



Catastrophic Resulted Colorectal Perforation

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SIVAS



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- Perforation of the colons has a high mortality rate.
 - Common causes include traumatic and iatrogenic injuries, adhesions, tumors and diverticular disease.
 - Applications for the resolution of chronic constipation complaints also appear to be the cause of perforation.
 - Chronic constipation is especially common in bedridden and elderly people, and the incidence of laxative use in these patients is also quite high.
 - For enema applications made with water or laxatives, rectal tubes or other instruments of varying length, diameter and hardness are used.

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- Rectum and sigmoid colon perforations may also be seen in the hospital environment with the reason of enema made by such means.
 - It is known that after medical enema colon perforations can occur due to penetrating injuries or increasing pressure effect on the intestinal wall.
 - Patients often admit with increased abdominal pain after approximately 24 hours to the emergency department.
 - Sepsis resulting from perforation is the most important cause of mortality.
 - We presented a case with rectosigmoid perforation after enema, taken out of the hospital, due to chronic constipation.

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- A 75-year-old male patient was admitted to the emergency room with widespread and severe abdominal pain, nausea and vomiting.
 - 24 hours before he admitted to our emergency department he made by himself an enema with bathtub at home.
 - Subsequently increased abdominal pain was the cause for emergency admission.
 - He declared that he made the enema application many times before. At the admission the overall condition was moderate-poor, fever:36.8°C, pulse:95/min rhythmic, and BP:130/80mmHg.
 - On physical examination he had abdominal distention and bowel sounds were taken deeply

- With palpation, there was widespread tenderness and rebound. Rectum was empty on digital rectal examination. Free air was observed under the right diaphragm in the erect abdominal X-ray.

(Figure 1)



Figure 1

- After surgical consultations recommendation abdominal computed tomography imaging was taken and a rectosigmoid region perforation was observed. (Figure 2-3)



Figure 2



Figure 3

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- In laboratory tests; leukocyte: 1.96×10^3 / μL , Hb: 13.2 gr/dl, Hct: 42.6%, platelet: 310×10^3 / μL , and glucose was 173 mg/dL.
 - 1gr Ceftriaxone and 250mg Metronidazole were made intravenously in emergency department and the patient was taken to the operation room.
 - It was stated in the general surgery operation note that rectosigmoid perforation was repaired primarily.
 - Postoperatively the patient was followed in the intensive care unit and died in the second day.

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- Especially among the elderly patients with chronic constipation symptoms non-medical self made enemas methods should be considered in the differential diagnosis of cases with acute abdomen.
 - The increase in the elderly population also increases the number of patients with chronic constipation complaints.

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- In order to reduce the complications related to the treatment of constipation made by themselves, institutions-persons undertaking the care of the patients and the patients should be informed.
 - In this respect, it is believed that wider masses can be reached by means of press-publication as well as individual education and information can be provided through family physicians, gastroenterology doctors.