A fatal complication of colon cancer

A 90-year-old female was admitted with a probable adverse reaction to codeine phosphate after a 10-day history of lethargy, abdominal pain and increased colostomy output. A recent staging CT thorax/abdomen/pelvis showed a recurrence of a previous colon cancer with lung metastasis. She was pyrexial, but initial clinical examination was unremarkable. Sixteen hours later, she deteriorated and developed subcutaneous emphysema of her left chest wall with signs of disseminated intravascular coagulation (Figure 1). A presumptive diagnosis of septic shock was made and intravenous antibiotics were administered, but the patient passed away several hours later.

Penicillin-sensitive Clostridium septicum was grown from an anaerobic blood culture bottle within 24 h of admission. Infections with C. septicum have an overwhelming association with colorectal cancer and often not suspected in the early stages [1]. This case highlights the importance of prompt resuscitative treatment and antibiotics in patients with C. septicum infection as mortality approaches 100% if left untreated for 24 h [2].

Conflicts of interest

None declared.

References


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Bilateral humeral fractures secondary to seizure in an older patient: the case for vigilance amidst vulnerability

A 79-year-old female suffered a prolonged, tonic–clonic seizure, sustaining bilateral comminuted fractures of the humeral heads as a consequence. The fractures were managed conservatively under orthopaedic supervision. Six months post-injury, abduction of the left and right arms is to only 30° and 45°, respectively. She is no longer capable of living independently and is awaiting long-term care placement.

Fractures occur in 1% of patients following a seizure, of which 0.3% are a result of the seizure alone [1]. The elderly are particularly vulnerable to fractures due to the age-related decline in bone mineral density [2]. They are liable to additional difficulties such as cognitive impairment which can hinder diagnosis and rehabilitation and are burdened by poorer overall outcomes [2, 3]. We would encourage physicians to consider this rare but potentially debilitating complication promptly following a seizure in the older population as early diagnosis is essential to secure the best functional outcome.

Key points

- Fractures caused directly by seizures are rare but recognised.
- Older population are particularly vulnerable.
- Outcomes of fractures are worse in this population.
- Early recognition and diagnosis provides opportunity to secure best outcomes.

Conflicts of interest

None declared.
Bilateral humeral fractures secondary to seizure in an older patient


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