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Isolated rectal ulcer

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Isolated or solitary ulcers of the large intestine are not associated with an underlying colitis and may be an incidental finding on screening colonoscopy or may present with abdominal pain, hematochezia, chronic gastrointestinal bleeding, and rarely, perforation [1]. Solitary rectal ulcer syndrome (SRUS) is a rare condition associated with chronic straining and abnormal defecation behavior, including digitating and several unsuccessful visits to the toilet daily. Other symptoms can include tenesmus, altered bowel habit and incontinence. It can also be accompanied with a rectal prolapse, which may involve protrusion of either the rectal mucosa or the entire wall of the rectum. Histological features are Well-established histologic features include obliteration of the lamina propria by fibrosis and smooth-muscle fibers extending from a thickened muscularis mucosa to the lumen. Although sigmoidoscopy may indicate such a diagnosis, biopsies should always be obtained to establish it. Ulceration is not universally present, and polypoid or erythematous areas are also seen. The lesion or lesions are most often found on the anterior or anterolateral wall of the rectum, although they can also be located in the left colon and be more extensive or even circumferential. The etiology of SRUS is not always obvious and many consider that solitary ulcer of the rectum is a complication of rectal prolapse [2]. Complementary exploration via dynamic rectography and anorectal manometry can provide valuable information [3]. The patient presented herein (Fig. 1) had the diagnosis of SRUS due to chronic constipation and fecal impaction and was successfully treated with mesalamine suppositories for a period of three months.

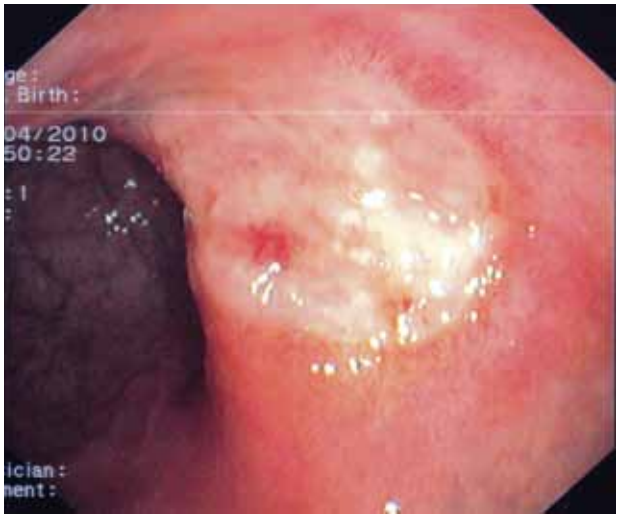

Figure 1 Isolated ulcer in the upper rectum

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Conflict of Interest: None

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