Severe Opioid Induced Constipation and Incidentally Discovered Pregnancy

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Case Presentation:

A 27-year-old female with a history of opioid use disorder with multiple overdoses, hepatitis C, hepatitis B, and opioid induced constipation requiring multiple admissions for colonic disimpaction presented with a 3-day history of abdominal pain, nausea and vomiting. She endorsed last using heroin 48 hours prior, endorsed having had her last bowel movement over 7-days prior and was well known to the emergency department staff. She was hemodynamically stable but tachycardic and hypertensive and endorsing significant abdominal pain. On exam she had a firm distended abdomen and hard stool in the rectal vault. A CT-scan was ordered to assess stool burden vs other causes of abdominal pain.

Discussion

Prior to undergoing CT the patient denied active pregnancy and declined a urine pregnancy test. She subsequently underwent CT abdomen/pelvis and was found to have both a significant stool burden and an estimated early 3rd trimester fetus in-situ(Figure 1 A and B). She was admitted to the internal medicine service with obstetrical, gastroenterology, and addiction medicine consultation. She subsequently underwent medical counseling for her opioid use disorder and manual and colonoscopic disimpaction. Unfortunately, once she was disimpacted she decided to leave the hospital against medical advice and was lost to follow up. Although the risk of CT imaging for pregnant patients is mostly stochastic¹², this case highlights the importance of pregnancy pre-screening and consideration of other imaging modalities in diagnosis.
Figure 1. (A) Coronal CT image of anterior abdomen demonstrating significant stool burden in colon and (B) further posterior slice of coronal CT demonstrating further stool burden along with fetal skull

References:
