Necrotic left colitis due to hot water enema

Miguel Ángel Jiménez-Ballester1, Paloma Bebia-Conesa2, Mónica Mengual-Ballester1, María Carrillo-García3, Joana Miguel-Perelló1, Enrique Pérez-Cuadrado-Martínez2 and José Luis Aguayo-Albasini1

Departments of 1General Surgery, 2Gastroenterology and 3Radiology. Hospital Universitario Morales Meseguer, Campus de Excelencia Internacional “Mare Nostrum”. Universidad de Murcia. Murcia, Spain

CASE REPORT

A 77-year-old man was admitted to emergencies for abdominal pain after instillation of a hot water enema in his home. On admittance he had a fever of 38 °C, an affected general status, leucocytosis and signs of peritoneal irritation in the lower hemiabdomen. Abdominal CT showed a transmural thickening of the rectosigmoid wall (Fig. 1).

Diagnosed with colitis due to scalding he received a rectosigmoidoscopy at 72 hours (Fig. 2), which from the rectosigmoid junction revealed a necrotic mucosa extending some 15-20 cm. After making good progress he was discharged on the 15th day after admittance.

A month later, the patient presented with rectal tenesmus and episodes of diarrhoea. Colonoscopy revealed an impassable stricture, 3 cm long and some 10 cm from the anus. After two sessions of endoscopic balloon dilatation, which was clinically ineffective, insertion of a biodegradable stent (BDS) was indicated (SX ELLA-BA Stent, Ella CS, Hradec Kralove, Czech Republic). This was fitted 3 months after admittance (Fig. 3) and the patient was asymptomatic a week after insertion and three months (Fig. 4) after degradation of the biodegradable stent (BDS).

Fig. 1. Abdominal CT with intravenous contrast and rectal enema: An irregular circumferential thickening of the sigmoid wall is seen to affect an expanse of approximately 20 cm of the sigmoid colon. The thickening is hypodense and mamelonated, without preservation of the layered structure. No pneumoperitoneum is observed.

Fig. 2. Rectosigmoidoscopy image showing a circumferential ring some 15 cm from the anal margin. Note the dull-looking blackish mucosa suggesting a mucosal necrosis of some 20 cm, with indemnity of the distal mucosa.
DISCUSSION

The most common complication arising from tissue damage due to scalding is the appearance of a cicatricial stricture of the affected segment (1).

The use of a BDP to treat benign cicatricial strictures is generally increasing (2). It could be an intermediate step between balloon dilatation and surgery, but it has still not proved effective for this indication.

In our experience, the use of a BDP after an initial failed attempt at balloon dilatation (3) may be an efficient and alternative technique to surgery (4), although comparative studies are needed to confirm this hypothesis.

REFERENCES