

A “Beehive” in the Abdomen

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Abstract A 22 years-old woman presenting with intestinal occlusion by a giant fecaloma. Fecal impaction is often misdiagnosed, especially in non collaborating patients. This demonstrates the necessity of particular attention to avoid unnecessary surgical intervention.

Keywords Fecaloma · Intestinal occlusion · Treatment

A 22-year-old woman presented with a 10-day history of constipation. Five days before, her symptoms worsened with

abdominal pain, fever, and asthenia. Her medical history showed inherited hydrocephalus treated with cerebrospinal fluid shunt, spina bifida, and paraplegia. Her abdomen was distended with mild pain in the lower left quadrants. Palpation demonstrated a mass in the lower abdomen. Laboratory results showed no pathological alterations. CT demonstrated a giant fecaloma with no signs of perforation, inflammation, or free fluid. The patient was treated with antibiotic and fluid therapy. The giant fecaloma was gradually fragmented. The patient recovered completely. The follow-up after the discharge was uneventful.

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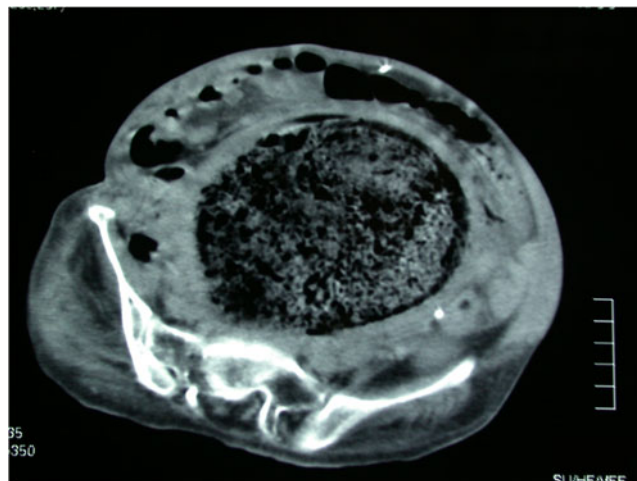


Fig. 1 Giant Fecaloma