



Case Report

Colonic phytobezoar

Cláudio Franco do Amaral Kfoury^{a,*}, Maria Clara Ferreira Nonato Romania^a,
Rennan Josely Moreira Julião^a, André Domingos Pippa Tomazella^a,
Guilherme Paulo Carvalho de Amorim^b, Cleibe Nicácio da Silva^b, Claudinei da Silva^b,
Maria Cristina Sartor^{c,d}

^a Universidade de Araraquara (UNIARA), Faculdade de Medicina de Araraquara, Araraquara, SP, Brazil

^b Hospital Carlos Fernando Malzoni, Departamento de Cirurgia, Matão, SP, Brazil

^c Universidade Federal do Paraná (UFPR), Hospital de Clínicas, Departamento de Cirurgia, Curitiba, PR, Brazil

^d Universidade Federal do Paraná (UFPR), Hospital de Clínicas, Serviço de Coloproctologia, Curitiba, PR, Brazil

ARTICLE INFO

Article history:

Received 10 November 2017

Accepted 12 February 2018

Available online 28 February 2018

Keywords:

Bezoars

Intestinal obstruction

Colonic neoplasms

ABSTRACT

Bezoars, although rare, represent a small part of the etiologies of intestinal obstructions. They are indigestible masses formed in human beings consisting of hair, seeds, plant fibers, fruits, and even medications. The present report concerns a male patient with a complaint of interrupted flatus passage and feces elimination and pain in the left iliac fossa, initially suspected as a neoplasia of the sigmoid colon. However, analysis of the surgical specimen revealed that the condition was characterized by intestinal obstruction due to an encapsulated phytobezoar. This fact demonstrates the importance of a differential diagnosis, with emphasis on the relevance of considering the presence of bezoars despite their rare occurrence.

© 2018 Sociedade Brasileira de Coloproctologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Fitobezoar cólico

RESUMO

Os bezoares, embora raros, representam uma pequena parte das etiologias das obstruções intestinais. São massas indigestíveis formadas em seres humanos que consistem em cabelo, sementes, fibras vegetais, frutas e até mesmo medicamentos. O presente relato retrata um paciente do sexo masculino com uma queixa de parada de eliminação de flatos e fezes somado à dor na fossa ilíaca esquerda, que inicialmente suspeitou-se como neoplasia

Palavras-chave:

Bezoares

Obstrução intestinal

Neoplasia de cólon

* Corresponding author.

E-mail: cfakfour@gmail.com (C.F. Kfoury).

<https://doi.org/10.1016/j.jcol.2018.02.002>

2237-9363/© 2018 Sociedade Brasileira de Coloproctologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

do cólon sigmoide. No entanto, a análise das peças cirúrgicas revelaram que a obstrução intestinal ocorreu devido à presença de um fitobezoar encapsulado. Este fato demonstra a importância do diagnóstico diferencial, com ênfase em considerar a presença de bezoares apesar de sua rara ocorrência.

© 2018 Sociedade Brasileira de Coloproctologia. Publicado por Elsevier Editora Ltda. Este é um artigo Open Access sob uma licença CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

The term “bezoar”, derived from the Arabic “bazahr” or “badzehr”, means antidote or antivenom,¹ and the first case report has been described in 1779 by Baudamant² in Paris. Bezoars are masses originating from the ingestion of poorly digestible or fully indigestible products, which leads to the condensation of this detritus in the stomach or another part of the gastrointestinal tract.

There are four types of bezoars: phytobezoars consisting of plant material and fruit, mainly persimmon; trichobezoars consisting of hair; lactobezoars consisting of milk residues, and pharmacobezoars consisting of medications.³

Intestinal obstructions caused by bezoars are rare and correspond to 0.4–4% of all such conditions, mainly occurring in the stomach and in the small bowel. The occurrence of colonic obstruction by bezoars is a very rare finding,⁴ at time confused with neoplasias, gallstone ileus and fecal impaction, although imaging exams can reveal different patterns of presentation, thus being of help for a differential diagnosis.⁵

High-fiber diets, incomplete chewing, low gastric secretion, gastrointestinal motility and digestive surgeries are predisposing factors for formation of phytobezoars.

