

Could the Complications of Megacolon be Avoided by Monitoring the Risk Patients? Cases Report

A. Toro¹, G. Cappello¹, M. Mannino¹, I. Di Carlo^{1,2}

¹Department of Surgical Sciences, Organ Transplantation and Advanced Technologies,
University of Catania, Cannizzaro Hospital, Catania, Italy

²Hamad Medical Corporation, Doha, Qatar

Abstract

We report 2 cases of megacolon associated with cerebro-vascular accident and neuropsychiatric drug consumption.

Case report 1: a 75-year-old woman with diabetes mellitus, hypertension, tachycardia with atrial fibrillation, bilateral pleural effusions and previous cerebral hemorrhage was admitted in our hospital. She presented clouded sensorium and abdominal distension, with closed alvus. The CT scan showed a distension of the colon, with severe fecal impaction. A volvulus of the sigma was found at surgical intervention. *Case report 2:* a 59-year-old man with a medical history of oligophrenia was admitted to our hospital for acute abdomen. He presented stupor and closed alvus with abdominal distension. The abdominal CT scan showed a dolichosigma, with fecal impaction. The patient was submitted to a laparotomy and a two millimetres perforation of the sigma was found. The sigma had a diameter of 28 cm and a length of 75 cm. Even if a clear correlation has not been found yet, anomalies of the regulation of the gastro-intestinal motility can occur at different levels in patients with psychiatric or cerebrovascular diseases and drug consumption with anticholinergic properties, and they should be carefully monitored. The purpose is an early diagnosis of colon function anomalies in order to avoid potentially fatal complications

Key words: colonic occlusion, megacolon, oligophrenia, Hartmann procedure, Hirschsprung's disease

Corresponding author: Isidoro Di Carlo, MD, PhD, FACS,
Associate Professor of Surgery
Department of Surgical Sciences Organ Transplantation, and Advanced
Technologies, University of Catania
Cannizzaro Hospital, Via Messina 829, 95126 Catania, Italy
E-mail: idicarlo@unict.it