THE JOURNAL OF ACADEMIC EMERGENCY MEDICINE

Radiopaque Fecaloma wich Mimic Foreign Body

Yabancı Cismi Taklit Eden Radyoopak Fekalom

Emine Akıncı, Mehmet Akif Karamercan, Figen Coşkun
Department of Emergency Medicine, Ankara Education and Research Hospital, Ankara, Turkey

Abstract

Fecalomas are hard, laminated, and calcified fecal masses, that sometimes may mimic carcinoma. They are frequently radiopaque, usually found in the rectosigmoid region, and rarely in the more proximal colon. Chronic constipation is one of the most common causes of fecaloma in adults. Fecalomas are usually radiopaque and laminated on X-Ray. Initially, therapy should be conservative. Rarely, laparotomy is required to remove the mass. Rarely, fecalomas can radiologically mimic foreing bodies. Herein we report a rare case that haswell defined contoured, eliptic shaped radiopaque rectal fecaloma which mimic a foreign body. *(JAEM 2013; 12: 164-6)*

Key words: Fecal impaction, radyoopaque fecaloma, abdominal pain

Özet

Fekalom sert, katmanlardan oluşan, bazen karsinomu taklit edebilen kalsifiye kitlelerdir. Fekalomlar sıklıkla radyoopak olup, genellikle rektosigmoid bölgede nadirende kolonun proximalinde görülürler. Yetişkinlerde fekalomun en sık nedeni kronik konstipasyondur. Fekalomlar sıklıkla radyoopak olup düz grafilerde tabakalar halinde görülür. Başlangıçta fekalom tedavisi konservatiftir. Nadiren kitleyi çıkarmak için laparatomi gerekebilir. Fekalomlar nadiren radyolojik olarak yabancı cisimleri taklit edebilir. Biz keskin sınırlı, eliptik şekilde olan yabancı cismi taklit eden radyoopak rektal fekalom olgusunu sunmak istedik.
(JAEM 2013; 12: 164-6)

Anahtar kelimeler: Fekal tıkanma, radyoopak fekalom, karın ağrısı

Introduction

Constipation with fecal impaction is a common and usually overlooked problem. Fecalomas are an extreme variety of fecal impaction caused by coprostasis (1). They are frequently radiopaque, usually found in the rectosigmoid region, and rarely in the more proximal colon. Chronic constipation is one of the most common causes of fecalomas in adults. Chronic constipation is a very common disorder in the general population that is clinically characterized by difficult stool passage includes straining, a sense of difficulty passing stool, sensation of incomplete evacuation, sensation of anorectal blockage, hard/lumpy stools, and infrequent bowel movements (<3 per week) (2). Fecalomas are usually radiopaque and laminated on X-Ray. Herein we report a rare case with well defined contoured, eliptic shaped radiopaque rectal fecaloma which mimic a foreign body.

Case Report

An adult male, aged 73 years, was admitted to our department because of abdominal distension and constipation. The patient had a history of chronic constipation of 2 years and had had progressive abdominal pain for one week that had become intractable for the last two days. He had had no bowel movements for two days and had generelized abdominal pain. His past medical history had no specific disease or surgical operation. Physical examination revealed minimal distention with generalized abdominal tenderness without rebound tenderness or defence. His bowel sounds were decreased. Rectal examination revealed a soft palpable stool with two hard, round shaped, movable foreign bodies. After rectal examination he had a heavy stool discharge without a foreign body. The laboratory test parameters during admission were: hemoglobin 14.5 g/dL, hematocrit of 44.3%, WBC 11.000, platelets 410000 mm^3; serum electrolytes, liver function tests and urine analysis were normal. An erect abdominal plain x-ray showed two eliptic shaped well defined radiopaque foreign bodies in the rectum just on the left of the midline in front of the pubic symphysis about 3x2 and 2x2 centimeters size (Figure 1). After 3 faied attemptss at digital rectal removal, a 133 mL. Sodium phosphate enema was administrated to the patient. Following this, about 15 minutes later, both foreign bodies were removed digitally from the rectum. The foreign bodies seen in the picture were two stony hard, well defined, round fecalomas (Figure 2). The patient was observed for 2 hours without any complication and discharged with a fiber rich diet and invited to a gastroenterology polyclinic visit. The patient's consent was obtained for this article from the patient.

