American Journal of Otolaryngology and Head and Neck Surgery

Letter to the Editor
Published: 06 Apr, 2022

Halitosis as the First Manifestation of Constipation, that Led to Abdominal Pain and Dysuria in a Patient Treated of Prostate Cancer

Marina Paparotto Lopes*, Fernanda Ajudarte Lopes Martins, Silvia Maria Paparotto Lopes and Marcio Ajudarte Lopes

Department of Oral Diagnosis, University of Campinas, Brazil

Letter to the Editor

Halitosis or commonly call as "bad breath" is a condition characterized by unpleasant odor from the mouth. It is well known that halitosis is relatively frequent and impairs quality of life of the affected people [1]. However, surprisingly the patient may be not aware and the diagnosis may be established by dentist or physician. There are many conditions that have been associated to halitosis and it is accepted that about 85% are caused by oral problems, 10% by alterations in the ear, nose or throat and 5% are related to gastrointestinal and endocrinological problems including constipation [2]. Although the most common complaint of constipation is abdominal pain, eventually it may cause other less frequent symptoms such as urinary retention and dysuria. Borrie et al. [3] observed that 19 out of 167 elderly individuals (11%) had urinary retention and the risk was higher in older patients, on anticholinergic medication, with diabetes of long standing or that had fecal impaction. The study recently published by Fagard et al. [4] stated that screening for urinary retention on admission to an acute geriatric hospitalization unit is most indicated in patients with urinary and defecation problems. Yu et al. [5] published a report of a 48-year-old man with a history of schizoaffective disorder who presented to the emergency department with a chief complaint of fever and intense abdominal pain for one day. On clinical examination it was noticed a mild temperature elevation and abdominal rigidity because of constipation, which was solved with medication resulting in a bowel movement. Therefore, it is extremely important to keep in mind that eventually halitosis may be a signal of a systemic underlying disease, including constipation, and approach of a multidisciplinary team is the best way to promote qualified general health care to these patients.

An 84-year-old man presented a sudden and intense halitosis. His medical history revealed frequent episodes of renal calculus and more recently, about one year ago, he was diagnosed with locally advanced prostate cancer. The treatment consisted of androgen deprivation therapy applied monthly and after 3 months of hormone administration; he underwent intensity modulated radiotherapy with a total dose of 76 Cy. The tumor presented a total remission, confirmed by Magnetic Resonance Imaging (MRI) and the current serum Prostatic-Specific Antigen (PSA) level was 0.09 ng/ml. The patient also is in medical treatment for control of arterial hypertension. On oral clinical examination it was observed good oral health, without dental caries, periodontal disease or any other alteration to justify the bad breath. After one week of the first dental visit, the patient presented intense and diffuse abdominal pain with dysuria and sought a urinary emergency service. According to the patient complaint and medical history, the main hypothesis of diagnosis was the presence of urinary calculus and urinary infection. Ultrasonography, urine exam and urine culture were ordered, but none calculus was observed, urine exam was normal and no infection was present. The patient was followed and after 3 days he presented again abdominal pain and dysuria. At this moment, Cystoscopy was performed, but no urethral obstruction was found. Systemic antibiotic (levofloxacin) was prescribed for 14 days, however, after 3 days, the pain became very intense and again the patient sought the urinary emergency service. Urethral probe was placed and mild urinary retention was not observed. However, as the pain was very intense, the patient was hospitalized for better evaluation. On abdominal palpation it was suspected of fecal impaction, which was confirmed by radiograph and computed tomography. Bowel lavage was performed twice resulting in symptoms relief and the patient was discharged from the hospital. Surprisingly, after two days he presented again the same complaints with abdominal pain and dysuria and again sought the emergency service. On abdominal palpation it was suspected of intestinal problems and another

OPEN ACCESS

****Correspondence:***
Márcio Ajudarte Lopes, Department of Oral Diagnosis, Piracicaba Dental School, University of Campinas, Avenida Limeira 901, Caixa Postal 52, Piracicaba-SP, CEP: 13414-903, Brazil, E-mail: malopes@fop.unicamp.br

Received Date: *07 Mar 2022*
Accepted Date: *01 Apr 2022*
Published Date: *06 Apr 2022*

Citation:
Lopes MP, Martins FAL, Lopes SMP, Lopes MA. Halitosis as the First Manifestation of Constipation, that Led to Abdominal Pain and Dysuria in a Patient Treated of Prostate Cancer. Am J Otolaryngol Head Neck Surg. 2022; 5(5): 1190.

radiograph was performed. Fecal impaction was again observed and another bowel lavage was performed with symptoms relief. However, other episodes of pain and dysuria were experienced in the following days. Therefore, at this moment was thought that these complaints could be associated to the previous radiotherapy as a late side effect. Another Cystoscopy was scheduled, and the patient was advised by the physician to have a more balanced diet, drink water regularly and mineral oil was prescribed after the main meals. After 3 more days, the bowel starts to function regularly and complete relief of the urinary symptoms was experienced. Afterwards, halitosis, which was the first complaint, was no longer observed. Although halitosis and constipation are common, particularly in elderly population, the association of both is rarely reported. Therefore, the aim of this letter is to alert the clinician for these facts, which can contribute for appropriate diagnosis and treatment, avoiding unnecessary procedures and hospitalization, which may increase the risk of morbidity and mortality in this particular group of patients.

References

1. Schertel Cassiano L, Abdullahi F, Leite FRM, López R, Peres MA, Nascimento GG. The association between halitosis and oral-health-related quality of life: A systematic review and meta-analysis. J Clin Periodontol. 2021;48(11):1458-69.
2. Ortiz V, Filippi A. Halitosis. Monogr Oral Sci. 2021;29:195-200.
3. Borrie MJ, Campbell K, Arcese ZA, Bray J, Hart P, Labate T, et al. Urinary retention in patients in a geriatric rehabilitation unit: prevalence, risk factors, and validity of bladder scan evaluation. Rehabil Nurs. 2001;26(5):187-91.
4. Fagard K, Hermans K, Deschodt M, Van de Wouwer S, Vander Aa F, Flamaing J. Urinary retention on an acute geriatric hospitalisation unit: Prevalence, risk factors and the role of screening, an observational cohort study. Eur Geriatr Med. 2021;12(5):1011-20.
5. Yu M, Tadin D, Conrad EJ, Lopez FA. Clinical case of the month: A 48-year-old man with fever and abdominal pain of one day duration. J La State Med Soc. 2015;167(5):237-40.