

CLINICAL IMAGE

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# A fatal fecaloma

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## Abstract

**Background:** Fecal impaction may complicate chronic constipation. We report a fatal case of fecal impaction in a patient treated with long-term neuroleptic treatment.

**Case presentation:** A 70-year-old man with a history of severe chronic psychosis treated with olanzapine was admitted to the emergency department for acute abdominal pain and increased abdominal perimeter. Abdominal computed tomography revealed a severe fecal impaction with no sign of peritonitis or acute mesenteric ischemia. The patient eventually died from multi-organ failure 2 days after his admission to the intensive care unit.

**Conclusions:** Chronic constipation with fecal impaction is a well-known complication of long-term neuroleptic treatment. Severe forms may be life-threatening. Prevention with systematic administration of laxatives appears of paramount importance.

## Case synopsis

A 70-year-old man with a history of severe chronic psychosis treated with olanzapine was admitted to the emergency department for acute abdominal pain. He reported the absence of stools for 3 weeks together with an increasing abdominal perimeter. The patient developed severe arterial hypotension requiring ICU admission for vasopressor support. Upon ICU admission, the patient had a severely distended abdomen with a diffuse collateral venous circulation (Fig. 1). There was no clinical sign of ascites nor spider angioma. Laboratory tests revealed hyperlactatemia (6.7 mmol/L,  $N < 1.6$  mmol/L) and acute kidney failure (creatinine 185  $\mu$ mol/L,  $N < 110$   $\mu$ mol/L) with anuria.

## Diagnosis

Abdominal computed tomography depicted a severe fecal impaction (Fig. 2) with a marked backward compression of the kidneys (Fig. 3, white arrow) together with a peritoneal effusion (Fig. 3, \*\*\*). There were no signs of pneumoperitoneum, bowel pneumatosis, or parietal thickening. Because of the previous limited autonomy of the patient with cognitive decline, a conservative strategy without surgical extraction of the fecaloma was decided. The patient eventually died on day 2.

Chronic constipation with fecal impaction is a well-known complication of long-term neuroleptic treatment [1, 2]. Severe forms may be life-threatening [3, 4] and may require an emergency laparotomy [5] before the onset of intraabdominal complications. In this context, prevention with systematic administration of laxatives appears of paramount importance.

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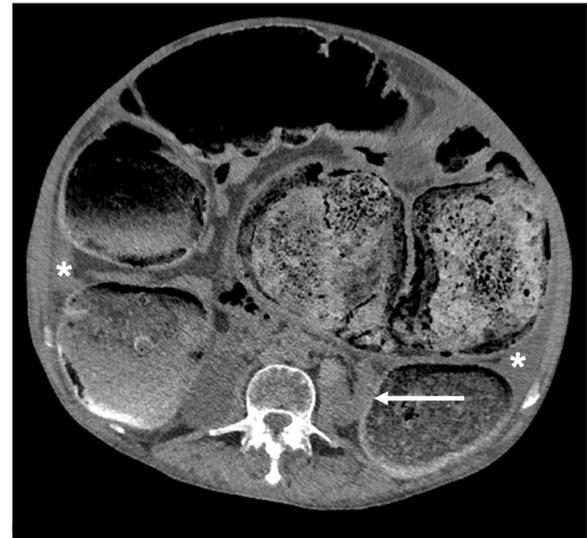
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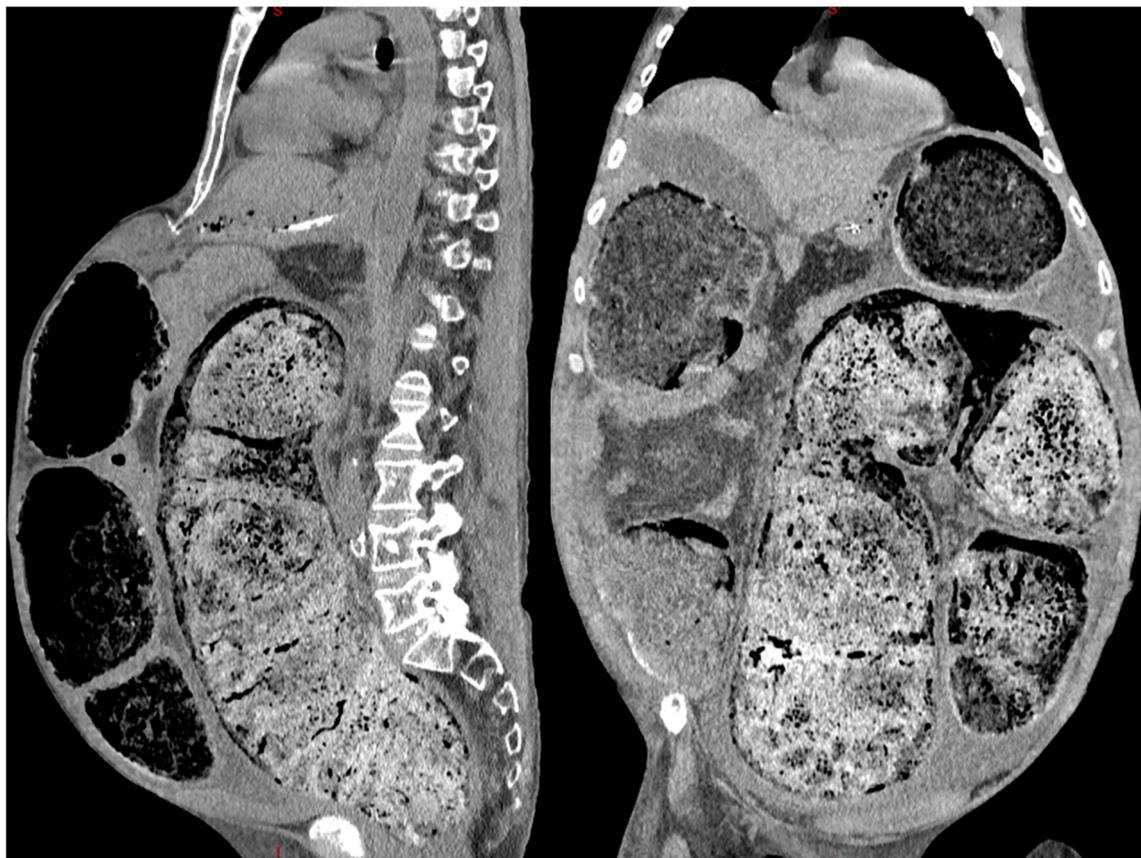
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**Fig. 1** Abdominal distension and diffuse collateral venous circulation



**Fig. 3** Axial view of the abdominal computed tomography revealing a marked backward compression of the kidneys (white arrow) together with a peritoneal effusion (\*\*\*)



**Fig. 2** Sagittal (left) and coronal (right) views of the abdominal computed tomography revealing a severe fecal impaction

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**Authors' contributions**

EL and LD wrote the manuscript under the supervision of GP and DC. All authors read, critically reviewed, and approved the final manuscript. All authors participated in patient care. DC takes responsibility for the paper as a whole. The author(s) read and approved the final manuscript.

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