Constipation Requiring Surgical Treatment in a Premenopausal Woman

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A 45-year-old, previously healthy woman presented with a two-month history of abdominal pain. Her symptoms worsened, and she could not sleep. She defecated daily, but with difficult bowel movements. Her abdomen was distended, with global tenderness. The findings from laboratory studies were unremarkable. Abdominal radiography and enhanced computed tomography revealed retained feces and an enlarged colon but no herniation (Picture 1, 2). A contrast enema examination did not detect any narrowing (Picture 3). Because she had sustained pain after admission, emergent surgery was performed. The operative findings revealed massive amounts of feces without a tumor, fecolith, chronic inflammation, or adhesions. After the surgical elimination of the feces and also performing Hartmann’s procedure, her pain subsided by the next day. She required surgical treatment because of constipation with abdominal pain despite no colon obstruction. Constipation is a common occurrence and can be occasionally fatal (1, 2). Physicians should take care when dealing with patients with chronic constipation to avoid serious conditions.

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