

Rectal burn induced by hot coffee enema¹

A 47-year-old woman underwent a self-administered coffee enema with hot water for bowel cleansing. She immediately evacuated the enema because of intense rectal pain. She was referred to our clinic 72 hours later with a 3-day history of hematochezia, rectal pain, and pain with defecation. Flexible sigmoidoscopy revealed erythematous, ulcerated mucosa extending to approximately three-fourths the circumference of the rectal mucosa and 18 cm in length (▶ Fig. 1). There was normal mucosa beyond 18 cm. The patient was sent home with stool softeners. Hematochezia continued for 3 days, after which bowel movements became normal. Pain with defecation continued for 5 days. By the 7th day all symptoms had resolved completely. On the 15th clinical day, endoscopy showed improvement of the rectal mucosa with decreased erythema (▶ Fig. 2). By 6 weeks after initial presentation, the rectal mucosa was normal (▶ Fig. 3) and the patient had recovered well without any complications such as rectal stricture.

Enemas have long been used for bowel cleansing and for constipation. Coffee enemas are one of many herbal remedies that are being increasingly recommended to patients under the care of holistic practitioners. Some alternative practitioners claim that coffee enemas detoxify the blood or liver as well as provide relief of constipation. The proposed mechanism of action is that caffeine stimulates relaxation of smooth muscles causing dilatation of blood vessels and bile ducts. Enzymes present in coffee stimulate the removal of toxins from the blood and the fluid of the enema results in peristalsis and transit of bile from the duodenum into the rectum [1]. When coffee is used in an enema, care must be taken to ensure that the coffee is cooled prior to use to prevent complications such as rectal burn, permanent rectal stricture resulting from a rectal burn injury [2], and bowel perforation.

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Fig. 1 Erythematous, ulcerated mucosa extending to 18 cm.



Fig. 2 Decreased erythema of the rectal mucosa 15 days after clinical presentation.

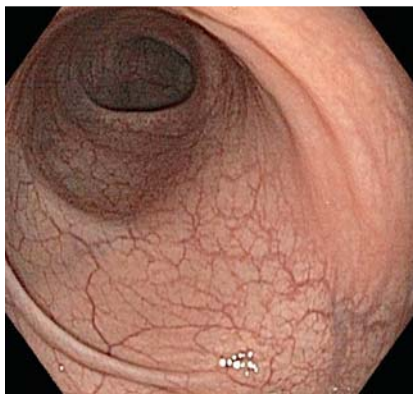


Fig. 3 Normal rectal mucosa 6 weeks after presentation.

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Bibliography

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