

Supergiant fecaloma as manifestation of chronic constipation

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SUMMARY: Supergiant fecaloma as manifestation of chronic constipation.

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Fecaloma is common in patients with damage to the autonomic nervous system in the large bowel associated with Chagas disease (inflammatory and neoplastic) or Hirschprung's disease, in psychiatric patients and, more commonly, in elderly patients suffering with chronic constipation. Symptoms of fecaloma are usually nonspecific. Clinical examination can give the appearance of an abdominal tumor. Most ca-

ses of fecaloma are treated conservatively with digital evacuation and enemas. In severe and unremitting cases, surgery is required to prevent significant complications. Fecaloma should be considered in the differential diagnosis of any patient with history of chronic constipation and abdominal mass. We present the clinical case of an 85-year-old man with a history of chronic constipation presented to the emergency room with vague abdominal pain of 2 days' duration. An erect abdominal X-ray and computed tomography revealed a supergiant faecaloma extending from the pubis up to the diaphragm associated to a megarectum and megacolon. The patient was treated successfully with digital evacuation and enemas.

KEY WORDS: Chronic constipation - Fecaloma - Elderly.

To the Editor

An 85-year-old man with a history of chronic constipation presented to the emergency room with vague abdominal pain of 2 days' duration. At physical examination an abdominal mass was palpable from the pubis to just below the xiphoid process without tenderness or signs of peritonitis. Body temperature was normal and laboratory tests were unremarkable. At rectal exploration a mass of hard feces was palpable without the possibility to touch the rectal mucosa. An erect abdominal X-ray (Figure 1) and computed tomography (Figure 2) revealed a supergiant faecaloma extending from the pubis up to the diaphragm (32 x 18 cm) associated to a megarectum and megacolon. At admission to surgical ward, the patient showed to us a colonoscopy exam performed four months before which was negative for any patho-

logy. The patient was treated successfully with digital evacuation and enemas.

Fecaloma represents an accumulation of hard feces in the rectum and, rarely, in the sigmoid colon. Its formation is common in patients with damage to the autonomic nervous system in the large bowel associated with Chagas disease (inflammatory and neoplastic) or Hirschprung's disease, in psychiatric patients and, more commonly, in elderly patients suffering with chronic constipation. Symptoms of fecaloma are usually nonspecific (overflow diarrhea, constipation, weight loss, vague abdominal discomfort). Clinical examination can give the appearance of an abdominal tumor. Most cases of fecaloma are treated conservatively with digital evacuation and enemas. In severe and unremitting cases, surgery is required to prevent significant complications (bowel obstruction, ulceration, rectosigmoid megacolon). Fecaloma should be considered in the differential diagnosis of any patient with history of chronic constipation and abdominal mass.

Competing interest

None to declare.

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Figure 1 - Plain abdominal radiography showing the supergiant fecaloma.



Figure 2 - Abdominal CT showing the supergiant fecaloma.

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