The pathogenesis of phytobezoars is based on the interaction of compounds found in leguminosae and fruits (shibuol and tannin) with gastric acid, forming a structure that accumulates cellulose and other proteins.⁶

The present report describes the clinical course of a patient with an initial suspicion of a sigmoid neoplasia, ruled out after analysis of the surgical specimen, which consisted of an encapsulated phytobezoar as confirmed by anatomopathological examination.

Case report

A 69-year-old male patient was admitted to the emergency room of the Carlos Fernando Malzoni Hospital in Matão, São Paulo.

The patient complained for intense pain, classified as 7 on a 0–10 verbal numerical scale, and stated that he had been unable to eliminate flatus and feces since the previous day. There are 6 months, reported that there were changes in your intestinal habits, feces of normal coloring, but were longer and thicker texture added to the evacuation effort and pain on defecation of progressive worsening. He denied bleeding, changes in fecal odor, nausea or vomiting. He reported a 6 kg weight loss since the beginning of these signs and symptoms.

Physical examination revealed a patient in regular general condition, hypotensive, afebrile and with tachycardia. Hyperactive bowel sounds were also detected, mainly in the left hypochondrium and LIF. The patient's abdomen was rigid and reported pain in the LIF upon superficial and deep palpation, with his entire abdomen being tympanitic upon percussion. The rectal examination revealed the absence of feces, blood or melena in the rectal ampulla.

Laboratory tests were requested for case resolution, revealing only eosinophilia. Next, Computed Tomography (CT) and Colonoscopy (CLN) were the imaging exams requested.

CT revealed irregular and asymmetric thickening in the sigmoid colon with focal reduction of caliber and no expressive changes in the fatty planes of the mesosigmoid. A primary expansive lesion was suspected (Fig. 1).

CLN revealed the presence of an expansive stenosing fixed lesion with edematous and hyperemic mucosa that did not permit the passage of the instrument in a section of the middle sigmoid (Fig. 2). A biopsy was obtained.

Evaluation of the results and of the diagnostic hypothesis of a sigmoid neoplasia plus the decline of the general clinical condition of the patient led to the decision to perform exploratory laparotomy through an infraumbilical median incision. O small amount of ascitic fluid was observed during the opening of the peritoneal cavity. Sigmoidectomy and descending colon to rectum anastomosis were performed. The cavity was washed with physiological saline and the abdominal cavity was closed according to the anatomical planes.

Incision of the surgical specimen revealed the presence of material resembling compacted and encapsulated indigestible fibers in the topography of the lesion indicated by CT and CLN (Fig. 3), characterizing a phytobezoar (Fig. 4). The surgical specimens – sigmoid colon and bezoar – were submitted

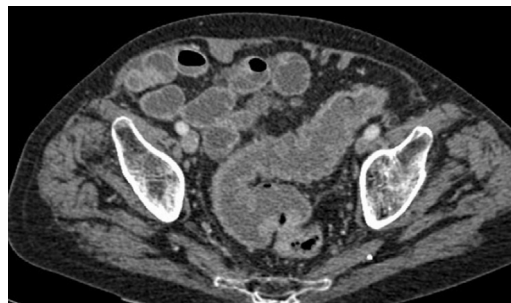


Fig. 1 – CT transverse section demonstrating irregular and asymmetrical thickening of the sigmoid colon wall. Absence of lymph node enlargement in the mesosigmoid. Suspicion of an expansive primary lesion.

Download English Version:

<https://daneshyari.com/en/article/8834421>

Download Persian Version:

<https://daneshyari.com/article/8834421>

[Daneshyari.com](https://daneshyari.com)