

Letters to the Editor

Acute colonic complications in a patient with Chagas disease

Key words: Rectal prolapse. Colonic volvulus. Megacolon. Chagas disease.

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Dear Editor,

Chagas disease is an infection that usually affects people in childhood and adolescence in the endemic areas of Latin America, and is now becoming more frequent in our country due to immigration. Transmission is caused by the bite of an insect belonging to the *Triatominae* subfamily, a carrier of the *Trypanosoma cruzi* parasite. In the chronic phase (30% of the patients) an irreversible predicament called megasyndromes appears: 30% have heart disease and 10% present digestive disorders, mainly in esophagus and colon.

Case report

We present the case of a Bolivian female aged 32 with a clear medical history. She was diagnosed with a Chagas disease in Madrid, with a positive *Trypanosoma cruzi* IgG serology, and later follow-up in Malaga. The patient complained that she had abdominal distension and discomfort for a year related to constipation, which progressively worsened and was refractory to laxative treatment and cleansing enemas, so she sometimes had to resort to manual disimpaction.

She attended the Emergency Department for a 20 cm rectal prolapse due to an intense Valsalva maneuver (Fig. 1), that was

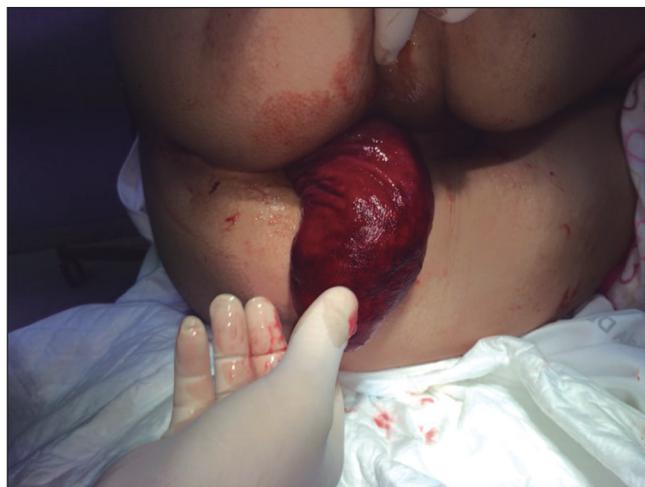


Fig. 1. Rectal prolapse of 20 cm.

later reduced by the surgeons with no immediate complications. After this acute episode, she had a barium enema that showed a 10-cm colonic and rectal dilation.

Two years later, she presented to the Emergency Department again complaining of acute abdominal pain, with nausea and vomiting. An abdominal TC showed a colonic volvulus, which was solved by decompressive endoscopy without any incident.

Discussion

The esophagus is the most common place of the Chagas disease in the digestive system, followed by the colon. Colonic involvement usually takes place in late stages of the disease, when neuronal destruction causes aperistalsis, residues retention and dilation. Therefore, the differential diagnosis of an acquired megacolon should be also directed towards this disease in patients coming from endemic areas with suggestive symptoms.

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