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FECAL IMPACTION

REPORT OF A CASE DUE TO WILD GRAPE SEEDS AND ELDERBERRY STEMS.

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FECAL IMPACTION is not a rare disease entity but very little about it is found in the American literature. Bockus says, "Bran and other very fibrous foods are potential sources of danger in some patients." Benson and Bargen are of the opinion that, "Roughage such as bran, psyllium seeds or unusually rough food eaten in time of need or on some other unusual occasion often causes fecal impaction." We are reporting a case of fecal impaction due to eating wild grapes and elderberries which bears out their opinion.

Medications have been implicated as etiological factors in the production of fecal impactions. Schwade reported a case of enteric coated pills as a cause. Fisher reports a case of intestinal obstruction in a female who for several months prior to the obstruction had been taking a spoonful of psyllium seeds daily with the ingestion of very little water. At surgery a grossly distended ileum was found, with an impaction of the seeds ten inches proximal to the cecum. He concludes that those substances are dangerous, especially in elderly people. Wand has found that hygroscopic gum laxative can cause fecal impaction and reports the case of a 68-year-old male with impaction due to dehydrated Saraka. Again, this patient had been taking the preparation with very little water. We cannot overemphasize the need of an adequate water intake when taking preparations of this sort.

Not in the true sense a medication, but certainly a medically produced situation is the fecal impaction seen following barium enema. We have all had the opportunity of breaking up a fecal impaction following the use of barium in x-ray procedures, and are well aware that it can and does occur.

Carmel, in an excellent discussion of the problem of fecal impaction lists the etiology under three groups:

"1. Those factors which delay the passage of fecal material through the colon.

"2. Those factors which increase the consistency of the feces, and

"3. Those factors which cause a diminution in the usual quantity of mucous produced by the mucous membrane of the large intestine."

Our case would fall in group 2. Another factor in our case, as mentioned by Bockus, was the presence of an anal ulcer. "An anal ulcer may predispose to impaction of feces because of the occurrence of pain when defecation is attempted." From the history of intermittent anal pain and bleeding and the physical findings we feel that our patient had the anal ulcer prior to the impaction, and as such it played an important part in the production of the fecal impaction. The thrombotic combined hemorrhoid in the left lateral position may have been a factor, but most likely the thrombosis had its origin in the trauma incident to the attempt to pass the seeds and stems.

The development of diarrhea in fecal impaction has been emphasized many times and often is a confusing symptom. We hesitate to consider impaction when the

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presenting symptom is diarrhea, but often a persistent diarrhea will be the only complaint in a long standing fecal impaction. Our case illustrates this, as he at first had an increasing constipation and later developed a diarrhea, spending all of one day and a night in the bathroom.

Fecal impactions can reach enormous proportions. May and Torre report the case of a female with progressive enlargement of the abdomen over a period of two years. She reported no bowel movement for one and one-half years, but the patient was a mental defective and the history of no bowel movement for six months, as reported by the family, is probably more accurate. The abdomen was enlarged to the size of a term pregnancy and a diagnosis of large ovarian cyst was made. At surgery a midline incision was made and a large, firm mass that had the appearance of an ovarian cyst presented itself. A trocar was inserted to draw off the cyst fluid, but only inspissated feces filled the trocar. The sigmoid was enormously dilated with feces and five gallons of inspissated fecal material was removed. The patient made an uneventful recovery. The authors feel that this was a true impaction rather than a megacolon.

Fecal impaction can present a confusing diagnostic picture and often the differential surgical diagnosis is difficult. Mullarkey discusses the surgical significance of fecal impaction and presents several cases where the impaction simulates an acute surgical abdomen and erroneous diagnoses of carcinoma of the sigmoid, tubo-ovarian mass, and acute appendicitis (child) were made. He feels that fecal impaction should always be considered in the differential diagnosis of the acute surgical abdomen. Carmel also reports several impactions that had surgical exploration. Our case is again illustrative as the patient was originally seen by the proctology service as a possible bowel malignancy with obstruction.

On occasion the presence of a fecal impaction can mask the true nature of the disturbance and a surgical abdomen dismissed as due to the noted fecal impaction. Carmel reports such a case.

CASE HISTORY

J. W., white male, age 48, entered hospital on September 17, 1951, with history of intermittent rectal pain of two years duration, manifested by bleeding and pain. There had been an increasing constipation of one week's duration with no elimination for two days prior to admission. He had continuous anal pain for two days with swelling at the anal opening. History revealed that the patient had been looking for work in northern Illinois for the past few weeks. The only food eaten in the week prior to admission was tomatoes, cucumbers and melons which he found in the fields. The last three days he ate nothing but wild grapes and elderberries. He estimates that he ate a half-bushel of this material.

Patient was seen by the intern, who referred the patient to the proctology service as a possible bowel malignancy with partial obstruction. Physical examination was negative other than the proctology findings. Temp. 100, C.B.C. 9/21/51—Hgb. 15 gm. 97% , C.I. 0.98—R.B.C. 4.93—WBC 21,300—Stabs. 13—Segs. 71. T. M. 84—Lymph. 9—Mono. 6—Eosin. 1—Urine: Straw—cloudy—acid 1.025. 2 plus albumin; sugar: O. Occ. W.B.C./h.p.f.

Patient was seen by the Proctology Service on 9/18/51, at which time he presented an edamatous, painful, tender, thrombotic external-internal hemorrhoid in the left lateral position with an edematous papilla on the medial aspect. It was impossible to do a digital examination and hot compresses were advised. The following day it was possible to do a digital examination, which revealed a fecal impaction of rough, gritty material. 15 cc's of novocaine and 5 cc's of Eucupin in oil were injected about the anal opening and by manual extraction approximately a quart of wild grape seeds and elderberry stems were removed. This was followed by a retention enema of:

Fleets Phospho Soda	Oz. II
Water	Oz. IV (Marks)
Hydrogen peroxide	Oz. ss

That evening and the next day the patient spent in the bathroom passing a few seeds at a time. On 9/21/51 a low spinal anesthetic was given and approximately two gallons of the same material was removed by digital maneuver and irrigation with normal saline solution. Following this procedure the patient had marked relief. Subsequently a hemorrhoidectomy and excision of a posterior anal ulcer were done. The patient's convalescence was uneventful and he left the hospital without further complications.

SUMMARY

1. A case of fecal impaction due to wild grape seeds and elderberry stems is presented.

2. The recent American literature on the subject of fecal impaction is reviewed and discussed.

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