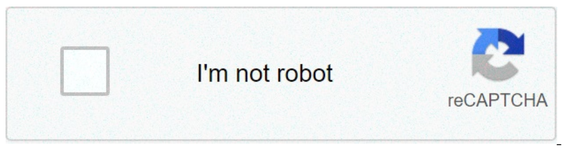

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Acquired megacolon causes

 toxic colitis with dilated colon is indicated as a toxic megacolon; The dilation can be segmental or generalized. Toxic colitis can develop without acute megacolon.an presentation of inflammatory or infectious colitis with morbilità and mortality.symptoms and signs of systemic toxicity are always present.criteria for diagnosis include radiographic evidence of acute colitis and 3 of the following 4 significant features: fever> (38.6ã, Â ° C) of heart rate> 120 bpm, white blood cell count> 10.500 / microlitre, or anemia 101.5ã, Â ° C,. It is also necessary one of the following: hypovolemia, alterations of the mental state, electrolytic alterations, or hypotension. Operative is indicated by the presence of complications (perforation, massive rectal bleeding) or the lack of clinical improvement after appropriate medical therapy for about 72 hours .INvolvement of a multidisciplinary team (gastroenterologist, surgeon, intensive care specialist) in treatment planning is Warranted.toxic colitis with an associated megacolon (distension of the colon greater than 6 cm) is often defined as megacolon toxic or colitis Toxic / megacolon toxic (TC / TM). It is a potentially lethal complication of acute colitis, and is defined as distension of the colon nonobstructive total or segmental associated with systemic toxicity. [1] Marshak RH, Lester LJ. Megacolon a complication of ulcerative colitis. Gastroenterology. 1950 DEC; 16 (4): 768-72. Megacolon differs toxic from other causes of distension of the colon (including Hirschsprung's disease, congenital megacolon, idiopathic megacolon, megacolon acquired due to Chronic constipation, and colon pseudo-obstruction) from the presence of acute colitis and systemic toxicity. Right-down or Descending Colon> 6.5cm in diameter or ascending colon> Diameter 8 cm and a diameter of the blind> 12 cm to Phillips Feldman (1998) Disease GI, p. 1810-1812 [skip to navigation] toxic megacolonã, it is an acute complication that can be seen in both types of intestinal inflammatory diseases, and less commonly in infectious colitis, as well as in other types of colitis. It is due to fulminant colitis that causes the colon's neurogenic tone loss which leads to severe dilatation by increasing the risk of perforation.toxic colitis is preferred by many by now as the colon is not always dilated.ã, the mechanisms involved in the development of toxic megacolon are not entirely clear, although chemical mediators such as nitric oxide and interleukins are thought to play a central role in its pathogenesis 5. patients are typically systemically ill with diarrhea.Ulcerative colitis is the most common cause, other Less common causes of toxic megacolon and colitis include: the two points (typically transverse colon) is distributed at least 6 cm (see 3-6-9 rule). The signs of pneumoperitoneumÃ can be present if the dilation has progressed to drilling. Expansion Serial increases Imaging.on CT There is a further loss of Haustral markings, with pseudopolipi often extends in the light cause ulceration of the colon wall. ThumbprintingÃ and stranding pericolic fat from mucosal edema may be present indicating colonic wall thickening studies 6.a barium and colonoscopy should be avoided because of the risk of perforation 6.Specific management depends on the underlying etiology and can involve a combination of support, pharmacological , and management.1 surgical. Thoeni RF, violincello JP. TC of colitis. Radiology. 2006; 240 (3): 623-38. Radiology (Full Text) - Doi: 10,1148 / Radiol.2403050818 - PubMed Citation2. Norland CC, Kirsner JB. The toxic dilation of the colon (toxic megacolon): etiology, treatment and prognosis in 42 patients. Medicine 1969; 48 (3): 229-50. Citation3 Pubmed. Melchiaco M, Balthazar Ej. Toxic megacolon: TC role in evaluation and detection of complications. Clinic imaging. 2001; 25 (5): 349-54. Citation4 Pubmed. Moulin Moulin Dellon P, Laurent or et-al. Toxic megacolon in patients with severe acute colitis: calculated tomographic features. Clinic imaging. 2011; 35 (6): 431-6. DOI: 10.1016 / J.Clinimag.2011.01.012 - Citation PubMed5. Gan Yes, Beck PL. A new toxic megacolon look: an update and revision of the incidence, etiology, pathogenesis and management. I am. J. Gastroenterol. 2003; 98 (11): 2363-71. Doi: 10.1111 / j.1572-0241.2003.07696.x - Citation PubMed6. Ewelina Skomorochow, Jose Pico. Toxic megacolon. (2020) PubMed Although the infection of schistosome in humans commonly involves the intestine, megacolon is a rare search. We say a 47-year-old patient who was found to have a chronic megacolon. After failing the conservative management, he suffered an extended embolectomy with colon-rectum anastomosis. The pathology of the colon revealed chronic schistosomiasis and schistosome serology was positive.1. IntroductionMegacon can be defined as the irreversible dilation of a colon segment in the absence of obstruction [1]. Although controversial, a cecal diameter Ã ¢ â € ¥ 12 cm is usually used as cut-off for diagnosis [2]. The acute shape can be toxic and is usually associated with serious inflammatory or infectious or non-toxic colonial diseases, as with Ogilvie syndrome [1]. Chronic megacolon is rare in adults and is commonly idiopathic [1, 3]. However, it can be associated with the illness and Chagas disorders, which influence the smooth intestinal muscles or enteric nervous system, which can include spinal cord myelopathy [1, 4]. Although being very rare, Hirschsprung's disease can present in adult ages with chronic megacolon [1]. The intestine is often involved during schistosome infection, especially with mansoni schistosome [5, 6]. In this report, we present a chronic megacolone case associated with colonic schistosomiasis, which has not been reported in the literature to our knowledge.2. Remala houses 47-year-old man known to have hypothyroidism and hypertension on the treatment presented at the gastroenterological clinic complaining about the two-year history of the worst abdominal distension after the oral recruitment in particular milk. He had normal intestinal movements and denied nausea and vomiting. There was no previous abdominal surgery. At the exam, the abdomen was lying without tenderness. The colonoscopy was made and showed a normal rectum, severely dilated sigmoids with the redundant colon wall and an inflammation of the delicate mucosa. The computerized tomography of the abdomen showed the sigmoid colon lying with the rectum collapsed and no obstacle (Figure 1). (A) (b) (c) (a) (b) (c) as the symptoms of him were serious and has already failed the conservative management, the patient was reported to general surgery. He suffered laparotomy (figure 2 (a)) and extended emoticolectomy of the interested segment, with colon-rectum anastomosis. He did well intra- and postoperatively. The pathology has unexpectedly shown chronic schistosomiasis in the colon wall (figures 2 (b) and 2 (c)). To the further evaluation, we discovered that he lived in the northern Saudi Arabia (hail) but denied exposure to impure water or a recent journey. His Schistosoma Serology title was high (1: 1: Ã ¢ â,¬ â € 1024). Other laboratory results included a slightly high direct and total bilirubin (12,3 and 41.5 Î ± Mol / L, respectively), normal aminotransferase, Erythrocyte sedimentation rate - â € œ Ã ¢ â,¬ â € 11 mm / Now and protein â €

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