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Gastroenterology

Woman with constipation and abdominal pain

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1 | CASE PRESENTATION

A 21-year-old woman with a history of cerebral palsy, spastic quadriplegia, and chronic constipation was brought to the emergency department by her mother after not having a bowel movement for 7 days. Her mother reported that a regimen of laxatives had yielded no results and that the patient now indicated the presence of abdominal pain. There was no history of fever or vomiting. On examination, her vital signs were normal and her abdomen was diffusely tender to palpation. An abdominal x-ray (Figure 1) prompted the performance of computed tomography (CT) of her abdomen and pelvis (Figure 2).

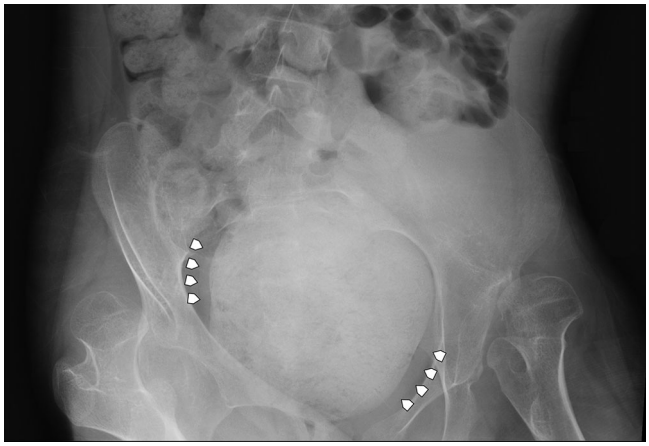

FIGURE 1 Abdominal x-ray showing thickening of the rectal wall (white arrowheads)

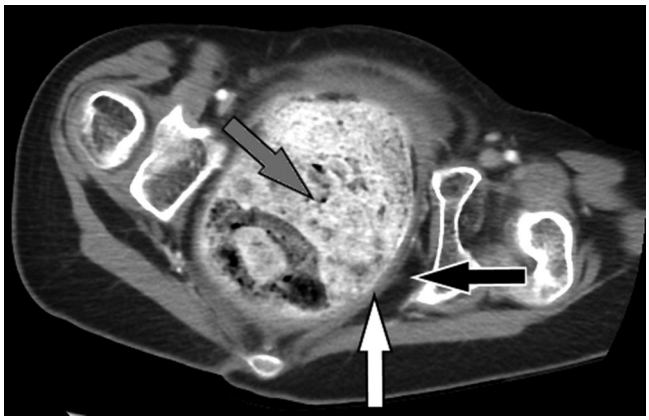

FIGURE 2 Contrast-enhanced computed tomography scan of the pelvis showing the fecaloma (gray arrow), thickening of the adjacent rectal wall (white arrow), and pericolonic fat stranding (black arrow)

2 | DIAGNOSIS

2.1 | Stercoral colitis

Stercoral colitis is a rare, and likely underreported, form of colitis that occurs when impacted fecal material leads to fecaloma formation and colonic distention.[1] This can ultimately result in ischemic pressure ulceration, focal ischemic necrosis, and perforation of the colon.[2] The overwhelming majority of cases of stercoral colitis involve the sigmoid colon or rectum.[3,4] Chronic constipation is the main predisposing condition for stercoral colitis, with advanced age, dementia, chronic comorbid disease, malignancy, and non-ambulatory status all being risk factors.[4]

Patients with stercoral colitis present with abdominal pain not explained by constipation alone, often mimicking diverticulitis. CT is the imaging study of choice, with identification of the fecaloma and adjacent colonic wall thickening and pericolonic fat stranding being diagnostic.[3,4] The presence of extraluminal gas bubbles or an abscess

indicate associated perforation.[4] Non-operative management with manual disimpaction and enemas are standard of care, with surgical resection indicated if colonic perforation has occurred.[2]

REFERENCES

1. Serpell JW, Nicholls RJ. Stercoral perforation of the colon. *Br J Surg*. 1990;77(12):1325-1329.
2. Naseer M, Gandhi J, Chams N, Kulairi Z. Stercoral colitis complicated with ischemic colitis: a double-edge sword. *BMC Gastroenterol*. 2017;17(1):129.
3. Heffernan C, Pachter HL, Megibow AJ, Macari M. Stercoral colitis leading to fatal peritonitis: CT findings. *AJR Am J Roentgenol*. 2005;184(4):1189-1193.
4. Unal E, Onur MR, Balci S, Gormez A, Akpinar E, Boge M. Stercoral colitis: diagnostic value of CT findings. *Diagn Interv Radiol*. 2017;23(1):5-9.

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