

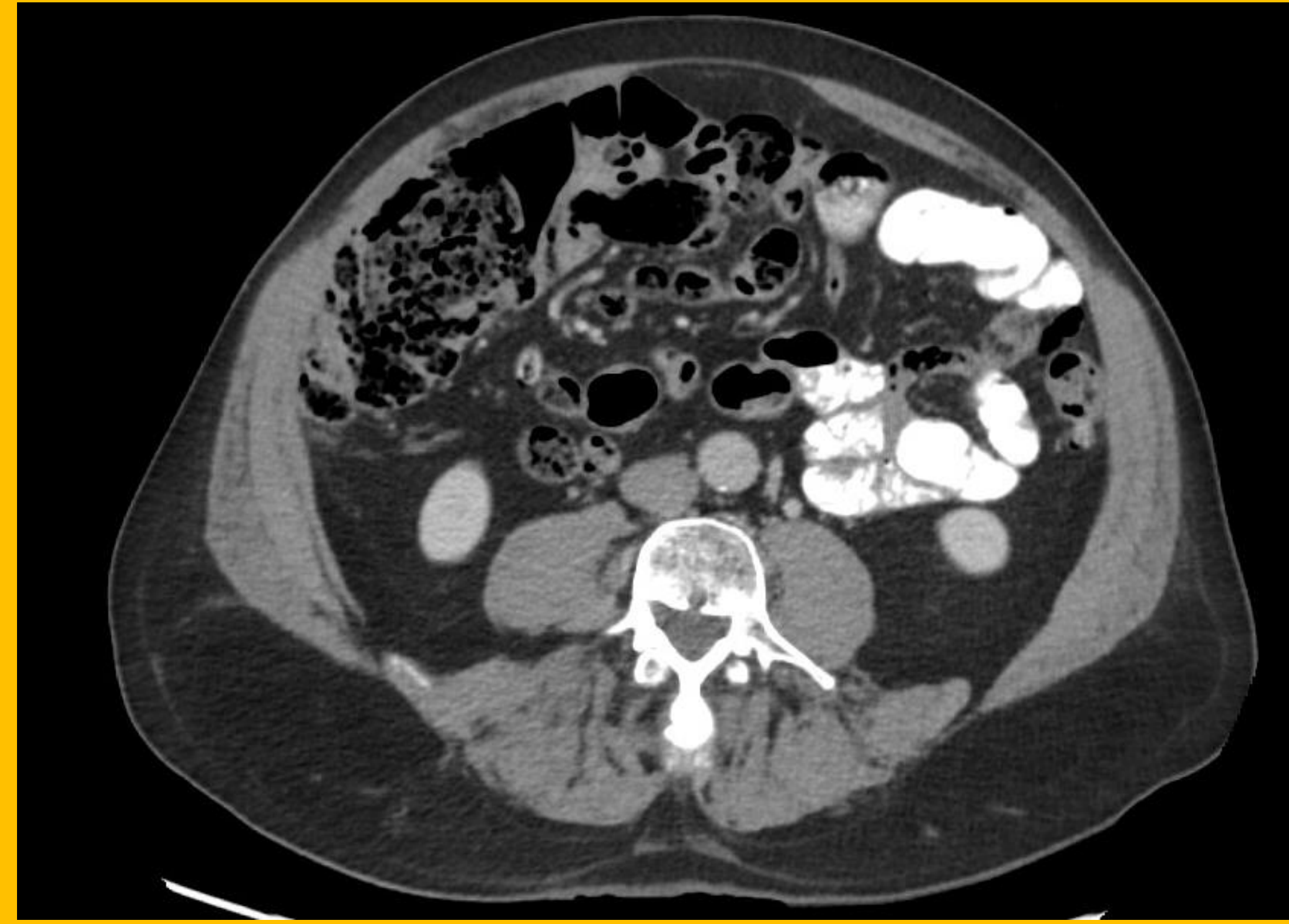
A Deadly Presentation of Constipation

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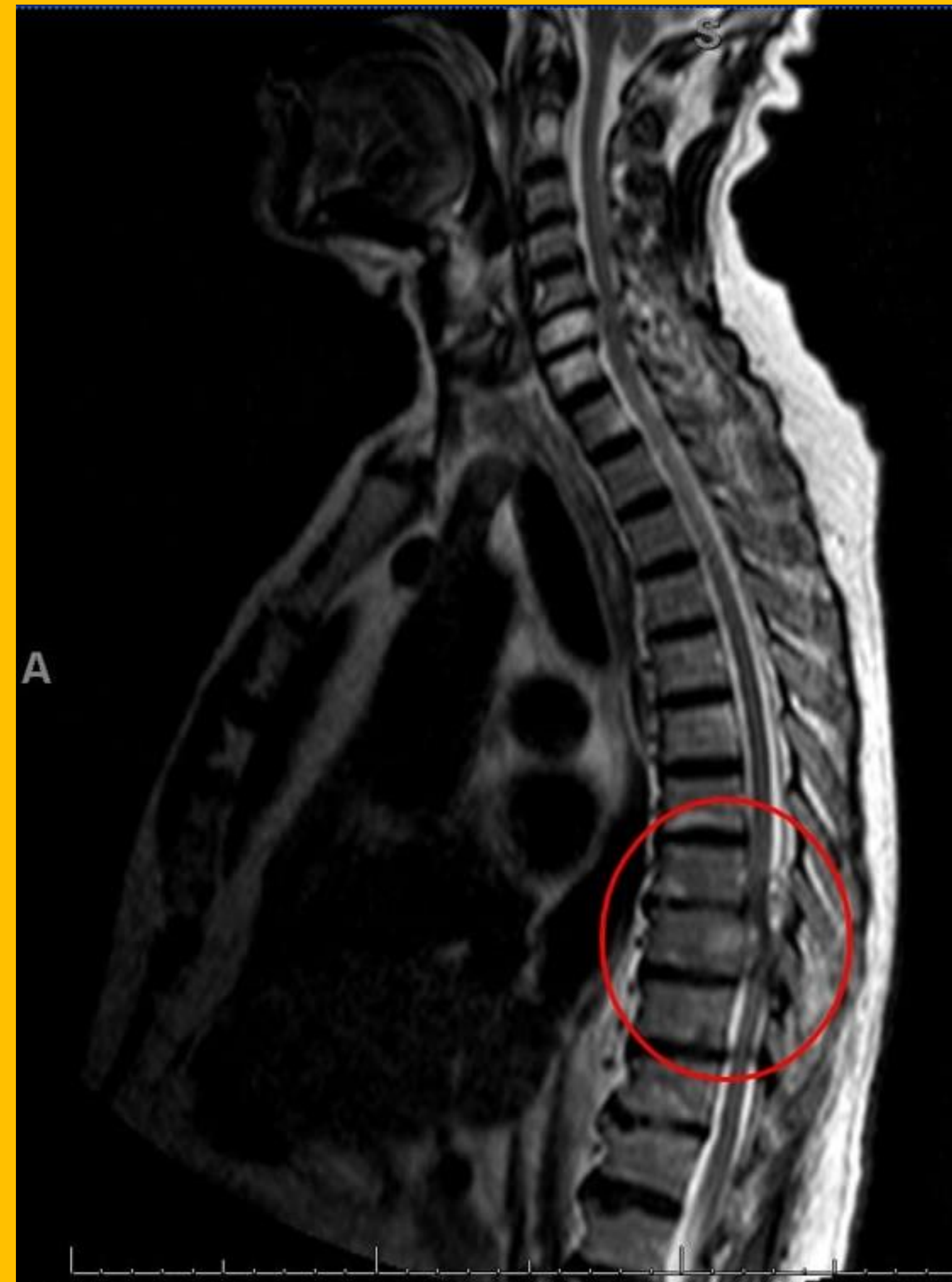
Overview

Constipation secondary to spinal cord compression

- Visited Urgent Care, Primary Care, Orthopedist and ER over 2 weeks for back pain and constipation. Tried on:
 - Senna
 - Magnesium Citrate
 - Fleet enemas
 - Dicycloverine
- Came to the ER a second time and failed magnesium citrate and manual disimpaction
- On admission was given low volume bowel prep without relief
- Started having new bilateral leg weakness
- MRI lumbar and thoracic spine showed compression at T9 vertebrate
- Emergently taken for spinal cord decompression where an epidural mass was removed
- Pathology showed undifferentiated pleomorphic sarcoma
- Started on radiation, however new sites of metastasis were discovered
- Transitioned to hospice care and passed away



Initial CT scan showing large stool burden



MRI of the thoracic spine showing destructive lesion of T9 with spinal cord compression

Diagnosis and Management

Spinal Cord Lesions Above S1

- Loss of rectal sensation causes loss of distention sensation and signal to evacuate
- Loss of conscious external anal sphincter control
 - The inhibitory pathways cannot turn off resulting in inability to relax anal sphincter

Presenting Symptoms

- Can present with:
- Back Pain
 - Motor Weakness
 - Saddle Anesthesia
 - Loss of Bladder Function
 - Constipation

Treatment

- Laxatives and enemas are ineffective
- Manual disimpaction has the highest success rate of symptomatic relief
- Definitive management requires surgical intervention

Take Away

Ask a full review of system to rule out non-primary causes of constipation and red flag diagnosis