

## Intestinal pseudo-obstruction secondary to treatment with anticholinergic agents

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The elderly are particularly sensitive to the adverse effects of anticholinergic drugs due to pharmacokinetic and pharmacodynamic alterations inherent to aging. Paralytic ileus is an uncommon complication and has been described in relation to antidepressants, antihistamines, antipsychotics or antiparkinson drugs. We describe the case of a 79 year-old man with a history of diabetes mellitus, prostate adenoma and gastroesophageal reflux who presented intestinal pseudo-obstruction secondary to solifenacin, an anti-muscarinic indicated for the treatment of incontinence in patients with overactive bladder.

Two weeks after the start of treatment he attended the emergency department for stomach pain with nausea and fecaloid vomiting. Physical examination showed pronounced abdominal distension with diffuse pain on palpation and decreased peristalsis. Abdominal CT scan (Figure 1) showed marked dilatation of the distal esophagus, stomach, small intestine and colon. He was treated conservatively with nasogastric tube aspiration, fluid therapy and withdrawal of solifenacin. Clinical evolution was favorable with resolution of the paralytic ileus and good tolerance of enteral food intake within four days.



**Figure 1.** Abdominal CT scan showed generalized dilatation with hydroaerial levels in the small bowel.

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