

A break in the wall: faecaloma and stercoral proctitis

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An 83-year-old woman with a history of dementia presented with aggravated faecal impaction for a week after falling down and being bedridden. She had had constipation for 15 years after having an ischaemic stroke with right hemiplegia, and since she had been prescribed with at least two different types of stimulant laxatives for her chronic constipation. The physical examination was unrevealing. There was leucocytosis and a markedly elevated C-reactive protein level. On abdominal X-ray impacted faecaloma was observed in the rectum (Figure 1). A computed tomography scan indicated stercoral proctitis evidenced by the presence of wall thickening and pericolic fat stranding. During sigmoidoscopy, after removal of faecaloma, a 10 cm rectal ulcer was revealed, that appeared to have perforated into the retro-rectal space. With regular manual evacuation of faeces, laxatives, enema and ceftriaxone, she was discharged from hospital 10 days later.

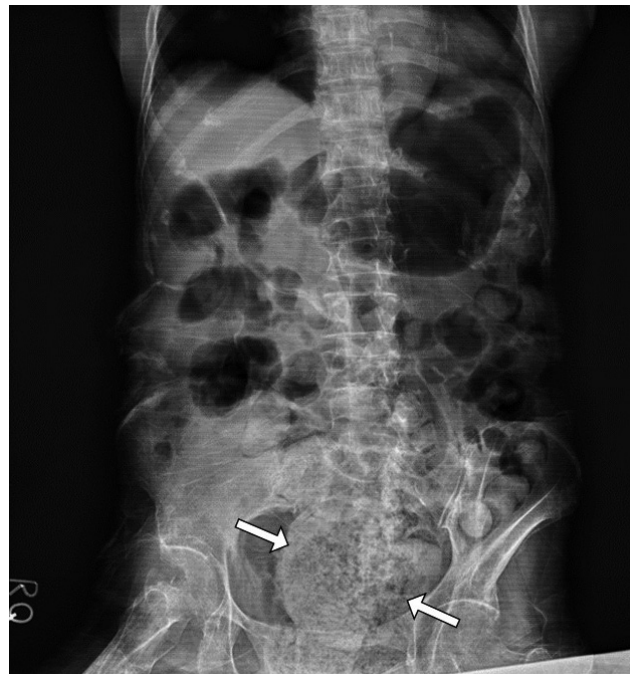


Figure 1. Abdominal X-ray revealed plenty of stool-forming faecalomas impacted in the rectum (white arrows).

Stercoral proctitis can be complicated by faecal impaction, ulcerations, colonic distention and deformation, and eventually masses of dehydrated faecal substances called faecalomas. If left untreated, the overall mortality rate of stercoral proctitis is 34% (Chakravarty et al, 2013).

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Reference

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