

中文題目：牆的破壞者: 糞石直腸炎

英文題目：The wall breaker: faecaloma with stercoral proctitis

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Introduction: Stercoral proctitis occurs when chronic constipation progresses to fecal impaction, colonic distention and deformation, and eventually with the development of masses of dehydrated fecal substances called faecalomas. The faecaloma becomes lodged within areas of the colon, most commonly in the rectosigmoid colon. We reported a case of chronic constipation woman with stercoral proctitis caused by faecaloma impaction at rectum.

Case Presentation: A 83 years-old woman present to emergency department with the chief complaint of constipation for one week. And it was accompanied with poor appetite. Physical examination was unrevealing. Lab study of her showed leukocytosis with marked elevation of CRP. KUB revealed plenty of stool forming fecaloma impacted in rectum. Empirical antibiotics with ceftriaxone was given. Sigmoidoscopy showed a more than 10 cm ulcer with the involvement of retro-rectal space at rectum. CT of abdomen further confirmed the stercoral proctitis with faecaloma impaction with wall thickening and pericolic fat stranding. Intensive enema was given. With antibiotics treatment and supportive treatment intended for stool passage. She led an uneventful clinical condition and was allowed to be discharged after 10 days hospitalization. One month colonoscopy follow-up of the rectal ulcer showed regression in size. Further biopsy showed no malignancy.

Discussion: Stercoral colitis occurs when a patient has chronic constipation leading to retention of fecal matter. This may cause an increase in volume, impaction, and eventual deformation of the colonic mucosa. Seventy-seven percent of the stercoral ulcerations are found in the sigmoid colon or the rectum. The reason is because stool in the rectosigmoid colon has minimized water content and is located in the narrowest part of the colon. The prognosis of this condition is highly dependent on immediate diagnosis and management. The most important predictors of mortality are perforation (ranging from 32% to 59% mortality), a great involvement of affected bowel (>40 cm), and ischemic bowel, which is indicated by the elevation of lactic acid, or septic shock.

Conclusion: We reported a case of chronic constipation woman with stercoral proctitis caused by faecaloma impaction at rectum.