



## **DIAGNOSIS AND TREATMENT OF HAWTHORN FECAL INTESTINAL OBSTRUCTION: A CASE REPORT**

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### **CASE**

62 years old male patient, mainly complained of intermittent colicky abdominal pain and vomiting of abdominal contents went to a local hospital. Upper Gastrointestinal Endoscopy was done which revealed antrum ulcer with gastric retention. The patient was managed conservatively for pain abdomen in local hospital and then he was referred to our hospital after gastrointestinal Barium meal for further evaluation when patient was not improved and abdominal distension increased associated with intermittent abdominal pain since 10 days. Patient was admitted to our hospital on November 3 in Gastro medicine. Admission examination: T36.5 °C, P70bpm, Bp 120 / 70mmHg, RR 20bpm. Abdominal slightly bulging, soft, upper abdominal tenderness, no rebound tenderness, bowel sounds active. Admission to check the tumor markers CEA, CA19-9, CA125 normal. Abdomen orthotopic plain film Tip: Intraperitoneal intestine a large number of high-density shadow and a large number of artifacts, and more consideration of barium residues. CT examination of the abdomen Tip: right upper lobe calcification. The right upper lobe of the liver class of circular low density. A large number of intra-abdominal artifact formation, barium residues to consider more due (Figure 1). Patients in the Department of internal medicine as "intestinal obstruction" after 3 days of ineffective treatment, consultation done to our department. After the proper history taking of the patient before the onset of symptoms have eaten hawthorn about 500g.

Physical examination: abdominal obvious bulging, soft. Periumbilical tenderness, bowel sounds active. To consider the raw hawthorn caused by fecal low intestinal obstruction, patients with non-strangulated intestinal obstruction performance, then be oral paraffin oil, enema, nutritional support and

other treatment, and did a good preoperative preparation. After the corresponding treatment of patients with no significant relief of bloating symptoms, in November 14th line ileum incision endoscopic stone, intestinal contents of decompression. Extrusion of large amounts of food during surgery and a number of fecal stone (large about 6cm × 4cm) (Figure 2). The patient recovered well.

## DISCUSSION

Clinically, the origin of gastrointestinal stone intestinal obstruction often include biliary gastrointestinal fistula into the gastrointestinal tract of gallstones and various plants in the digestive tract to form the fecal and muck. Caused by plant bezoar more common in the rich tannin, Yabutol, pectin fruit. These fruits such as black dates, apples, plums, hawthorn, persimmon, etc. [1], we have also found a case of intestinal obstruction caused by eating grapefruit. In our daily lives we eat these fruits, but can cause plant fecal intestinal obstruction is rare. (2) Gastrointestinal digestive dysfunction, such as constipation, etc. ; (3) gastrointestinal surgery, such as the stomach Billroth (1), gastrointestinal tract, II anastomosis and so on.

For the clinical reasons for the low mechanical intestinal obstruction considerations, the need to pay attention to gallstones, plant fecal and faecolith intestinal obstruction. This requires the clinician to carry out a detailed history of the inquiry, and through a number of tests to assess the size of these fecal, when the diameter of more than 2.5cm and hard texture, the general cannot pass the ileocecal valve, and more need surgery.

The patient had a significant improvement in the symptoms of intestinal obstruction but did not ask for a history of eating large amounts of hawthorn in the local hospital. After the examination of the gastrointestinal barium meal in the local hospital, the cause of intestinal obstruction was unknown. Obvious symptoms of intestinal obstruction. We consider the beginning may be only hawthorn food group caused by incomplete intestinal obstruction, if the active conservative treatment, may be able to hawthorn food group completely excreted. For patients with intestinal obstruction generally do not advocate line digestive tract barium meal examination, because barium cannot absorb the intestinal tract can increase the intestinal obstruction. At the same time this case of patients with barium may lead to barium mixed with hawthorn food groups after the formation of hard bezoar, thereby increasing intestinal obstruction. In this case, the effect of barium on the abdominal CT examination cannot assess the size of fecal matter.

For fecal intestinal obstruction by conservative treatment without significant improvement need to consider surgery. Surgical methods include: (1) will be squeezed into the colon after the stump manure with fecal discharge, which applies to a high degree of intestinal necrosis, intestinal contents less hardness is not. (2) Intestinal incision stone, intraoperative intestinal contents of decompression. For a high degree of intestinal expansion without necrosis, intestinal contents and more. Intestinal obstruction in the intestine below the normal small intestine incision. (3) Partial bowel resection, intestinal anastomosis, suitable for

intestinal necrosis.

From this case of view, for low mechanical intestinal obstruction, should pay attention to ask whether a large number of raw fruits, bile duct stones, gastrointestinal surgery. For patients with intestinal obstruction, even if the symptoms were relieved, a short time to avoid digestion barium meal examination, if necessary, viable iodine contrast imaging of the digestive tract. To consider the intestinal tract caused by intestinal obstruction, feasible abdominal CT examination to assess the size of fecal matter, when the diameter of the faux stone more than 2.5cm, no obvious relief in patients with symptoms, the proposed surgical treatment.

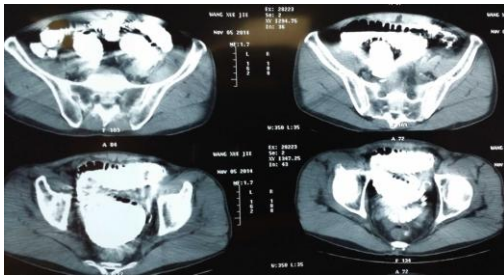


Figure 1



Figure 2

## REFERENCES

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