

中文題目：嚴重糞石嵌塞導致阻塞性腎病變之病例報告

英文題目：Obstructive nephropathy caused by severe fecal impaction：A case report

作者：賴欣瑜¹，沈修年²

服務單位：財團法人奇美醫學中心 內科部¹，加護醫學部²

Background：Fecal impaction refers to a large mass of compacted feces at any intestinal level, often occurs in bed-ridden people, and may lead to major morbidity and mortality.

Case Presentation：A 62-year-old woman with diabetes, hypertension, and old stroke, had chronic constipation after being bed-ridden for several years, and no stool passage in recent 10 days. She was brought to our emergency department with dyspnea and drowsiness for one day. Physical examination showed a soft, distended abdomen, and no peritoneal signs. Laboratory studies revealed a normal white blood cell count (WBC) with bandemia (17% of band cells), and a serum creatinine level of 3.38 mg per deciliter (reference range, 0.57-1.11). Microscopic examination of the urine sediment reported 30-49 WBCs per high-power field (reference range, 0-5). An abdominal radiograph showed severe fecal impaction (**Figure A**). A subsequent abdominal computed tomography (CT) demonstrated the fecal impaction and revealed bilateral hydronephrosis (**Figure B**). Obstructive nephropathy with urinary tract infection caused by severe fecal impaction was diagnosed. The patient was treated with fluid therapy, Ciprofloxacin, laxatives, and manual evacuation of the feces. The azotemia and hydronephrosis resolved completely.

Conclusion：Fecal impaction can cause obstruction of the urethra or urethra-vesical junction, leading to hydronephrosis and obstructive nephropathy. Severe fecal impaction can be visualized by an abdominal radiograph. A CT scan helps to reveal the extent of the impaction. Laparotomy is rarely needed, unless when peritoneal signs are present.

Figures



Figure A : An abdominal radiograph showed severe fecal impaction (arrows)



Figure B : An abdominal CT demonstrated the fecal impaction (arrows) and revealed bilateral hydronephrosis (arrowheads)