

## FAECOLITH: A RARE CASE OF PERFORATION OF SIGMOID COLON – A CASE REPORT

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### ABSTRACT

**Introduction** Faecolith is a rare cause of GIT perforation. Perforation of sigmoid colon due to faecolith is even rarer. **Case summary:** A female patient presented in emergency with complains of not passing stool and flatus, abdominal pain and distension, vomiting, anorexia for five days. On emergency exploratory laparotomy, perforation of sigmoid colon at rectosigmoid junction was found. Multiple stony, hard faecoliths 25 to 30 in numbers was milked out from ascending, transverse and descending colon from the perforation site. **Conclusion:** Faecolith causing GIT obstruction is common. GIT perforation due to faecolith is rare. Sigmoid colon perforation is even rarer. The case is being reported for knowledge and awareness of GIT perforations due to faecoliths.

**KEYWORDS :** Faecolith, sigmoid colon, GIT perforation.

### INTRODUCTION:

Faecolith is a rare cause of GIT perforation.<sup>1</sup> Sigmoid colon perforation due to faecolith is even rarer. Sigmoid colon perforations are mostly due to trauma.<sup>2</sup> In this case patient presented with features of perforation of hollow viscus which was subsequently diagnosed as perforation of sigmoid colon due to faecolith.

### CASE SUMMARY:

A female patient aged 48 years presented in emergency with complains of not passing stool and flatus for five days, abdominal pain & distension, vomiting and anorexia for three days. There was no history of diabetes, hypertension and thyroid dysfunction. On examination, lower abdomen was distended with generalized tenderness all over abdomen. Bowel sound was absent on auscultation. Her vitals were stable. Her digital rectal examination revealed hard pellet like stool. Emergency X-ray abdomen erect was done which showed free gas under right diaphragm. An emergency exploratory laparotomy was done. A gush of around two litres of faeculent fluid came out which was suctioned. A large amount of semi solid stool was seen in the pelvis which was evacuated manually. A perforation of size 5.0 x 3.0 cm was seen at the rectosigmoid junction. The whole of ascending, transverse and descending colon was filled with stony, hard faecoliths of various sizes, around 25 to 30 in numbers. They were milked out from the perforation site slowly. The primary repair of perforation was done with diversion loop ileostomy. Peritoneal lavage was done. After securing haemostasis, abdomen was closed with drain. Post operative period was uneventful. She was discharged after two weeks.

### DISCUSSION:

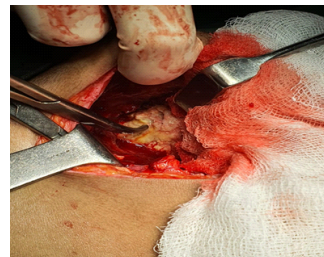
Faecolith formation is a rare event. Although not fully understood, they are thought to form de-novo from choleic acid, the end product of bile salt metabolism. Bacteria within the diverticula deconjugate bile salts, which, in the presence of the acidic pH of the proximal small bowel, results in precipitation and faecolith formation.<sup>3</sup> This is compounded by stagnation as a result of abnormal transit.<sup>4</sup> Faecolith can lead to complication such as bowel obstruction<sup>5-7</sup> and vary rarely results in perforation from pressure necrosis or acute necrotizing inflammation.<sup>8</sup> Causes of faecolith impactions include obstruction lesions, anal fissure and diseases such as megacolon, general paresis and infantile paralysis. Faecal impaction occurs at any age and can mimic other diseases by

producing symptoms suggesting diarrhea, tumour or urinary calculi. Physical examinations may reveal a hard faecal mass in the rectum, hard, putty like mass at the end of sigmoidoscope, distended abdomen, palpable hard lumps in the abdomen.

### CONCLUSION:

An increasingly large number of patients suffer from the various manifestations of faecal impaction. Proper management of the condition will prevent much suffering, many laparotomies, and even colostomies. Faecal impaction causing obstruction is common but obstruction leading to ischaemia, ischaemia leading to perforation is rare. Most commonly perforations due to faecolith occur in appendix, descending colon, transverse colon and ascending colon. Faecolith causing sigmoid colon is very rare. The case reported is one of the rarest. Early intervention with emergency exploratory laparotomy was the life saving approach in this case. The rarity of the case is also due to multiple, stony, hard faecolith, 25 to 30 in numbers, filling ascending, transverse and descending colon. This case is being reported for the knowledge and awareness of GIT perforation (sigmoid colon) due to faecolith.

### FIGURES:



**Figure 1: Sigmoid Colon Perforation**



**Figure 2: Faecolith**

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