

## CASE REPORT

## MARATHON RUNNING AND THE CAECAL SLAP SYNDROME

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A fit 53 year old male entered for his first marathon race and finished without distress in a time of three hours 25 minutes. He then became nauseated and during the night developed diarrhoea without obvious melaena. This stopped during the course of the next morning. Lower abdominal discomfort associated with a tender caecum gradually resolved over the next few days.

Gastrointestinal problems are relatively common after a marathon race (Sullivan, 1981) and melaena has been described (Fogoros, 1980). The symptoms are ascribed to hypovolaemia, hyperthermia, splanchnic vasoconstriction and gut ischaemia. I believe, however, that the subject described bruised his caecum. A jog around the garden demonstrates that as the right foot moves forward, the abdominal muscles in the right iliac fossa relax. As the foot hits the ground, the muscles tighten

and there is a brief check in momentum. The posterior wall of the caecum would now slap against the fixed anterior wall. Moreover it might do this up to 20,000 times during the course of the race (the number of paces divided by two). A similar mechanism has been described to explain bladder contusions and haematuria which are common in long distance runners (Blacklock, 1977; Heide, 1979). It is postulated that the flaccid posterior wall repeatedly impacts against the bladder base. Perhaps all hollow intra-abdominal organs are at risk from the repetitive surging which goes on inside a runner's abdomen.

I suggest that gastrointestinal symptoms following a marathon have a physical basis and that the "caecal slap syndrome" must be added to the many hazards facing a runner.

## REFERENCES

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