

Pica, constipation and cardiorespiratory arrest

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DESCRIPTION

Pica is an eating disorder typically defined as the persistent ingestion of non-nutritive substances, for at least 1 month, at an age of which this behaviour is inappropriate. It may be benign or may have life-threatening consequences.^{1,2} The clinical presentation is highly variable and is associated with the specific nature of the resulting medical conditions and the ingested substances. The signs and symptoms can be from toxic, infectious, dental or gastrointestinal conditions.³

The authors present a clinical case of a 61-year-old man with clinical history of cognitive impairment and pica, admitted in an intensive care unit after cardiorespiratory arrest. The initial hospital admission was for constipation and abdominal pain. Abdominal and pelvic CT scan revealed 'significant colonic dilatation with a sigmoid size of 14.5 cm, with evidence of abundant intraluminal faecal content at this level—aspects suggestive of translating obstructive process by faecoma, visualising bone and metallic contents inside'. A rectal touch was performed with extraction of abundant faeces and foreign bodies (bones and screws). After abundant excretion, he had bradycardia with haemodynamic instability



Figure 3 CT scan—transversal plane—dilated rectum with bones/screws inside.

Learning points

- ▶ Pica is a dangerous form of self-injuries behaviour that occurs in people with developmental disabilities who are institutionalised.
- ▶ Remember that gastrointestinal complications associated with pica range from mild (eg, constipation) to life-threatening conditions (eg, perforations or ulcerations).

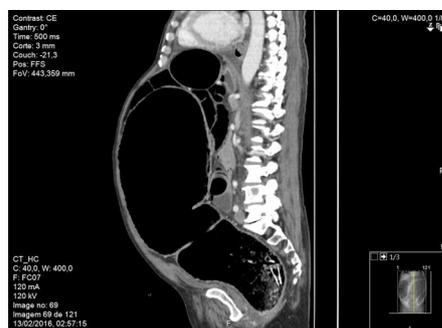


Figure 1 CT scan—sagittal plane—marked colic dilatation with rectum foreign bodies.



Figure 2 CT scan—coronal plane—dilated rectum with foreign bodies inside.

and altered state of consciousness, culminating in cardiorespiratory arrest in asystolia and subsequently ventricular fibrillation with recovery after advanced life support. The patient was submitted to colonic transversostomy with improvement of the condition.

These are striking images, the consequence of an often benign disorder that may have the most tragic outcome (figures 1–3).

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