Stercoral Perforation

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Abstract

We report a case of a 91-year-old woman with rectal bleeding. On colonoscopy and CT, a large fecaloma in the sigmoid with wall perforation was documented. Stercoral perforation is a rare but life-threatening condition defined as bowel perforation due to pressure necrosis from faecal impaction.

Keywords

Stercoral perforation; Fecaloma; Bowel; CT.

Resumo

Apresentamos o caso de uma mulher de 91 anos com rectorragias. Na colonoscopia e na TC observou-se um volumoso fecaloma no côlon sigmóide com perfuração da parede intestinal. Stercoral perforation é uma condição rara mas grave definida como perfuração da parede intestinal devida a necrose por pressão da impactação fecal.

Palavras-chave

Stercoral perforation; Fecaloma; Intestino; TC.

A 91-year-old woman was admitted in the emergency department with rectal bleeding, abdominal pain and prostration. Physical examination revealed a tender abdomen and digital rectal examination showed faeces and blood in the stool. Laboratory testing revealed a C-reactive protein level of 24.50 mg per decilitre (normal value, <0.50) and a white-cell count of 22,200 per cubic millimetre with 85.6% neutrophils (reference range 4,500-11,500). A colonoscopy and a computed tomography (CT) were performed (Figure 1 and 2). Colonoscopy revealed a large fecaloma at 20cm from the anal verge with an ulcerated wall in the proximity. CT confirmed the colonic wall perforation of the sigmoid with extraluminal gas and distension by faeces. Because the patient had no surgical conditions comfort therapy was decided and the patient died.

Stercoral perforation is defined as perforation of the bowel due to pressure necrosis from a faecal mass. The physiology is related to the development of a fecaloma causing distention and increase in the pressure of the wall which decreases the blood supply leading to ulceration and perforation. It is an uncommon but life-threatening cause of acute abdominal symptoms. The most common locations for perforation are the anterior rectum proximal to the peritoneal reflection, the anti-mesenteric border of the rectosigmoid junction and the apex of the sigmoid colon. Abdominal radiographs may show free intraabdominal air and fecaloma. CT is the most useful technique for the diagnosis of stercoral perforation. CT findings include discontinuity of the bowel wall, the presence of faecal material protruding through the colonic wall or in the intraabdominal cavity, and extraluminal air.\textsuperscript{1,2,3} Management includes treatment of any underlying sepsis, removal of the colonic tissue and peritoneal lavage, treatment of colonic perforation peritonitis and any co-morbid medical conditions.\textsuperscript{4}

Figure 1 – Coronal (A) and axial (B) CT images show distension of the sigmoid by faecal impaction and extraluminal gas (arrows).

Figure 2 – Colonoscopy image reveals faeces and an ulcerated sigmoid wall.
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Protection of human and animal subjects. The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Referências