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Introduction

Stercoral peritonitis is a severe inflammation of the peritoneum caused by the leakage of fecal material into the abdominal cavity, usually following a perforation of the gastrointestinal tract—most commonly the colon.

Methods

We report the case of 2 patients who developed sepsis due to stercoral peritonitis.

Patient 1: stercoral peritonitis secondary to diastatic rupture of the cecum. Intraoperatively, vascular compromise of the right and transverse colon was observed. A fixed neoplastic obstruction involving the left colonic flexure, mesocolon, pancreas, and spleen was identified. The diagnostic workup included contrast-enhanced total-body CT, ECG, blood tests, and tumor markers. The patient received two units of packed red blood cells prior to surgery. An emergency exploratory laparotomy was performed, including peritoneal lavage, extended right hemicolectomy, peritoneal biopsies, and creation of a protective ileostomy. **Patient 2:** stercoral peritonitis caused by perforation of a neoplastic lesion in the sigmoid colon. Associated findings included hepatic metastases and cerebellar ischemia. An emergency laparotomy was performed, involving thorough peritoneal lavage, resection of the perforated sigmoid segment, and creation of a left-sided colostomy. The procedure aimed to control the source of infection and prevent further peritoneal contamination. The case highlights the complexity of managing abdominal sepsis in the context of advanced malignancy.

Due to elevated inflammatory markers (CRP and PCT), renal and liver impairment, both patients underwent continuous renal replacement therapy for 3 days and 2 or 3 consecutive 24-hour sessions of CytoSorb hemoadsorption.

Results

Following days of CytoSorb therapy, liver function improved (reduced bilirubin, increased cholinesterase, improved AST levels). Inflammatory markers decreased markedly (see figure 1). Both patients had an uneventful postoperative course and was discharged in stable condition.

Conclusion

CytoSorb proved effective in reducing systemic inflammation in two cases of sepsis due to stercoral peritonitis, supporting its role as adjunctive therapy in severe abdominal sepsis.

Figure 1: CRP and PCT trend over CytoSorb treatment in ICU

