

Iatrogenic Rectal Perforation Following Self-Administered Water Enema

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An 85-year-old male presented to the emergency department with rectorrhagia. He reported a long-lasting history of constipation and abdominal pain, for which he had self-administered retrograde water enema using a garden hose at the same morning, until he felt a sudden sharp abdominal pain and noticed rectorrhagia. The patient was diaphoretic and lethargic at the time of presentation. Physical examination revealed tachycardia, low grade fever, generalized abdominal tenderness and decreased bowel sounds. Contrast enhanced computed tomography of abdomen and pelvis showed perforated rectum (arrow in panel a) free fluid in the pelvis (asterisk in panel a) and pneumoperitoneum (arrow in panel b). He underwent primary resection and anastomosis of the rectum. and experienced a favorable outcome.

Discussion

Most iatrogenic colorectal perforations occur following endoscopic or fluoroscopic procedures. Self-induced rectal perforation is rarely reported [1]. Retrograde self-administered water enema is a common practice to relieve long-standing constipations in rural areas, especially in the elderly. This home practice seldomly leads to rectal perforation that might be accompanied by catastrophic results such as peritonitis, sepsis and even death [2]. Contrast enhanced abdominopelvic CT scan is an excellent imaging modality to diagnose the site and extent of perforation and possible complications [2].

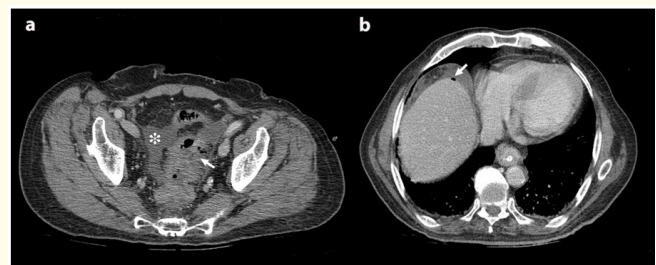


Figure : Axial contrast enhanced CT scan of the abdomen and pelvis shows discontinuation in the left side of rectal wall with adjacent extraluminal gas (arrow in panel a). There is also free fluid in the pelvis (asterisk in panel a). Free fluid and a small focus of intraperitoneal air (arrow in panel b) are also seen on the anterior surface of the liver (b).

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