Cost of a purge: Enema induced perianal gangrene

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Enemas have been used since times immemorial as a method of alleviating a variety of disorders as well as to administer fluids and drugs. Physicians should be aware of possible injury from enemas administered in treating constipation. Although generally safe and well tolerated enemas can cause serious complications therefore safety must be insured before undertaking the procedure.

A 58-year-old gentleman who was given enema at a private clinic for constipation 3 days back presented with a painful swelling and discharge of foul smelling pus in the perianal region. He told that while introduction of enema he sustained an injury around anus by the tip of the enema nozzle. He was non-diabetic, non-hypertensive and had no history of any other chronic illness. On general physical examination he had fever (temperature 104°F), tachycardia and tachypnoea. Local examination revealed gross cellulitis with gangrenous changes in perineum and gluteal region with discharge of pus. (Fig. 1) His hemoglobin was 9.8 g/dl and TLC 36400/mm³. Tests for HIV and HBSAg were negative. X-ray chest and ultrasonography of abdomen were normal.

On second day of admission, diversion sigmoid colostomy and wound debridement was done under spinal anesthesia. The debrided material was sent for culture sensitivity. By third postoperative day patient was advised to take sitz bath with iodine solution. Culture showed strains

of *Enterococcus species* and *Escherichia coli* which were sensitive to chloramphenicol. Linezolid and amoxycillin. Patient recovered well and perianal wound healed by 3 weeks. Colostomy closure was done after 6 weeks on follow up.

Enemas have been used since times immemorial as a method of alleviating a variety of disorders as well as to administer fluids and drugs. However administering enemas can result in complications both due to mechanical trauma and electrolyte imbalances, induced in susceptible individuals [1, 2]. As they are largely self administered with little oversight, physicians need to educate their patients of these potential drawbacks. Physicians should be aware of possible injury from enemas administered in treating constipation.

In recent years the increasing popularity of disposable hypertonic phosphate enemas as a method of catharsis, has highlighted the problems created in some sections of patients, both through the trauma of introduction and the

Fig. 1 Perianal region after debridement

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electrolyte and metabolic imbalances induced. Tips of the enema pouch are sharp which can result in trauma during introduction. Therefore there is a need to modify the design of tip of enema which is non-traumatic. Although generally safe and well tolerated enemas can cause serious complications therefore safety must be insured before undertaking the procedure.

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