

intravenous ceftazidime. Following disimpaction, her hydronephrosis and kidney injury resolved. Her mentation gradually improved, and she was subsequently discharged to a skilled nursing facility (Figures 1 and 2).

Discussion

Fecaloma is a rare and serious complication of constipation-induced fecal impaction, as seen in our patient [6]. It usually occurs on the left side of the colon due to its narrower diameter and accumulation of firmer feces prior to evacuation [2]. Older adults are especially prone to fecal impaction due to chronic constipation, dehydration, decreased mobility, medical comorbidities and high-risk medications, such as narcotics, calcium channel blockers, diuretics, iron, and aluminum antacids. Older adults are also susceptible to serious complications, such as urinary obstruction, bacteremia, and acute encephalopathy as seen in our patient [5].

The diagnosis of fecaloma is confirmed on abdominal imaging which demonstrates a circumscribed intraluminal stool mass, and is corroborated with suggestive history and examinations, such as constipation, abdominal pain, and generalized tenderness [6]. Conservative management of fecalomas is often successful and includes bowel rest, laxatives, enemas, and manual disimpaction with digital evacuation [2]. In complicated cases, however, endoscopic fragmentation and surgical intervention are required [4].

Conclusion

This case report highlights the importance of early recognition and treatment of constipation, especially in older adults with multiple risk factors. While seemingly benign, constipation can lead to fecal impaction and rarely fecaloma with severe sequelae such as septic encephalopathy. This report also demonstrates fecal impaction and fecaloma should be considered in the differential diagnosis of older patient with chronic constipation who present with urinary obstruction and acute encephalopathy.

References

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