Buyer beware! doctor be aware!: Questions

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Clinical question

A 6-year-old girl presents to the emergency room with altered mental status. She is acutely non-verbal and unable to vocalize sounds. She has bilateral nystagmus and facial twitching. She has marked hypertonia with her wrists persistently flexed and her feet and toes hyperextended. Reflexes are not elicited. She does not withdraw from painful stimuli.

She is accompanied by her parents who brought her by car. You learn she has a history of an imperforated anus repair and suffers from chronic constipation with megacolon. The repair was performed at the age of 2 by pull through with reanastomosis after previous diverting colostomy. In the past, she has

been managed with an aggressive bowel regime including daily polyethylene glycol 3350 (MiraLax) and two pediatric Fleets enemas administered every other day. In spite of this regime, she developed persistent fecal soiling and recent clinical evaluation identified overflow incontinence. She was instructed to increase the dose to two adult Fleets enemas every other day. On the day of presentation, she complained of abdominal pain presumed to be due to constipation. Therefore, she received two Fleets enemas. She did not evacuate her bowels so a third enema was administered for a total of three adult Fleets enemas within 12 hours.

What is the diagnosis?

What is the acute management?

What is the associated kidney disease?

The answers to these questions can be found at <http://dx.doi.org/10.1007/s00467-012-2339-x>

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