

# A Man With Urinary Retention by Fecaloma: A Case Report

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**Abstract-** Fecaloma is a very hard stool often located in the rectum of the sigmoid colon. A 63-year-old man with abdominal distention and urinary retention was admitted to an emergency department. Abdominal CT scans showed a urinary bladder displaced by fecaloma. Fecaloma is an infrequent cause of acute urinary retention, especially in bedridden patients with underlying diseases.

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**Keywords:** Fecaloma; Acute urinary retention; Abdominal distention; Case report

## Introduction

Fecaloma is a very hard stool often located in the rectum of the sigmoid colon (1). Fecaloma can lead to complications such as gastrointestinal obstruction, perforation, megacolon, and in rare cases, deep vein thrombosis and urinary tract obstruction (2). Fecaloma should be removed, which is usually done endoscopically. In case of endoscopic failure, treatment is performed through a laparotomy (3). This was a case report of a patient suffering from urinary retention and bladder move superiorly of the pelvic due to a huge fecaloma.

## Case Report

A 63-year-old man with abdominal distention and urinary retention had admitted to an emergency department. Abdominal distention was recently developed, but he had urinary retention the day before admission. He had a history of diabetes and hypertension and suffered from a stroke four months ago, making him bedridden. On examination of the abdomen is appeared distend and a large mass from suprapubic area to periumbilical of the abdomen. After the urinary catheter was inserted, about 1,500 cc of urine was excreted, but abdominal mass remained. Abdominal CT scan were obtained (Figures 1, 2).

A urinary bladder was extruded by fecaloma. Abdominal CT scan (Figure 1) abundant fecal

impaction without abdominal free gas. The CT scan of the patient's abdomen and pelvis showed fecaloma and the Foley catheter in the bladder were observed outside the pelvis (Figure 2, the white arrow). Finally, the patient was transferred to the gastrointestinal department for endoscopic removal.

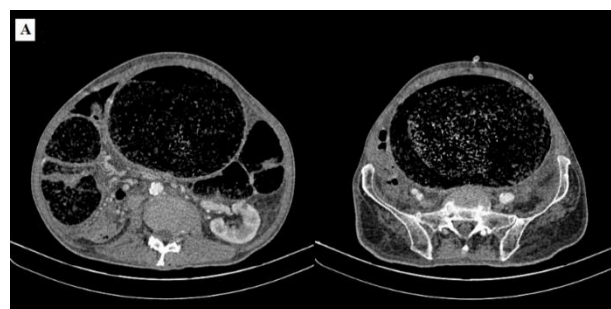


Figure 1. A huge fecaloma observed in the abdominal CT scan

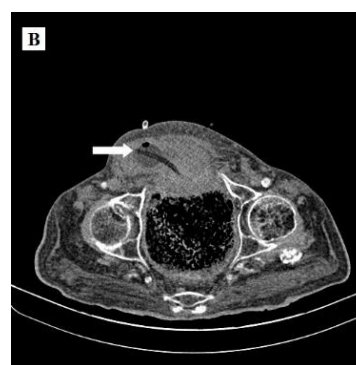


Figure 2. The pelvic CT scan (a Foley catheter extruded, as shown by the white arrow)

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## Discussion

Fecal impaction causes gastrointestinal dysfunction and usually occurs in older and bedridden people due to chronic constipation (4). Fecaloma is a very hard stool that may obstruct the gastrointestinal tract and cause pressure effects on adjacent organs (5). In rare cases, urinary tract obstruction by pressure on the ureters is caused by the fecaloma mass effect (6). In bedridden people, chronic constipation with pressure on both sides of the ureter causes ureter obstruction, especially in the case of exposure to dehydration and medications, such as antipsychotics and anticholinergics, that reduce bowel motility in schizophrenic patients (7,8). In this patient, unlike the previous case reports, urinary tract obstruction due to the posterior pressure of fecaloma on the bladder caused the bladder to force out the anatomical position in the pelvis (Figure 2), which was not previously reported. Acute urinary retention (AUR) causes acute renal injury (and acute pyelonephritis. AUR is an emergency medical condition that must be diagnosed and treated emergently (9,10). Fecal impaction located at the distal portion of the colon can be removed with digital evacuation and rectal enemas; however, in resistant cases, fecaloma should be dissipated by endoscopic or surgical methods (8). This patient was transferred to the gastrointestinal department for endoscopic removal. Although fecal impaction and fecaloma are infrequent causes of acute urinary retention, the fecaloma mass effect on the bladder is one of the causes of AUR in elderly, bedridden patients, and underlying diseases (such as cerebrovascular accident, diabetes, and gastrointestinal motility disorders).

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## References

1. Garisto JD, Campillo L, Edwards E, Harbour M, Ermocilla R. Giant fecaloma in a 12-year-old-boy: a case report. *Cases J.* 2009;2:127.
2. Matsuo Y, Yasuda H, Nakano H, Hattori M, Ozawa M, Sato Y, et al. Successful endoscopic fragmentation of large hardened fecaloma using jumbo forceps. *World J Gastrointest Endosc.* 2017;9:91-4.
3. Chute DJ, Cox J, Archer ME, Bready RJ, Reiber K. Spontaneous rupture of urinary bladder associated with massive fecal impaction (fecaloma). *Am J Forensic Med Pathol* 2009;30:280-3.
4. Serrano Falcon B, Barcelo Lopez M, Mateos Munoz B, Alvarez Sanchez A, Rey E. Fecal impaction: a systematic review of its medical complications. *BMC Geriatr* 2016;16:4.
5. Celayir MF, Koksai HM, Uludag M. Stercoral perforation of the rectosigmoid colon due to chronic constipation: A case report. *Int J Surg Case Rep.* 2017;40:39-42.
6. Joo N, Lee HS. Acute hydronephrosis owing to a giant fecaloma in an older patient. *Ann Geriatr Med Res* 2020;24:223-6.
7. Kuo JR, Tu KC. Fecaloma causing megacolon and bilateral hydronephrosis. *Formos J Surg* 2020;53:70-3.
8. Khan MA, Dar HA, Shah AH, Javid G, Singh B, Sheikh NA, et al. Fecaloma presenting as huge abdominal mass. *JGH Open* 2020;4:294-5.
9. Golikhatir I, Kerigh BF, Sazgar M, Jahanian F, Assadi T, Zakariae Z, et al. The effect of oral tamsulosin vs. Oral tamsulosin and oral isosorbide dinitrate in acute urinary retention patients due to benign prostatic hyperplasia: A double-blind clinical trial study. *Adv J Emerg Med* 2021;5:1-7.
10. Abi Abdallah M, Raad N, Yarak N, Noujeim JP, Noujeim A. Emphysematous pyelonephritis caused by a giant fecaloma. *Case Rep Urol.* 2019;2019:8743525.