Hirschsprung’s disease in adults

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A 19-year-old man came to the emergency room because of diarrhea of 4 weeks duration, accompanied by constipation. As background, he reported fecal incontinence with encopresis since he was 12 year-old, initially ascribed to a child psychiatric disorder. Physical examination revealed an important thinness (BMI 18.5 kg/m²) and a large mass in the left abdomen, of hard consistency, mobile, and painless. Abdomen X-ray examination showed large dilatation of descending colon, with distal air. Computed tomography (Fig. 1) disclosed a highly dilated sigmoid colon containing feces inside; the distal portion of the rectum was normal. These radiological images were consistent with Hirschsprung’s disease; for this reason, we extracted surgically the fecal mass through the anus. After that, the palpable mass disappeared, but clinical constipation persisted. Later, a barium enema (Fig. 2) was carried out and results were compatible with that disease.
Therefore, a full thickness rectal biopsy was performed, where ganglion cells were absent (Fig. 3), what confirmed the diagnosis. He is awaiting surgical intervention.

**DISCUSSION**

Some authors (1-3) have maintained that Hirschsprung’s disease in adults probably correspond to congenital cases not diagnosed previously, and consequently it is likely that, in fact, adult Hirschsprung’s disease does not really exist as an independent entity.

Although, this is an uncommon cause of chronic constipation in adults (4), it should be considered in the differential diagnosis of this entity in similar clinical cases, as the herein presented. Undoubtedly, it represents a diagnostic and therapeutic challenge.

**REFERENCES**