A Rare Case of Extraluminal Rectal Fecaloma

Jelena Surla, MD[1] ,Fouzia Oza, MD[1], Ayla Benge, DO, Mladen Jecmenica, MD[1] , Kristina Tanovic, MD[1] , Barry Pernikoff, MD[1], Vikas Khurana, MD[1], Aman Ali MD[1]
[1]The Wright Center For Graduate Medical Education

Introduction

Fecaloma is usually an intraluminal stony mass of inspissated feces covered with layers of calcified shell. It can cause obstructive or compressive symptoms and sometimes even luminal rupture. It is usually managed conservatively and surgical removal is rarely needed. Most common sites for fecaloma are sigmoid colon and rectum [1-2]. It is commonly associated with inflammatory bowel disease, Hirschsprung's disease, Chagas disease, psychiatric and bedridden patients, neoplasm or idiopathic chronic constipation [3]. Here we present a unique case of extraluminal fecalith presenting as subepithelial rectal mass.

Case Description

A 60-year-old male with history of colon polyps underwent surveillance colonoscopy which showed a 3-4 cm firm rectal subepithelial mass that resembled a large lipoma or GIST (Fig. 1).

Case Description

Patient denied any symptoms including constipation or abdominal pain and had no family history of colon cancer. On endoscopic ultrasound (EUS) with radial and linear probe a subepithelial mass like lesion with calcified wall (Fig. 2) was noted. Multiple cold snare polypectomies were performed to de-roof the lesion as well as a deep "bite on bite/well biopsy technique" in order to get through the wall when feculent material and purulent debris was noted within the cavity (Fig. 3). Mucosal and muscular layer biopsies showed only vegetable fiber and fecal debris focally calcified consistent with fecalith. A CD 117 immunostain was negative excluding a GIST tumor. Historically this patient had an episode of complicated diverticulitis with phlegmon and microperforation in his 40s that was treated conservatively. Few months after that episode he had sigmoid colon resection with anastomosis in order to prevent future episodes of diverticulitis.

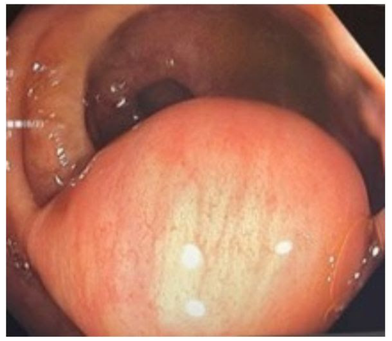

Fig 1. Colonoscopic imaging showing large subepithelial mass

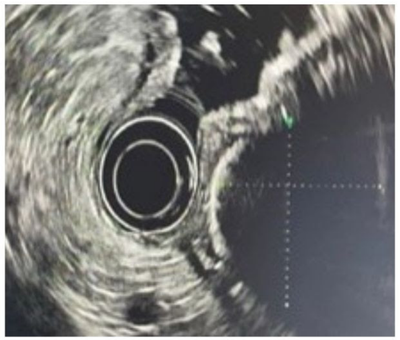

Fig 2. Endoscopic ultrasound image showing subepithelial mass with calcified wall

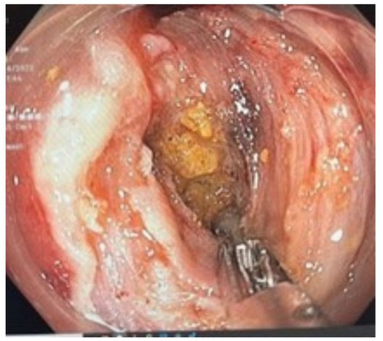

Fig 3. Colonoscopic image showing feco-purulent material inside the mass

Discussion

Fecaloma is most often found causing intraluminal impaction in the sigmoid colon and rectum. Although there are rare reported cases of extraluminal cecal fecalomas to our knowledge this is the first reported case of extraluminal rectal fecaloma [4-6]. We suspect that our patient developed fecal leakage through the suture line after sigmoid resection with anastomosis nearly 20 years ago. Over time, the leakage likely became a well-organized fecaloma with calcification. Depending on the size, extraluminal fecaloma can be treated with laparotomy and surgical removal as well endoscopically [7-10].

Conclusions

In summary, fecaloma is a differential diagnosis to consider when encountering a large subepithelial mass in the rectum.

Contact

Jelena Surla MD
PGY – VI GI Fellow
The Wright Center for Graduate Medical Education
Email: surlaj@thewrightcenter.org

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