

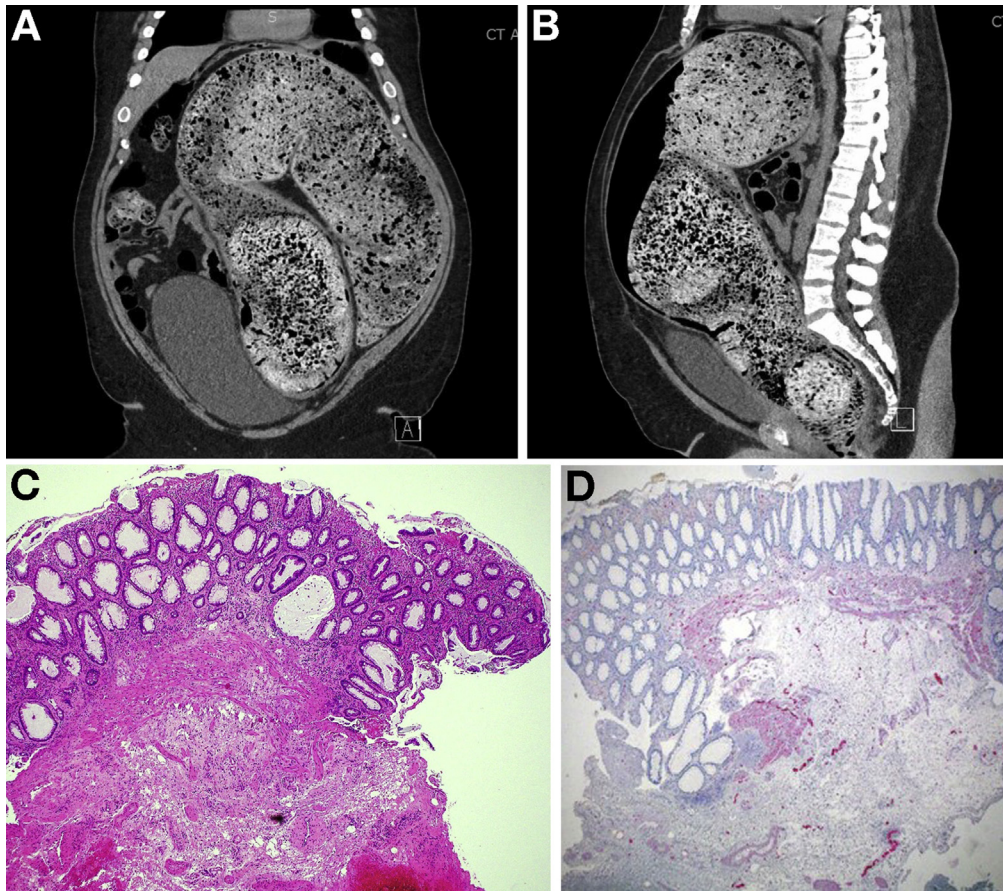
ELECTRONIC IMAGE OF THE MONTH

A 24-Year-Old Man With Chronic Constipation and Acute Urinary Retention



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A 24-year-old African-American man with a medical history of chronic constipation for decades, morbid obesity, and tobacco dependence presented to the emergency room with acute abdominal pain and urinary retention for a day. A computed tomography scan of the abdomen and pelvis showed copious solid stool in the rectum and sigmoid colon displacing all abdominal and pelvic organs (Figures A and B). He was taken to the operating room for disimpaction and rectal full-thickness biopsies.

Histopathology showed mucosa with erosions and ulcerations, crypt distortion, and chronic inflammation in the lamina propria, supporting a diagnosis of stercoral proctocolitis. No ganglion cells were identified in the submucosal plexus, suggesting Hirschsprung's disease (Figures C and D).

Hirschsprung's disease in adults is a rare disorder that should be suspected in patients with long-standing constipation with abdominal imaging showing a markedly distended proximal colon with fecal materials with a

ELECTRONIC IMAGE OF THE MONTH, *continued*

narrowed distal segment. Treatment is surgical by resecting the involved colorectal segment.

Stercoral ulcerations are seen commonly in patients with prolonged fecal stasis in which the hard feces press on the colonic mucosa, leading to ulceration and necrosis. Treatment should focus on removing the hard stool to prevent progression to perforation.

Conflicts of interest

The authors disclose no conflicts.

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