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TOXIC MEGACOLON : A POTENTIALLY DEADLY CONDITION

Norsheila Ying Ying Binti Karim, Yoon Chin Yap, Hong Yee Tan
Emergency and Trauma Department, Hospital Queen Elizabeth, Kota Kinabalu

INTRODUCTION

Toxic megacolon (T.M) is rare but possesses a high morbidity and mortality rate.We describe a case of a lady who presented with toxic megacolon and bowel ischemia.

CASE DESCRIPTION

This is a 21-year-old lady who presented to the emergency room with a two-days history of severe abdominal pain, fever, vomiting, and shortness of breath. She had constipation and abdominal distention for a year that had never been investigated. Upon arrival, she was tachycardic and hypotensive.On examination, her abdomen was distended and guarded. Other physical examinations were unremarkable. Laboratory results indicated leucocytosis, elevated C-reactive protein, severe metabolic acidosis and hyperlactatemia. Abdominal radiography revealed grossly dilated bowel loops suggesting megacolon with a maximum diameter of 17.5 cm. As she was hemodynamically unstable with signs of peritonitis, she underwent an emergency exploratory laparotomy, bowel decompression, subtotal colectomy, and washout. Intraoperatively, the bowels were grossly dilated and ischemic from the rectum to the cecum. Histopathological evaluation of the colon specimen revealed ganglionic colon with ischemic changes. Postoperatively, she required triple inotropic support and mechanical ventilation. Unfortunately, she succumbed on the second day of admission.

DISCUSSION

Toxic megacolon is non-obstructive dilation of the colon, usually associated with systemic toxicity. It carries an in-hospital mortality rate up to 7.9%. The precipitating factors for toxic megacolon include inflammatory bowel disease, Clostridium difficile infection, anti-motility agents, electrolyte derangements, and diagnostic procedures such as barium enema and colonoscopy.

The diagnostic criteria for TM include:

(a) radiographic evidence of colonic dilation greater than 6 cm, especially in the transverse colon;
(b) any three of the following: fever, tachycardia, leukocytosis, or anemia; and
(c) any of the following: hypotension, hypovolemia, altered mental status, or electrolyte disorders.

These criteria were met by our patient.Treatment for TM often involves medical therapy with an aim to reduce inflammation and prevent perforation. However, if complications such as haemorrhage, peritonitis, abdominal compartment syndrome, or perforation do occur, urgent surgery is indicated.

Figure 1 : Abdominal Xray shows dilated large bowel loops measuring 17.5cm in maximal diameter

CONCLUSION

Toxic megacolon is a potentially deadly condition. Hence, early recognition is required to prevent complications and ensure patient survival.

KEYWORDS: TOXIC MEGACOLON,BOWEL ISCHEMIA

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