Correspondence to / Yazışma Adresi: Emine Akıncı, Şenlik Mahallesi, Baldıran Sokak, No:40/18 Keçiören 06310 Ankara, Turkey
Phone: +90 312 355 22 19 e.mail: emineakinci@yahoo.com

Received / Geliş Tarihi: 05.06.2010 **Accepted / Kabul Tarihi:** 26.08.2010 **Available Online Date / Çevrimiçi Yayın Tarihi:** 14.10.2011

doi:10.5152/jaem.2011.063

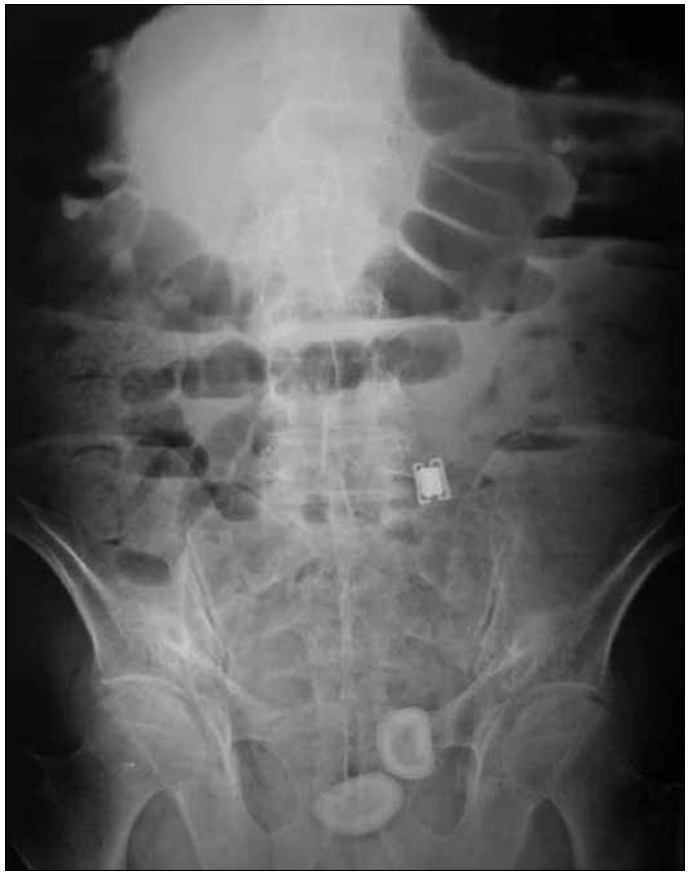

Figure 1. Radiograph shows the fecalomas

Figure 2. Macroscopic view of the fecaloma

Discussion

Fecalomas are hard, laminated, and calcified fecal masses mimicking a carcinoma and they are one of the common causes of intestinal obstruction (3). Hirschprung's disease, psychiatric patients, Chagas disease, both inflammatory and neoplastic disease and chronic constipation feature frequently in the etiology of fecaloma (4). Constipation is an extremely common symptom affecting most people at some time and one of the most causes of visits to physicians. Chronic constipation is frequently seen in the population and its prevalence is about 5-30%. It is more prevalent in females and aged people, especially those over 65 years. Fecalomas are composed of intestinal mucosal debris and fecal materials. They are mostly radiopaque because of calcium salt accumulation and are generally seen in the distal colon and rectum. The symptoms due to fecalomas are usually nonspecific such as constipation, weight loss and abdominal distention after meals (5). The diagnosis of fecaloma is a clinical challenge. In addition to signs, symptoms and physical examination, which may be nonspecific, the use of X-rays, computerized tomography and ultrasound imaging may aid in the diagnosis. Common complications of fecalomas and fecal impaction include obstruction, perforation, ulceration and hydronephrosis which have been reported in the literature (6, 7). Rarely, giant fecalomas can be so huge that they can cause deep vein thrombosis or bladder rupture (8, 9). In our case, the patient said that he had jerky urination and felt pressure on the bladder for the previous two weeks. In the treatment of fecaloma, laxatives, enemas and/or rectal removal are usually sufficient but, rarely, surgical removal is required. In our case the rectal fecaloma was removed digitally after an enema. In the literature there are some fecaloma cases which were removed endoscopically while very rare cases needed surgery (10). Generally, complications of fecalomas are reported whereaa our case is interestingly a well bordered, round shaped, radiopaque mimicing foreign body fecaloma case that had been removed digitally after many attempts which were aided by an enema. Management includes the initial treatment of the fecaloma and the management of complications of fecaloma. Fecaloma should be considered in the differential diagnosis of chronic constipation and abdominal mass.

