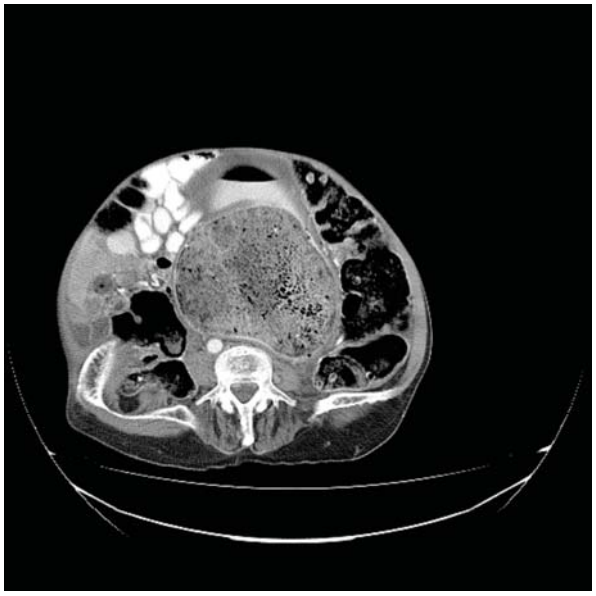

Figure 3. Extremely distended rectum and sigmoid colon with fecalith impaction.

radiopaque and is usually seen at the rectosigmoid colon.[1] Causes of fecal impaction include gender (women), socioeconomic status, low intake of dietary fiber, dehydration, immobility, alcohol ingestion, use of constipating drugs, hypothroidism.[2] She was under treatment of psychosis with Risperdal® (risperidone) and Largactil® (Chlorpromazine hydrochloride) for 15 years. The patient had tremors which is a known side effect of risperdal (Parkinson like effect). She was taking akineton (Biperiden HCL) to prevent side effects of anti-psychotic treatment. The known intestinal and urinary side effects of risperidone and biperiden are; constipation and urinary retention.[3] We could not find any reason for her constipation other than these medications.[5] Her thyroid hormon levels were within normal limits, and there was no sign of any chronic metabolic disease. Fecal impaction may cause stercoral ulceration, bowel obstruction and perforation, sigmoid volvulus, fecal incontinence, rectal prolapse, urinary retention, hydronephrosis, deep venous thrombosis, lower limb ischemia, massive gangrene.[4,7] Fecal impaction rarely requires surgical intervention but surgical intervention may be needed for removal of the fecaloma in patients with complications such as bowel perforation and volvulus or if conservative measures fail, as in our patient.[1,8]

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