

Question 33 – March 17

A 61 year old female with chronic constipation presents with a 2 month history of hematochezia, straining with bowel movements and tenesmus. A colonoscopy was performed which reveals anterior rectal erythema with a central ulceration (see photo). Biopsies from this lesion reveal mucosal thickening, crypt architectural distortion and fibromuscular obliteration. A barium defecogram demonstrates rectal prolapse with incomplete rectal emptying. The best treatment choice for this patient is:



- A. Bulk laxatives
- B. Abdominal rectopexy
- C. Sucralfate enemas
- D. Biofeedback training

Answer: B

This is a case of solitary rectal ulcer syndrome. Surgery is the best long-term option for patients with rectal prolapse, mucosal or full-thickness and obstructive defecation.

References:

1. Niv Y, Bat L. Solitary rectal ulcer syndrome – clinical, endoscopic, and histologic spectrum. *Am J Gastroenterol* 1986; 81:486.
2. Torres C, Khaikin M, et al. Solitary rectal ulcer syndrome: clinical findings, surgical treatment, and outcomes. *Int J Colorectal Dis* 2007; 22:1389.