MASSAGE-RELATED PERFORATION OF THE SIGMOID COLON IN KELANTAN

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INTRODUCTION

Perforation of the sigmoid colon is an occasional complication of blunt injury to the abdomen. We report three cases following abdominal massage *(urut)* by traditional healers *(bomohs)* in which no other underlying pathology was found.

CASE REPORTS

Case 1

A 67-year-old Malay female presented with a three-day history of generalised abdominal pain, abdominal distention and constipation. On admission, she had a temperature of 37.0°C and blood pressure of 160/80, and was dehydrated. Her abdomen was distended and tender, guarding was present. Rectal examination confirmed peritonism.

Chest X-ray (CXR) revealed gas under the diaphragm. Abdominal X-ray showed dilated small bowel and a gallstone. Her Hb was 12.1g%; total white blood cells (TWBC) – 2,400 cells/mm^3; blood urea (BU) – 16.7mmol/l; Na^+ – 143 mmol/l; K^+ – 3.6mmol/l. She underwent laparotomy the same day and was found to have a 4cm perforation of the sigmoid colon with faecal peritonitis. The sigmoid colon was resected, the distal terminal stump closed in two layers and a terminal left iliac fossa colostomy created. Peritoneal lavage was performed (and a tube drain placed).

Post-operatively, she had a wound infection on the eighth day. At a second operation one month later, she underwent a restorative anastamosis and recovered uneventfully.

The histopathology of the resected specimen showed a 4cm longitudinal split with no other abnormalities.

On direct questioning during the subsequent follow-up in clinic, the patient admitted to having had a vigorous abdominal massage two days prior to admission.

Case 2

A 54-year-old Malay male was admitted with a three-day history of severe abdominal pain starting from the supra pubic area.

He admitted to having had a vigorous abdominal massage three days prior to admission. On examination, he was pale and dehydrated with BP 90/60 and pulse 120/min. His abdomen was generally tender and rigid with decreased bowel sounds. Rebound tenderness was present. The CXR showed gas under the diaphragm. His serum amylase was 109 iu/l; Na^+ – 142 mmol/l; BU – 10.5 mmol/l; K^+ – 4 mmol/l. His Hb was 15.4 g% and TWBC 1,900 cells/mm^3.

At laparotomy he was found to have free altered blood and faeces in the pelvis, with a large perforation of the sigmoid colon and a gangrenous

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loop of small bowel lying near to the colonic perforation. The small bowel mesenteric circulation was normal. There were no other abnormal findings. Small bowel resection (30cm) with end to end anastomosis was carried out. The sigmoid colon and upper rectum were resected and anastamosed. A loop transverse colostomy was made to protect the anastamosis. Peritoneal lavage was carried out and a tube drain placed.

After a wound infection on the eighth day, the patient recovered well. The colostomy was closed two months later.

The histopathology report identified no pathological cause of the rupture of the sigmoid or of the small bowel gangrene.

Case 3

A 56-year-old Malay female was admitted with a three-day history of abdominal pain commencing around the umbilicus and spreading to the whole of the abdomen, associated with fever and diarrhoea. She had abdominal massage for the pain two days previously. Examination revealed signs of peritonitis with a temperature of 39.3°C, and a tender rigid abdomen with absent bowel sounds.

At laparotomy, the findings were as follows. There was pus and some fruit stones free in the peritoneal cavity. There was a 1.5cm longitudinal defect in the wall of the distal sigmoid colon and more fruit stones were palpable within the bowel lumen. The sigmoid colon was repaired in two layers, the peritoneum lavaged and a loop left iliac fossa colostomy done.

The patient made an uneventful recovery, and the colostomy was closed nine weeks later.

DISCUSSION

Massage *(Urut)* plays a big part in the traditional medicine of Malaysia.[1] It is popular especially among the elderly women, and most villages have one or more practitioners. Young, fit men often make a regular practice of undergoing vigorous massage of the whole body.

The masseur usually doubles up as a *bomoh* (medicine man) as well, and will claim that *urut* can cure a wide variety of illnesses, even impotence. Usually the technique varies from one *bomoh* to another and from one symptom complex to another, and the patients are frequently given some medicinal herbs after the massage.

Almost every Malay lady, inclusive of those in the upper social class (and some doctors known to us), will undergo *urut* after delivery. It is claimed that it helps to restore the beauty and alleviate the body-ache of old age. Everyday for a month, the abdomen is massaged with a large smooth stone. *Urut* is also employed to restore fertility, as well as to abort unwanted pregnancy (usually with the pretext of treating a 'delayed menses').

Massage with the hand remains the basic method, though sometimes the foot is used. The practitioner may even stand on the abdomen as part of the ritual. When the patient feels pain, the *urut* is performed more forcefully till the pain is relieved. Stones may also be applied. First they are heated up, then wrapped in cloth and pressed on to the sore areas.

It is believed that the ache or pain is due to either knotted muscles, bad circulation or some 'wind' entrapped in the part. Therefore, the *bomoh* usually looks for this spot, as an area of maximal tenderness or mass or node and keeps on massaging it usually with force 'till the wind entrapped is dispersed' or 'the knotted muscle gets unknotted' as evidenced by the relief obtained.

In the case of our three patients, in their enthusiasm to try to 'disperse the wind', the *bomohs* managed to perforate the gut. We think the pre-existing pain was due to constipation in the first two cases and fruit stones in the third.

We have found a positive history of *urut* in other patients presenting with acute abdomen from perforated duodenal ulcer, ruptured ovarian cyst and appendicitis.

But our patients are often unwilling to admit to *urut*. In areas where these practices are common place, a patient presenting with abdominal pain should be asked if they have undergone *urut*.

REFERENCE

[1] Gimlette J D. *Malay poisons and charm cures* (3rd edtn). Oxford University Press, 1971 : 97.