THE BODY CAST SYNDROME, MY LEARNING EXPERIENCE : A CASE REPORT

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INTRODUCTION:

The body cast syndrome, is clinically known as superior mesenteric artery syndrome (SMAS), is gastric dilatation with partial or complete obstruction of the duodenum.
It is rare, but usually is seen in patient who are in body cast or hip spica. Patient may present in a variety of ways, but certain characteristic symptoms, supported with
specialized investigation will help in the diagnosis. Complications involved can be severe, including aspiration, airway obstruction and gastric perforation with peritonitis
if the cast is not promptly removed. Treatment for SMAS varies from conservative to operative procedures.

REPORTS:

Mr TSB, 66 years old male, with no previous medical illness, BMI 42, post MVA, sustained T12 compression fracture. He was treated conservatively with extension body cast.
Day 2 post cast application, patient complaint of headache, nausea and vomiting, with tightness of the chest and abdomen. Body cast was removed as soon as possible.
Even with removal of cast, patient complaint of abdominal distension, despite passing flatus and bowel open. There were gush of feces following the flatus tube insertion.
Abdominal X-ray shows dilated large bowel. Patient further deteriorated with having spiking temperature of 40°C, shortness of breath, with markedly raised septic parameters
(WBC : 14.3 , CRP raised to 186.5 from 5.0, CXR shows blunting of bilateral pleural effusion, with right upper lobe collapsed, suggestive of lung contusion, superimposed
with hospital acquired pneumonia) Ct abdomen (post decompression) shows small bowel contusion. The SMA (superior mesenteric artery) and IMA (inferior mesenteric artery)
are well opacified.

He was treated conservatively with gastric decompression, electrolyte replacement and nutritional support with parenteral nutrition. Day 4 post cast removal, his condition
worsened, whereby, he needs airway support for breathing, with blood culture grew Methylcillin Sensitive Staphyloccus Aureus (MSSA) and Enterococcus faecalis.

We are reporting a case of body cast syndrome in a male obese patient with no medical illness, that develop day 2 post extension body cast, with his condition deteriorated rapidly
after the first presentation of abdominal symptoms.

CONCLUSION:

A diagnosis of body cast syndrome is based upon characteristics symptoms, a thorough clinical evaluation and a variety of specialized tests. It is rare but potentially fatal cause
of small intestinal obstruction, and in severe case, may lead to death.

REFERENCES:

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