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Large Bowel Obstruction Secondary to Urinary Retention

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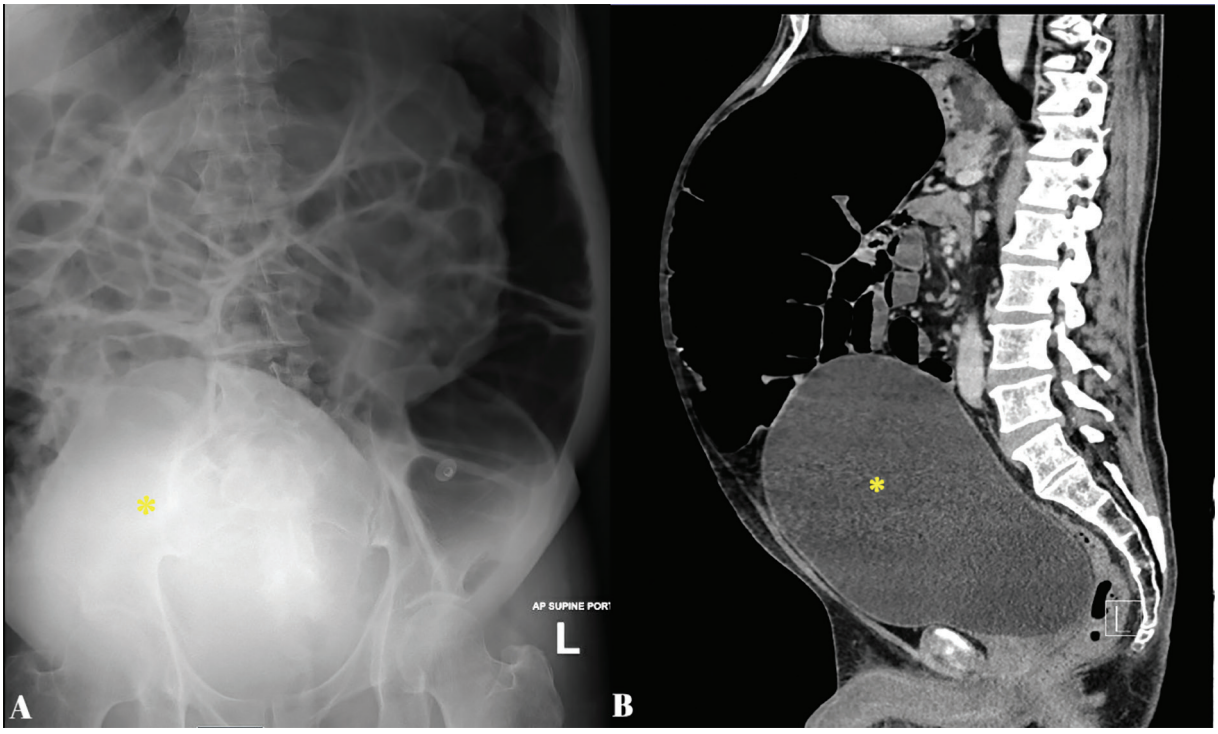

A 54-year-old man with past medical history of schizophrenia maintained on olanzapine and trihexyphenidyl presented with abdominal pain and distension, constipation and difficulty urinating. In physical exam abdominal distension with hyperactive bowel sounds were noted. Abdominal X-ray followed by CT scan with contrast showed gaseous distension throughout the colon with a transition point in proximal sigmoid colon in favor of large bowel obstruction and a remarkably distended bladder (Panel A and B). Bladder catheterization resulted in 3700 mL of urine. Nasogastric tube inserted and patient kept nil-per-os. Patient's abdominal discomfort improved

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after catheterization. He started having bowel movements and tolerated diet over the next couple days. He recovered without need for surgical intervention and was discharged with stool softener and tamsulosin. Severe bladder distension is a rare cause of bowel obstruction (1). Bladder is a less mobile organ with lower intrapelvic fixation and its distention tends to pinch the rectosigmoid colon at the prominence of sacral promontory, where diameter of pelvis is narrow (2). In this case anticholinergic medication and prostate enlargement were contributing to urinary retention.

Conflict of Interest: The authors declare that they have no conflict of interest.

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