

## STERCORAL COLITIS

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A 57-year-old woman presented with a progressive low abdominal pain and no stool passage for ten days. Physical examination only showed abdominal distention, and lower abdominal tenderness. Abdominal radiography revealed a large amount of fecal material retention in colon (Figure 1). Computed tomography (CT) of the abdomen and pelvis showed fecaloma in the rectum with wall thickening and peri-rectal fat stranding (Figure 2). All of these findings indicated the diagnosis of stercoral colitis. Therefore, the patient was treated with enemas and manual disimpaction to relief fecal impaction and the clinical condition gradually improved. Stercoral colitis is an inflammatory process of the colonic wall caused by mechanical pressure exerted by hard fecal material in patients with chronic constipation.<sup>1</sup> The most common involved site is the antimesenteric side of the recto-sigmoid colon.<sup>2</sup> The most common manifestations include abdominal pain, vomiting, and abdominal distention, however, the clinical presentation is always nonspecific. Although patients may have no symptom or presented with mild abdominal pain in the initial stage, stercoral colitis can lead to colon ulceration or even perforation with high mortality.<sup>3</sup> Typical image findings can help diagnosis and the characteristic findings of CT include the formation of a fecaloma as a localized hard, or calcified fecal mass, with a diameter equal or greater than the lumen of colon, peri-colonic fat stranding, and occasional extra-luminal air or extruding fecal material.<sup>4,5</sup> Therefore, early diagnosis of stercoral colitis by clinical presentation and image study can lead to early appropriate treatment and prevent the development of the severe complications.

**Key Words:** stercoral colitis, constipation

### References

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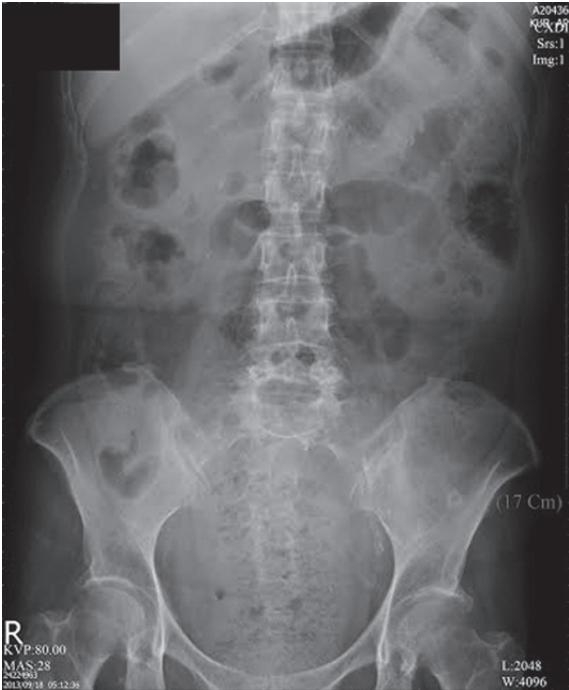


Figure 1. Abdominal radiography revealed a large amount of fecal material retention in colon.

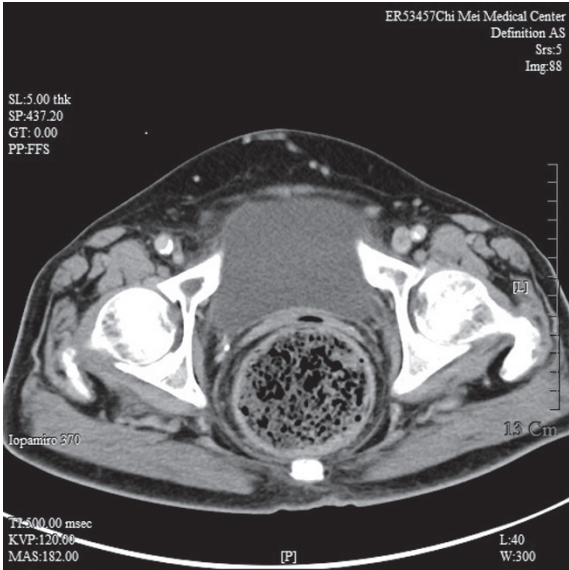


Figure 2. Computed tomography (CT) of the abdomen and pelvis showed fecaloma in the rectum with wall thickening and peri-rectal fat stranding.