An 84-year-old man was admitted to the hospital with chronic diarrhea, nausea, vomiting, failure to thrive and 30-lb. weight loss in the last six months. His past medical history was significant for musculoskeletal back pain after a fall six months prior, for which he was prescribed narcotic medication upon discharge from a brief hospitalization. Despite limited effect, the narcotics continued to be renewed in subsequent health care visits as “carry forward” from the discharge summary dismissal medication list. An upper gastrointestinal (GI) series with thin barium swallow performed 17 days prior to this admission was normal. Rectal exam at the time of admission demonstrated only scant watery stool. An admission computed tomography (CT) of the abdomen and pelvis showed a large volume of stool throughout the colon and residual barium within a markedly distended rectum with a “barium stool ball” in the upper rectum. He was diagnosed with overflow diarrhea in the context of opiate-induced obstipation. He was treated with enemas and polyethylene glycol (colonoscopy preparation dosage), which resulted in multiple large bowel movements and resolution of his nausea and anorexia. In order to prevent future constipation, narcotics were discontinued; he was discharged on Metamucil and Senokot and continued to do well. This case illustrates a complication of narcotic medications in the elderly as well as the need for careful reconciliation of medications before and after hospitalizations.

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Learning points

- Careful reconciliation of medications (particularly opiates) should be pursued in the elderly before and after hospitalizations.
- Obstipation is a complication of chronic use of narcotic medications.
- Transition from chronic constipation to chronic diarrhea should raise suspicion for obstipation with overflow diarrhea.