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Medical Image

Colonic Pseudo-occlussion After Lanthanum Carbonate Granules Administration☆

Lanthanum carbonate granules are used to treat hyperphosphatemia by chelating phosphate in the digestive tract. Since they have low water solubility, lanthanum carbonates appear as radiopaque substances in the radiologic studies.

A 76-year-old Japanese male who had been receiving hemodialysis for > 10 years presented with right lower abdominal pain associated with nausea and vomiting for 4 days. He passed a stool every day, but 5 days prior to admission, his bowel movements stopped. Nine months prior to presentation, the administration of lanthanum carbonate granules was started to manage hypophosphatemia. On physical examination, he had abdominal distention, and right lower tenderness with muscle guarding. Laboratory findings revealed a white blood cell count of 11,800/L, and a C-reactive protein level of 12.6 mg/dL. The radiologic studies showed opaque fecal (fecalith) impactions at the level of ascending and descending colons (Fig. 1A). The colonic pseudo-occlusion due to fecalith impaction was diagnosed. The patient was treated with bowel rest, and the disease resolved spontaneously due to massive defecation (Fig. 1B). He was discharged 7 days after admission.

In the present case, lanthanum carbonate granules might have formed fecalith, resulting in colonic pseudo-occlusion. In elderly patients receiving hemodialysis, physicians should be aware of whether the patients are taking lanthanum carbonate granules, because they are associated with colonic pseudo-occlusion.

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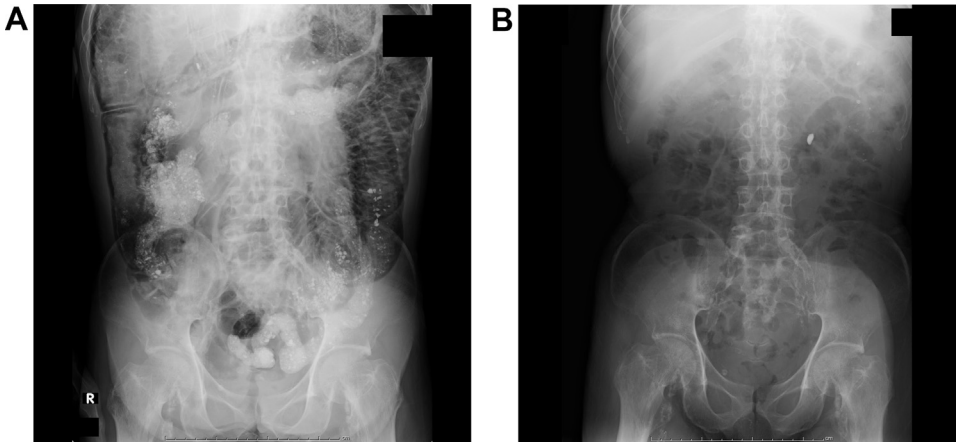

Fig. 1. Abdominal X rays. (A) Fecalith impaction at the ascending and descending colons and (B) resolution of fecalith impaction and colonic pseudo-occlusion after defecation.

☆ Conflicts of interest: All contributing authors declare that they have no conflicts of interest.

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