

中文題目：未規則治療之先天甲狀腺低下併發巨結腸症一例報告

英文題目：Congenital hypothyroidism without regular medical treatment complicated with megacolon: A Case Report

作者：王浚丞¹, 簡鴻宇², 廖麗瑛³, 陳建成⁴

服務單位：臺北市立聯合醫院仁愛院區一般內科¹, 新陳代謝科², 腸胃內科³, 消化外科⁴

Background : The causes of megacolon include congenital and acquired conditions. Hypothyroidism is one of the metabolic conditions that may cause megacolon. The pathogenesis is not fully understood. Myxedema change of the intestine, chronic constipation and motor neuron dysfunction of colon were some of the mechanisms proposed. Here we present a middle aged mental retard lady with congenital hypothyroidism complicated with severe megacolon and anus stricture.

Case report: A 51-year-old female who had history of congenital hypothyroidism diagnosed since childhood was admitted to our GI ward due to progressive abdominal distension and poor appetite. She was very short (150 cm) with wide nose and was mentally retarded. There was no regular thyroxin replacement in the past. There was chronic constipation that she used laxatives and enema prescribed by family physicians. At admission, standing abdominal X ray showed severe dilatation of bowel loops with descending colon dilated to more than 15cm. Very tight constricted anus was found by digital exam. CT revealed severe dilatation of rectum, sigmoid colon and hepatic flexure. Laboratory data showed very low free T4 (0.41 ng/dl) and high TSH(32.77 uIU/ml). Levo-thyroxine 100mg QD replacement was started. Rectal tube was inserted without good response and the response to pro-kinetics was poor. She was then transferred to the surgical ward and received two stage surgery including analoplasty and Subtotal colectomy.