

An unusual cause of rectal polyposis

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Question

A 32-years old man admitted to the gastroenterology clinic with the complaint of rectal discharge. He had difficulties of defecation (straining and sense of incomplete evacuation) since childhood. He denied rectal digital manipulation. His past medical history, family history, physical examination and laboratory tests were all unremarkable. Total colonoscopy showed multiple rectal polyps (Fig. 1) and biopsies were taken from those polyps (Fig. 2). What is the diagnosis?

Answer

Histological examination of the polyps was compatible with solitary rectal ulcer. Solitary rectal ulcer syndrome (SRUS) is a rare disorder. It may present with solitary or multiple ulcerated or non-ulcerated lesions at the distal part of rectum. The lesions may be polypoid and usually a few in numbers; however, SRUS-associated rectum polyposis has been very rarely reported in the literature. SRUS is usually associated with rectal prolapse and/or direct digital trauma. Our patient also had mild rectal prolapse at defecography. Management of SRUS includes medical and biofeedback therapy, and surgical treatments including local excision, rectopexy or fecal diversion. However, treatment of SRUS is problematic

and usually unsatisfactory. Since our patient rejected any surgical option, he was prescribed mesalazine. He had some symptomatic relieves but polyps remained constant at the 12 months follow-up.

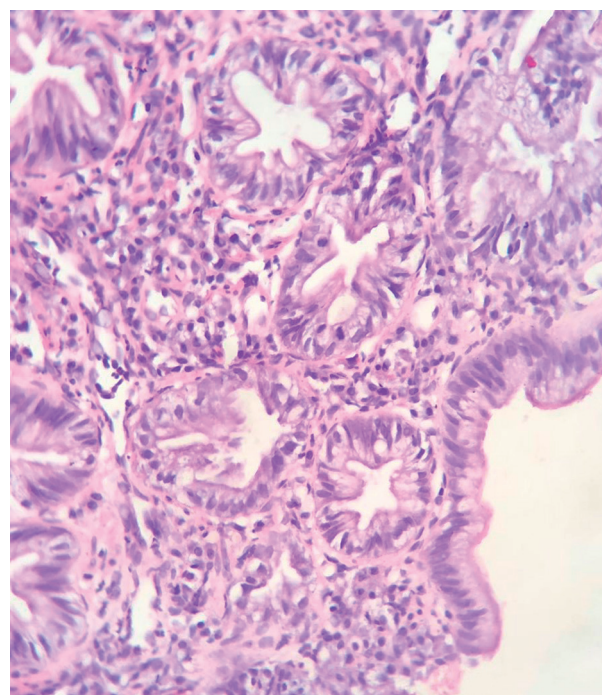


Fig. 2.

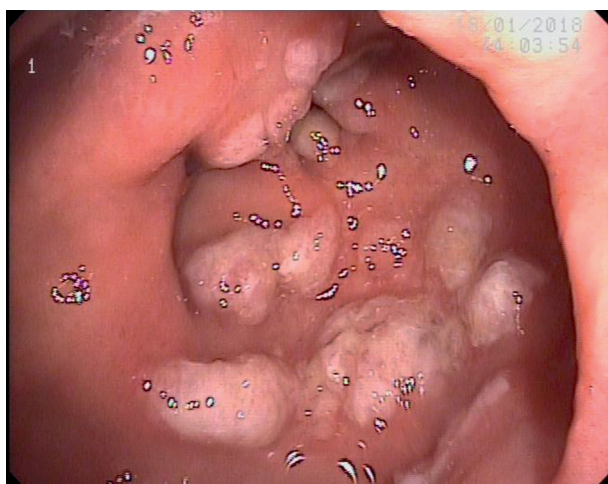


Fig. 1.

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