



**Case Report**

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## Enema Pouch Tip Trauma can cause perianal cellulitis: Cost of a Purge

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### Abstract

Since time immemorial, enemas also known as Clyster, are vital technique to treat chronic constipation as well as are practiced to give fluids and drugs per rectally. It is useful for treatment of many ailments in addition to radiological procedure. Administering enemas can cause injury to anal and rectal wall due to stiff nozzle as well as due to faulty technique. Hereby, we report a case of perianal cellulitis as a result of damage to anal canal due to tip of the commercially available enema pouch. Incidence of injuries are more when enemas are given by patients themselves. So, proper education of administration technique is essential to avoid such complications.

**Keywords:** Constipation, Perforation, Enema, Rectum.

### INTRODUCTION

To relieve constipation, retrograde irrigation enema has been used since time immemorial. Most of the time, administration of enema is a safe procedure if done with proper technique and proper lubrication of tip. If either device or procedure is faulty, patient has to pay a heavy cost in the form of perforation or perianal injury for a single "PURGE". Complications reported in literature are either due to mechanical trauma or because of electrolyte imbalance. [1,2,3] Perianal cellulitis extending to gluteal region due to enema pouch tip induced injury is rare, so, is being reported.

### CASE REPORT

A 65 years male presented with severe pain and swelling in the perianal region for the last 7 days. There was a history of severe pain while inserting enema pouch tip while he was administered enema in a primary health centre for relief of constipation. On examination, there was cellulites and gangrenous skin in perianal region which was extending over right gluteal region and also to scrotum. A through debridement of dead tissue of perianal as well gluteal and scrotal region was done under spinal anesthesia. There was history of diabetes. Blood investigations revealed high leucocyte count. Ultrasound of abdomen was normal. There was no gas under diaphragm in erect X-Ray abdomen. To avoid wound soiling and for better healing, colostomy was done. Dressing of wound was started and it started getting clean and granulating (Fig-1).

### DISCUSSION

Incidence of constipation increases with advancing age and habitual use of laxatives also increase with the advancing age. In addition to relief from constipation, Enemas are utilized by Anesthetist of anesthetic drugs in children.[4] Fluids, drugs to relieve high grade fever and seizure can also administered through rectum in children as it is an easy and useful route. Rectum is easy route for pre-operative bowel preparation, post-operative analgesia, and for the treatment of hepatic encephalopathy, acute pancreatitis and hyperkalemia predominantly in children. In past, soap-water and laxatives were administered through rectal tubes or similar devices of variable length, caliber and pliability. If these devices are not proper and are inserted improperly in anal canal and in rectum, can result in mechanical trauma and perforation of rectum and rarely of sigmoid colon.[1] Rarely enema can result in electrolyte and metabolic imbalance.[2] These days commercially available readymade disposable enemas pouch of hypertonic phosphate are used as a method of catharsis. These pouches have rounded tip with a sharp pointed beak. One has to break the beak to deliver the contents of pouch. Rounded tip of pouch has to be well lubricated before inserting into anal canal properly and then the pouch is squeezed to deliver the contents into the rectum for catharsis. If the tip is sharp and not well lubricated can result in trauma to

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to perianal, anal or rectum with disastrous out come as in above case.

Enema can be administered by nursing staff, by attendant and sometime by patients themselves. So, for proper safety of patient, there should be proper teaching of procedure to nursing staff and attendants to minimize the incidence of trauma to anal canal and rectum. All safety measure should be insured before undertaking the procedure. Tip of the pouch should be manufactured properly, so that tip is round and smooth thus there are minimum chances of trauma. Most of the time enemas are self-administered or by patient's attendants, so, they must be trained well and should be made aware of the potential risks of enemas. Enemas are essential part of many patients particularly in patients suffering with chronic constipation, so fear of complications have to be removed to make them acceptable for its utility in clinical situations.



**Figure 1:** Perianal wound extending over gluteal region

## CONCLUSION

Enema pouch tip induced injuries are rare but occur with drastic complications as perineum is most infection prone area. So, awareness of nozzle tip injury to patients and attendants is extremely important, because swift diagnosis and prompt surgical treatment brings good prognosis.

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