Solitary Rectal Ulcer Syndrome Masquerading as Malignant Ulcerated Mass

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Introduction

- SRUC is a rare, benign disorder with an estimated prevalence of 1 in 100,000 with a slight female predominance with median age around 48 years.
- It presents with rectal bleeding, straining during defecation, tenesmus, pelvic fullness and passage of mucus, however it can be asymptomatic.
- Endoscopic findings include mucosal erythema, ulcers (40%), and polypoid mass lesions. In most cases, the lesions are in the anterior rectal wall within 10 cm of the anal verge.

Case presentation

- A 90 year old African American female presented with lower abdominal discomfort, constipation, and a feeling of incomplete defecation.
- She had a history of colon resection for distal sigmoid cancer and a history of hysterectomy for uterine cancer.
- Rectal examination revealed positive fecal occult blood; physical examination and lab results were unremarkable.

References

Tjandra JJ, Fazio VW, Church JM, Lavery IC, Oakley JR, Milsom JW. Clinical conundrum of solitary rectal ulcer. Dis Colon Rectum 1992;35:227-34, Lam TCF, Lubowski DZ, King DW. Solitary rectal ulcer syndrome. Clinic Gastroenterol 1992,6:129-4

Imaging

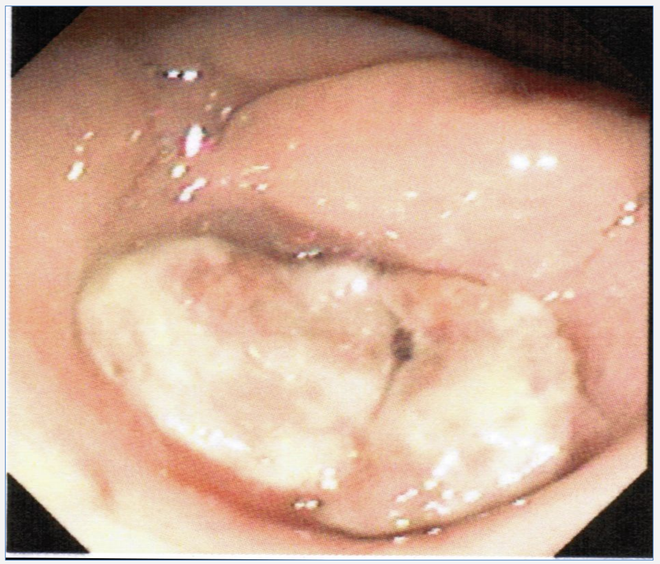
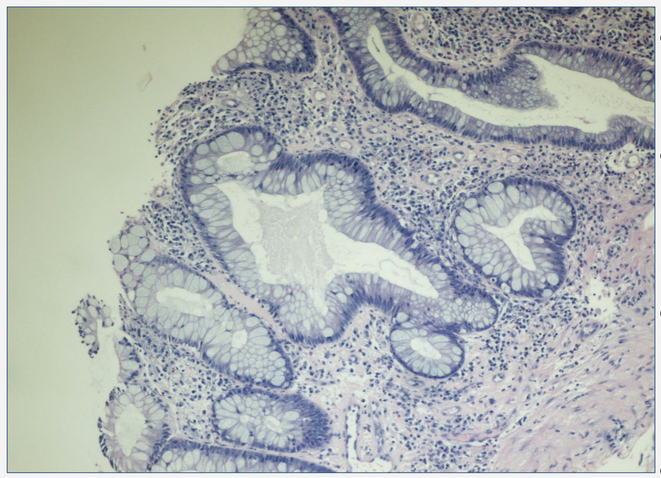


Fig above shows ulcerated “mass” in the rectum, on colonoscopy.



Biopsy above shows :granulation tissue and fibro purulent debris

Case presentation (continued)

- Colonoscopy revealed an ulcerated non-circumferential, non-obstructing mass in the anterior rectal wall within 10 cm of the anal verge; the mass was 2cm in length and 14mm in diameter, with no active bleeding.
- Specimens were sent for biopsy with a high suspicion of malignancy.
- Biopsy showed granulation tissue and fibro-purulent debris, with no neoplastic changes.
- The patient was instructed to use high fibre diet and avoid straining, in addition to mesalamine 1 gm suppositories, twice daily
- Proctoscopy was done three weeks later and showed healing of the ulcer and complete resolution of the surrounding edematous tissue apparently in response to mesalamine which is an anti-inflammatory medication.

Discussion

- Several factors play role in the pathogenesis of SRUS; rectal prolapse and paradoxical contraction of the puborectalis muscle , direct digital trauma and hormonal effects in women.
- It is crucial to differentiate SRUS from other clinical presentation and endoscopic features, including inflammatory bowel disease, ischemic colitis and infectious proctitis. The distinction between them can be made by histopathological assessment.
- The treatment of SRUS depends upon the severity of symptoms and presence of concomitant rectal prolapse. The initial approach included conservative measures and biofeedback however surgical intervention might be required in severe cases .
- SRUS is a chronic condition , and many patients have recurrent symptoms regardless of the treatment approach.