Toxic megacolon: A Rare but Lethal Complication of Ulcerative Colitis

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Toxic megacolon is a rare and potentially lethal complication of severe colitis, defined as dilation of the colon more than 6 cm in the absence of distal obstruction. Etiological factors of toxic megacolon include inflammatory (like ulcerative colitis) or infectious conditions (like clostridium difficile), ischemic colitis, collagenous colitis, and malignancy (obstructive colorectal carcinoma).1 Most commonly associated with ulcerative colitis or ileocolonic Crohn’s disease. The lifetime risk of toxic megacolon in ulcerative colitis is estimated to be 1–2.5%.

The mechanisms involved in the pathogenesis are not clear, although chemical mediators such as nitric oxide and interleukins are thought to play a pivotal role in its pathogenesis. The colon (mainly transverse colon) becomes dilated to at least 6 cm. In addition to dilation of the colon, other suggestive findings include loss of haustral markings, with pseudopolyps often extending into the lumen. In the case of ulcerative colitis, immunosuppressive should be started with corticosteroids and potentially with a calcineurin inhibitor.2 The surgical procedure of choice is colectomy and ileostomy.3

Figures 1A to C show a case of a 20-year-old female, a known case of ulcerative colitis presented with complaints of pain in the abdomen and constipation and obstipation. Per abdomen examination showing a tense tender and distended abdomen. X-ray of the abdomen showing dilated transverse and descending colon. Serial X-ray showing increasing dilation of colon. Infectious and other causes were ruled out. Flatus tube and Ryle’s tube were inserted for decompression but did not get relief. After this, the patient was sent for surgical intervention for toxic megacolon.

References