Conflict of Interest
No conflict of interest was declared by the authors.

Peer-review: Externally peer-reviewed.

Informed Consent: Written informed consent was obtained from patients who participated in this case.

Author Contributions
Concept - E.A., Design - E.A.; Supervision - F.C.; Funding - E.A.; Materials - E.A.; Data Collection and/or Processing - E.A., M.K.; Analysis and/or Interpretation - E.A.; Literature Review - E.A., M.K.; Writer - E.A.; Critical Review - E.A., F.C.

Çıkar Çatışması
Yazarlar herhangi bir çıkar çatışması bildirmemişlerdir.

Hakem değerlendirmesi: Dış bağımsız.

Hasta Onamı: Yazılı hasta onamı bu olguya katılan hastalardan alınmıştır.

Yazar Katkıları
Fikir - E.A., Tasarım - E.A.; Denetleme - F.C.; Kaynaklar - E.A.; Malzemeler - E.A.; Veri toplanması ve/veya işlemesi - E.A., M.K.; Analiz ve/veya yorum - E.A.; Literatür taraması - E.A., M.K.; Yazıyı yazan - E.A.; Eleştirel İnceleme - E.A., F.C.

References

1. Garisto JD, Campillo L, Edwards E, Harbour M, Ermocilla R. Giant fecaloma in a 12-year-old-boy: a case report. Cases Journal 2009; 2: 127.[CrossRef]
2. Cook IJ, Talley NJ, Benninga MA, Rao SS, Scott SM. Chronic constipation: Overview and challenges. Neurogastroenterol Motil 2009; 21: 1-8. [CrossRef]
3. Abella ME, Fernandez AT. Large fecalomas. Dis Colon Rectum 1967; 10: 401-4.[CrossRef]
4. Campbell JB, Robinson AE. Hirschsprung's disease presenting as calcified fecaloma. Pediatr Radiol 1973; 1: 161-3.[CrossRef]
5. Sonnenberg A, Koch TR. Physician visits in the United States for constipation: 1958 to 1986. Dig Dis Sci 1989; 34: 606-11.[CrossRef]
6. Segall H. Obstruction of Large Bowel Due to Fecaloma-Successful Medical Treatment in two cases. Calif Med 1968; 108: 54-6.
7. Yuan R, Zhao G, Papez S, Cleary J, Heliotis A. Urethral obstruction and bilateral ureteral hydronephrosis secondary to fecal Impaction. J Clin Gastroenterol 2000; 30: 314-6.[CrossRef]
8. Alvarez C, Hernández MA, Quintano A. Clinical challenges and images in GI: Image 2: Deep venous thrombosis due to idiopathic megarectum and giant fecaloma. Gastroenterology 2006; 131: 702-3.
9. Archer ME, Bready RJ, Reiber K, Chute DJ, Cox J. Spontaneous rupture of urinary bladder associated with massive fecal impaction (fecaloma). Am J Forensic Med Pathol 2009; 30: 280-3.[CrossRef]
10. Sakai E, Inokuchi Y, Inamori M, Uchiyama T, Iida H, Takahashi H, et al. Rectal fecaloma: successful treatment using endoscopic removal. Digestion 2007; 75: 198. [CrossRef]