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A case of idiopathic giant megacolon in an obese patient

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43-year-old man complaining of abdominal nausea starting 15 days earlier and vomiting was admitted to our emergency department. The patient was affected by severe obesity with a BMI of 55.5; there was also a history of diabetes and hypertension. The abdomen was distended, diffusely painful, tympanic to percussion and the Blumberg sign was intensely positive; WBC count was 24,000x10^3 with marked neutrophilia, hemoglobin 9.6 g/dl, with haematocrit 30.6%. A distended colon was present at plain RX abdomen while the CT could not be performed due to the high BMI of the patient. At laparotomy a giant idiopathic megacolon was found and a Hartmann procedure was performed. The patient was discharged 15 postop with no complication. The anatomopathological examination documented a normal colon tissue. Diagnosis in obese patients is often difficult because they are paucisintomatic and the physical examination is difficult to achieve.

Figure 1: findings at laparotomy, giant megacolon