
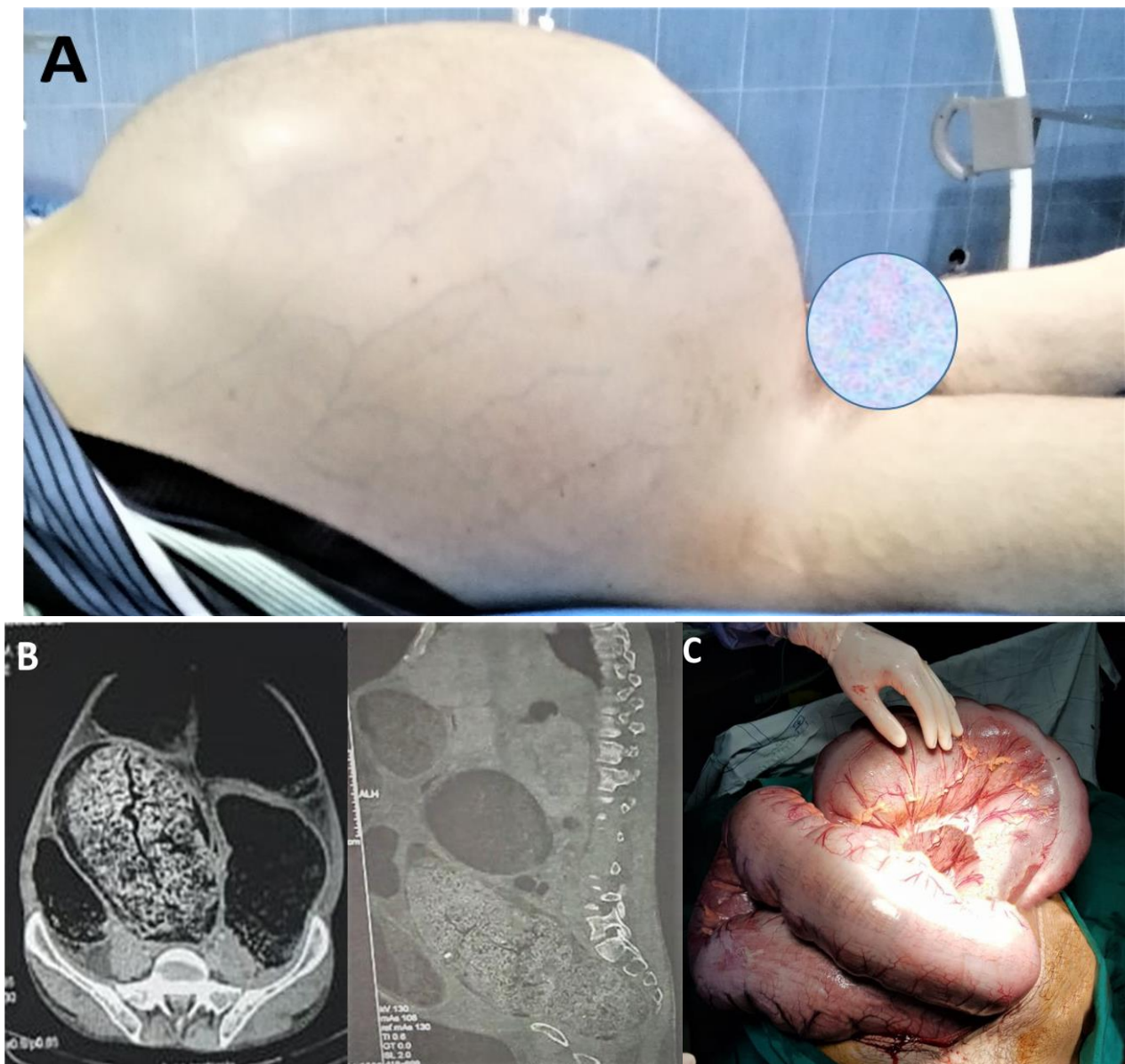


*IMAGES IN CLINICAL MEDICINE*

## Neuroleptics Causing a Giant Abdominal Mass

Younes Aggouri , Aymane Jbilou, And Said Ait laalim  
General Surgery Department, University Hospital, Tangier, Morocco.



A 39 years old patient was admitted to our hospital, never operated on before, with a mental illness history. The patient was treated for schizophrenia since the age of 15, under a long-term treatment of neuroleptics and antidepressants, with complaints of chronic constipation.

The patient reported abdominal pains and cessation of stool and gas, no defecation in 15 days, along with continuous vomiting. The patient was conscious, unstable blood pressure: 80/40mmHG, heart rate of 120 beats per minute, respiratory rate of 22 c/m. On initial evaluation,

we could detect an important abdominal distention as well as an apparent venous collateral circulation accompanied with tenderness to palpation [Figure A].

Rectal examination revealed the presence of a very hard fecaloma. The initial biological assessment showed functional renal insufficiency, Hyperleukocytosis at 11000 /mm<sup>3</sup>, hyponatremia at 125 mmol/L. Abdominal tomography revealed a giant fecaloma at the rectum, the sigmoid, and the left side of the transverse colon, and megacolon with a diameter reaching 22 cm wide, the lining of the colon was improperly enhanced after the injection of the contrast agent [Figure B].

The patient was then admitted to the trauma room. He was prepared with rehydration and hydro-electrolytic compensation. Repeated enemas and laxatives were used to stimulate defecation, but they were all unsuccessful. The hard mass of stool could not be removed. It was decided that the patient required abdominal surgery.

Under general anesthesia, patient in supine position, a midline laparotomy was performed. During the exploration, we discovered a colon filled with a giant fecaloma, along with ischemic parietal lesions on the sigmoid [Figure C]. Resection of the descending and sigmoid colons, manual extraction of the remainder of the fecalomas from the rectum, and terminal colostomy were performed following Hartmann's technique. The patient remained unstable even after being treated in intensive care. The patient, unfortunately, passed away 48 hours post-operation.

Constipation is a common problem that can cause fecal

impaction and even the development of a fecaloma, a mass of inspissated stool. Fecalomas occur more frequently in the left colon and rectum as stool hardens and the colon narrows. Fecalomas can manifest in various ways, including bowel obstruction, urinary retention, and toxic megacolon.

Medications that were significantly associated with constipation were opioids, diuretics, antidepressants, antihistamines, antispasmodics, anticonvulsants, and aluminum antacids. The use of acetaminophen, aspirin, and other NSAIDs was also found to be associated with an increased risk of constipation. Fecalomas can often be treated conservatively with laxatives, enemas, and/or digital disimpaction. However, when these methods are unsuccessful, surgical intervention is required to prevent bowel perforation.

The mechanism most often mentioned with psychiatric treatment, is the effect of anticholinergic medication responsible for digestive sluggishness. And constipation can be resulting from parasympatholytic treatment effect, and the sedentary lifestyle of patients in psychiatric hospitals would be responsible for chronic digestive distension and intracolonic hypertension can lead to fecaloma.

In patients with history of constipation, new or worsening of abdominal pain, and are under antidepressants and neuroleptics treatment, fecalomas should be considered in the differential diagnosis, and constipation should be aggressively investigated to avoid complications.

**KEYWORDS:** Fecaloma, Abdominal Mass, Neuroleptics.

**Corresponding author:** Dr Younes Aggouri, University Abdelmalek Essaadi, Faculty of Medicine Tangier, General surgery department, university hospital, Tangier, Morocco. Email: [dragouriy@gmail.com](mailto:dragouriy@gmail.com)

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