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Abdominal Distention Due to Anal Stenosis

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Clinical image description

Abdominal distention due to anal stenosis

A 30-year old man presented to the Gastroenterology Department with diffuse abdominal pain, distention and constipation. He was born with an imperforate anus, treated by posterior sagittal anorectoplasty and construction of a neo-anus. He developed an anal stenosis for which he had numerous dilations during childhood. During recent years he defecated by means of active straining and manual abdominal pressure. Following general anesthesia for a testicular biopsy, he avoided straining and developed fever, severe abdominal distention and he couldn't pass stool or gas. His abdomen was distended, painful by palpation and without any peristalsis. Abdominal X-ray showed enormous fecal loading and pathological bowel distention, absence of rectal air (a, b). CT scan showed a distended colon up to 12cm, full of stool (c), without distention of small intestine or rectum. MRI showed absence of anal sphincter muscle. We performed anal Hegar dilations starting at 12 French to a maximum of 16 French, followed by oral colonic lavage and enemas. After several days his colon was emptied, with resolution of symptoms and normal-looking mucosa endoscopically. He refused total colectomy, started anal self-dilations and PEG oral laxatives on a regular base and herewith remained well at 2 years follow-up.

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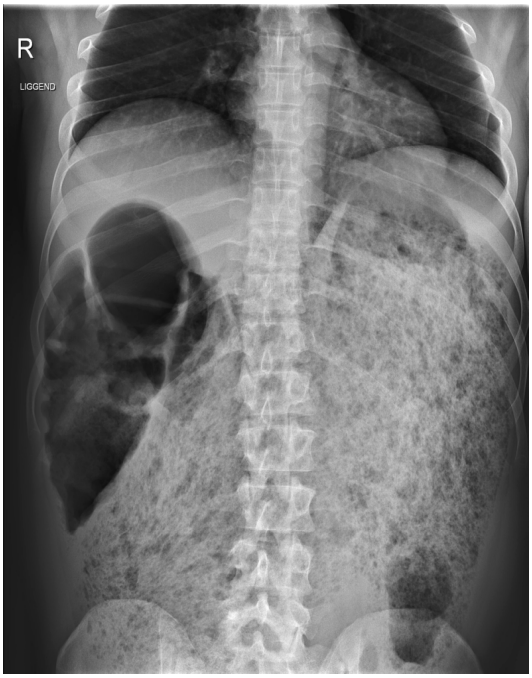

Figure 1

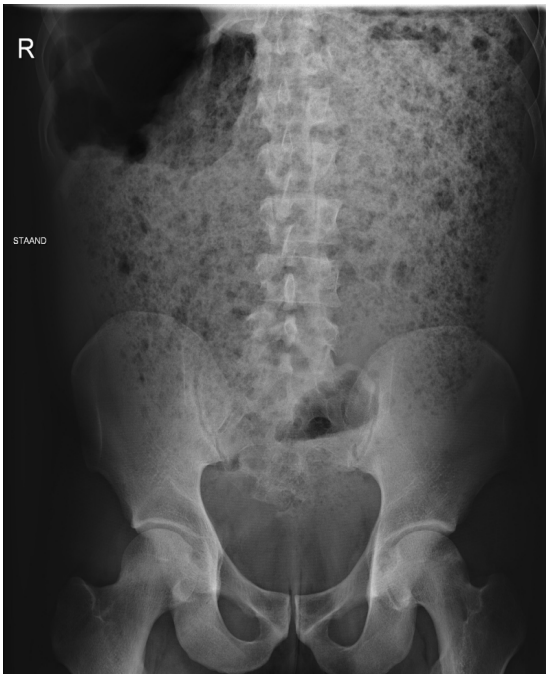

Figure 2

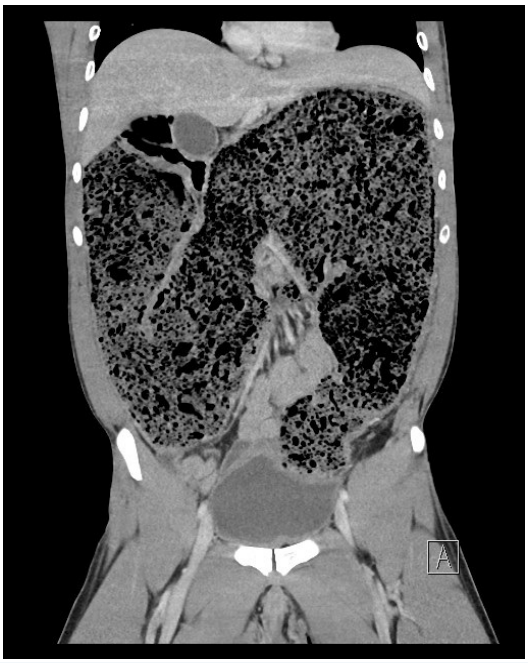

Figure 3

Conflict of interest statement: Hannes Ruymbeke and Danny De Looze state that there are no conflicts of interest, they have nothing to declare.

Hannes Ruymbeke, the corresponding author, guarantees that the subject of the case report provided informed consent to publish the included information.