

Fleet Enema-Induced Autonomic Dysreflexia in a Spinal Cord Injured Patient

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Background and aim: Autonomic dysreflexia (AD) is an uncommon yet life-threatening and preventable condition. AD classically presents with hypertension, headache, bradycardia, flushing of the face, diaphoresis, malaise, nausea, and blurring of vision. One of the trigger factors is the neurogenic bowel. This clinical report highlights the use of fleet enema in spinal cord injured patients that can cause autonomic response and lead to severe complications. **Methods:** A 33-year-old man with 3 months post-traumatic Cervical 5 AIS (American Spinal Injury Association) B was admitted for active rehabilitation. Despite the use of tablet Bisacodyl, his neurogenic bowel remains unregulated. Consequently, he was given a fleet enema for bowel programme management and successfully been regulated. On the next bowel day, he presented with sudden onset of blurring of vision and light-headedness after given fleet enema, accompanied by marked elevation of blood pressure, ranging from 130 – 140/ 90 – 100 mmHg (baseline during admission 80 – 90/ 50 – 60 mmHg) with a heart rate 50 – 60 bpm. The condition worsened as 20 minutes later, he developed a sudden generalised tonic-clonic seizure for 10 seconds, which aborted spontaneously. **Results:** Pre-ictal blood pressure significantly showed a more significant rise in the SBP, up to 40 mmHg. Computed tomography (CT) brain revealed no abnormality. A series of infection markers pre- and post-event showed normal value. However, the result of metabolic level post-

event appeared to be higher in phosphate level 1.80 mmol/L, low calcium level 2.0 mmol/L, and borderline high level of sodium 146 mmol/L. **Conclusion:** This case illustrates the usage of fleet enema can cause AD, as it has been reported that it may irritate the bowel. Hence, a seizure is also a part of AD complications. On top of that, it also

led to an electrolytes imbalance which triggered the seizure. Fleet enema, which contains monobasic sodium phosphate, may result in electrolytes imbalances such as hyperphosphataemia, hypernatraemia, and hypocalcaemia. This needs to be highlighted the proper use of fleet enema in neurogenic bowel management.