

Case	(515) Iatrogenic rectal perforation. ct findings.
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CASE PRESENTATION

A 74-year-old woman with abdominal pain and constipation. On exploration the abdomen was depressible, the blood test was normal and the abdominal X-ray didn't show any obstruction findings. During her stay in emergency service, analgesia and a cleansing rectal enema was performed without any improvement.

Afterwards the patient started with overall discomfort and rectal bleeding, so an urgent CT was done. The CT showed presacral and perirectal extraluminal free fluid and extraluminal air, especially next to the anterior wall of low rectum close to the anorectal angle, and also free fluid in retroperitoneal space.

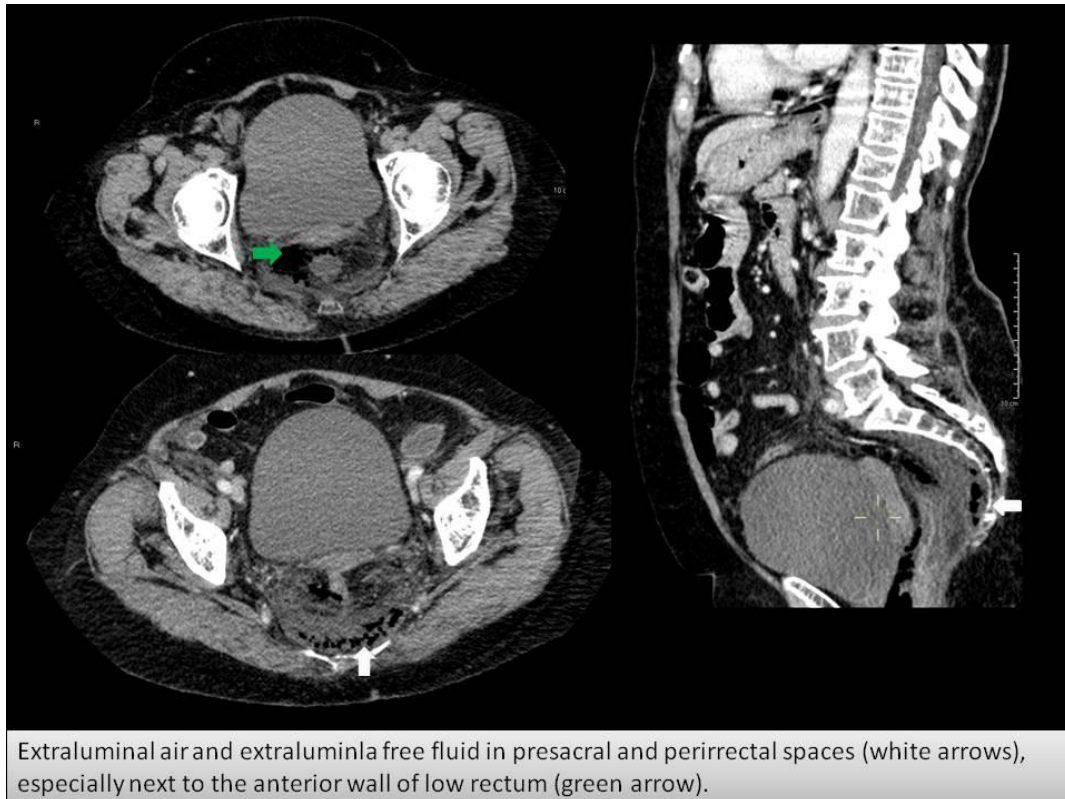
DISCUSSION

The patient was operated, and the rectal perforation was confirmed. Most of iatrogenic colorectal perforations are due to endoscopic procedures as biopsies or polypectomy, while those who are associated with an increase of hydrostatic pressure (as in our patient, due to a cleansing enema), are very infrequent; this is due to the anal sphincter acts as a protector barrier against the increase of pressure (1). The most frequent cause of perforation in patients who underwent enema have been reported to be the device tip; other causes are related to localized weakness of the rectal wall, obstruction, or the position of the patient when the enema was performed (2).

CT plays an essential role in diagnosis and location of colorectal perforations, showing extraluminal air, extraluminal free fluid, interruption or abnormalities of the colonic wall and inflammatory changes close to the wall. Rectal perforations, that occur below the peritoneal reflexion, lead to retroperitoneal air dissection and have a better clinical course compared with intraperitoneal perforations (3).

CONCLUSION

Cleansing enemas can be very effective in the treatment of constipation but may cause serious adverse events, such as perforation or metabolic derangement. In case of perforation a rapid diagnosis is essential to get an appropriate management and surgical planning, being the CT the diagnosis method of choice when we suspect a perforation.



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