

# Cannabis use in the young and stercoral perforation

**A** 37-year-old man presented with an acute abdomen on a background of 4 weeks of absolute constipation. He had smoked cannabis daily for 15 years.

Computed tomography showed pneumoperitoneum, a massively dilated sigmoid and rectum with extensive faecal loading, strongly suggesting stercoral perforation (*Figures 1a* and *b*). An emergency laparotomy was performed. Intraoperatively, a mega-rectum and sigmoid colon (*Figure 2*) were observed.

Stercoral perforation is a rare, but potentially deadly, sequelae to the relatively benign condition of constipation. Over time, faecalomas cause pressure necrosis of the bowel mucosa, which can lead to perforation (Chakravarty et al, 2013).

Risk factors include age, use of any opioid-containing drugs or conditions that predispose to chronic constipation. Activation of cannabinoid receptors in the enteric nervous system results in decreased intestinal motility and secretions (Pacher et al, 2006). The authors strongly believe that the patient's cannabis use was the primary risk factor that eventually led to bowel perforation. **BJHM**

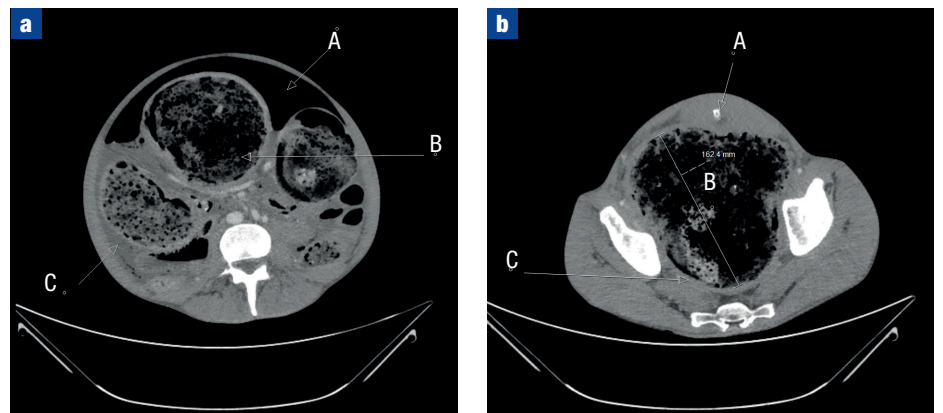
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Pacher P, Bátkai S, Kunos G. The endocannabinoid system as an emerging target of pharmacotherapy. *Pharmacol Rev.* 2006 Sep 01;58(3):389–462. <https://doi.org/10.1124/pr.58.3.2>

**Figure 2.** Intraoperative image of the massively dilated recto-sigmoid junction.



**Figure 1. a.** Preoperative computed tomography scan at L2 level showing (A) pneumoperitoneum, (B) dilated and faecally loaded colon with (C) significant amounts of intra-abdominal fluid later identified as faeces. **b.** Preoperative computed tomography scan at S2–S3 level showing (A) hypertrophic, contracted bladder with tip of foley catheter in situ, (B) significantly dilated rectum (16.7 cm) with impacted faeces and (C) hypertrophied rectum.



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