PERFORATION OF A COLOSTOMY SECONDARY TO A FECALOMA AFTER A STERCORAL PERFORATION: A CASE REPORT

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Introduction

Stercoral perforation is a rare complication of stercoral colitis with a high mortality rate. This occurs when stagnant fecal matter leads to colonic distention and fecaloma formation. This can subsequently cause pressure necrosis and bowel perforation. Prior cases have reported recurrent intraabdominal stercoral perforation proximal to end colostomies. Here, we present a unique case of a fascia-level, intra-abdominal stercoral perforation at an end colostomy after an index Hartmann's procedure for rectal stercoral perforation.

Presentation of Case

A 45-year-old woman presented with persistent left sided abdominal pain for two weeks and an abdominal CT scan showing severe pan-colonic fecal impaction. During her hospital stay, she was noted to have worsening abdominal pain. A second CT scan demonstrated massive pneumoperitoneum. She was taken emergently for an exploratory laparotomy and Hartmann's procedure for rectal stercoral perforation. Post operatively, she was recovering appropriately then developed acutely worsening abdominal pain with signs of intra-abdominal sepsis. A CT scan was repeated, revealing an intra-abdominal perforation at the fascial level of the end colostomy due to another massive fecaloma. She was brought back to the operating room for a repeat laparotomy, Hartmann's revision, and a diverting ileostomy.



Discussion

Stercoral perforation remains a rare complication of chronic constipation. There are few reports of recurrent stercoral perforation of patients with a colostomy but no reports regarding fascial perforation of an ostomy by a second fecaloma. There is minimal data of management on recurrent stercoral perforation during the same hospital admission after an index Hartmann's procedure for rectal stercoral perforation.

Conclusion

We present a rare case of recurrent stercoral perforation after an index Hartmann's procedure for stercoral perforation. There have been no cases in the literature regarding a second perforation at the fascia of a colostomy due to a fecaloma. There is a rising incidence of chronic constipation and subsequent stercoral perforation. An increased awareness is needed regarding the possibility of secondary perforation in patients who have already undergone an operation intervention for perforated stercoral colitis.