

## Ischemic proctosigmoiditis mimicking a colorectal tumor

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A 91-year-old woman, with a medical history of atrial fibrillation, dyslipidaemia and arterial hypertension, presented to the emergency department due to constipation, abdominal pain and rectal bleeding. The physical examination was remarkable for mild abdominal tenderness. The vital signs were stable. Laboratory tests showed anaemia (hemoglobin 10.1 g/dL) and elevated CRP (73mg/dL) without leukocytosis. Abdominal computed tomography (CT) scan showed a concentric and irregular thickening of the rectosigmoid transition with densification of the adjacent fat, and a proximal dilated bowel segment, suggestive of a neoplasia (Fig. 1).

A rectosigmoidoscopy was performed revealing the findings shown on Fig. 2. What is your diagnosis?

Ischemic injury of the rectum is rare due to the collateral circulation of the rectum, accounting for less than 2% of all cases of ischemic colitis. Rarely, ischemic colitis can mimic a carcinoma on CT scan or endoscopic examination, but it can happen when mucosal and submucosal edema is severe and hemorrhagic nodules are large enough. Ischemic colitis with rectal involvement is a condition difficult to diagnose because of its rarity and varied presentations. Early recognition of this clinical entity is of vital importance in order to avoid unnecessary surgery and related complications.

In our case, the rectosigmoidoscopy revealed circumferential ulceration of the mucosa of the proximal rectum and sigmoid colon for a length of 10 cm, with adjacent necrotic tissue, conditioning a luminal stenosis and suggestive of malignancy (Fig. 1).

Rectum has an extensive arterial supply network from the inferior mesenteric, internal iliac, internal pudendal arteries and the marginal artery. In our patient, there were no changes in the mucosa of the distal rectum, favoring the diagnosis of ischemic injury.

The histological examination of the biopsy specimens taken were consistent with ischemic proctosigmoiditis. She was admitted and started conservative treatment with broad-spectrum antibiotics and intravenous fluids. The patient presented progressive improvement and was discharged asymptomatic



Figure 1. — Abdominal-CT imaging showing a concentric and irregular thickening of the rectosigmoid transition with densification of the adjacent fat.

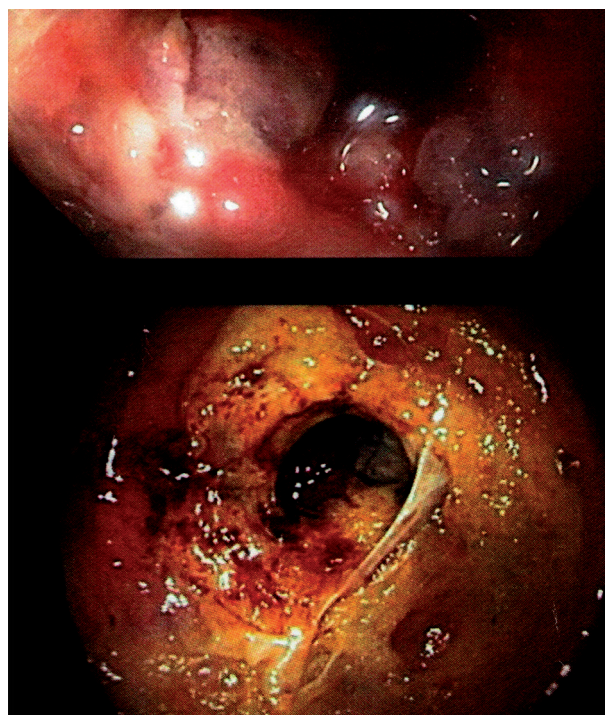


Figure 2. — Rectosigmoidoscopy showing circumferential ulceration of the mucosa of the proximal rectum and sigmoid colon for a length of 10 cm, with adjacent necrotic tissue, suggestive of malignancy.

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