

Images in clinical medicine



Colonic obstruction secondary to lithobezoar in a child

 Ahmed El Mouloua

Corresponding author: Ahmed El Mouloua, Pediatric Surgery Unit, Sidi Mohamed Ben Abdellah Hospital, Essaouira, Morocco. elmouloua.ahmed@gmail.com

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Colonic obstruction secondary to lithobezoar in a child

Ahmed El Mouloua^{1,&}

¹Pediatric Surgery Unit, Sidi Mohamed Ben Abdellah Hospital, Essaouira, Morocco

&Corresponding author

Ahmed El Mouloua, Pediatric Surgery Unit, Sidi Mohamed Ben Abdellah Hospital, Essaouira, Morocco

Image in medicine

A nine-year-old girl with no history of abdominal surgery was presented to the emergency department with a seven-day-lasting abdominal pain, yellow vomiting and constipation; the stool was brownish mixed with small stones. There was no history of fever or similar episodes. Her development history revealed multiple episodes of earth and stone-eating since her 3 years. The physical examination revealed a well-developed child with stable vital signs, the abdomen was slightly distended and tense in its lower part. There was a palpable lump in the hypogastric area and in left iliac fossa. Rectal examination

demonstrated a rectal ampulla full of small stones. Abdominal X-ray showed gravel inside the large bowel and rectum with a distended transverse and left colic angle. Manual evacuation and colonic

lavage were done and repeated twice daily for three days. On the fourth day, an abdominal X-ray showed clearance of all stones from the colon and no signs of colonic obstruction or perforation.



Figure 1: X-ray of the abdomen showing gravel inside the large bowel and rectum