



E-ISSN: 2395-1958
P-ISSN: 2706-6630
IJOS 2021; 7(3): 901-902
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www.orthopaper.com
Received: 25-05-2021
Accepted: 29-06-2021

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Post op hemiarthroplasty with fecal Impaction as opacity in x-ray: Case report

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DOI: <https://doi.org/10.22271/ortho.2021.v7.i3m.2855>

Abstract

A 91 old women with a left side fracture neck of femur was treated with cemented bipolar Hemiarthroplasty. Patient was bed ridden and constipated for 3 days before procedure. An opacity was noted in the post operative radiograph near left hip prosthesis. A suspicion for fecal impaction was made. A repeat radiograph following a bowel movement showed no opacity in previous location.

Aim: To present a case with opacity in left hip in post op radiograph.

Keywords: Hemiarthroplasty, fecal impaction, faecolith, hip replacement, opacity in hip Radiograph, neck of femur fracture

Introduction

Case Report

91 years old female presented with history of fall at home from standing height. Sustained injury to the left hip. She had isolated intra capsular neck of femur fracture on left side. She has no other medical problems. She underwent left side cemented bipolar hip hemiarthroplasty. During surgery we have taken enough care to remove the excess cement and all the bone fragments. Acetabulum was visualized to make sure there is no foreign body in the hip joint before reduction of bipolar prosthesis (Fig-1). She was constipated for 3 days. Post op radiography of the left hip showed implant in good position and showed a opacity in the Left hip overlapping the prosthesis (Fig-2). We examined locally to rule out any other cause for the opacity. Patient's Left hip joint had good movements without any pain. Patient was administered enema as advised by the General surgeon. Repeat radiography showed there is no opacity (Fig-3) which was seen in the initial post op radiograph.



Fig 1: Pre-Op Radiograph showing fracture neck of femur



Fig-2 Post-Op Radiograph showing an opacity near the implant;



Fig 3: Repeat Radiograph following a bowel movement showed implants with absence of the opacity.

Discussion

Cement, Impacted faeces, faecolith, phlebolith, gauze pieces, fracture bone fragments, radiographic artifacts, unrecognized foreign body in the hip joint. Faecal impaction (FI) is defined as a large mass of compacted faeces at any intestinal level that cannot be evacuated spontaneously [1]. The main risk groups are bed ridden elderly, institutionalised, and neuropsychiatric patients. In Faecal impaction a dry, hard stool mass gets stuck in the rectum or colon. Symptoms of faecal impaction includes abdominal pain, constipation, abdominal distension, nausea, vomiting, faecal incontinence, diarrhoea or urinary problems. Faecal impaction most commonly occur in Sigmoid colon followed by rectum and other parts of intestine [2]. Diagnosis is usually made by rectal examination and radiology, since symptoms can be non-specific [3]. Complications faecal impaction are multiple and can be potentially fatal [2]. Faecal incontinence is considered the main one. Faecal impaction causes a mass effect which leads to mechanical obstruction of the colon [4] and compression of neurovascular structures, or solid organs. Ischemia of colon can also happen due to increase in intraluminal pressure within the colon, which can cause ulcer and colon perforation [5].

In our case the patient was immobilized and bed ridden for 2 days prior to surgery and patient had constipation for 3 days. Following the procedure, Faecal impaction was suspected for the opacity in post-operative x-ray, considering age and co-

morbidities.

The treatment of impacted faeces is usually conservative (if asymptomatic we can wait for natural evacuation process); a low-residue diet, manual disimpaction, and aperients in oral or enema form are frequently used [3]. If conservative management fails, colonoscopy, water jet, surgical removal become the preferred management.

In our patient, repeat radiograph of pelvis following a bowel movement showed no opacity in previous position. Hence more likely a Impacted faeces.

Conclusion

Any elderly immobilised patient with opacities in immediate post op radiography pelvis should be considered for repeat xray after opening bowels to exclude the possibility of fecal impaction. In most of the instances impacted faeces is either evacuated or the position is changed. Also patient should be under observation for any signs of bowel obstruction.

Clinical Significance

We need to keep Impacted faeces as differential diagnoses for opacities around the hip.

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