Giant symptomatic rectal mucocele following subtotal colectomy

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Introduction

Mucoceles appear frequently in the appendix vermiformis or in the nasal sinuses. Rectal mucoceles are rare and have been described after Hartmanns procedure [1] and after subtotal colectomy [2, 3]. Additionally, we found one case of rectal mucocele after hemorrhoidectomy in the literature [4]. In all described cases, they seem to originate from persisting rectal mucus production and simultaneous stenosis of the anal canal. We present a rare case of a giant rectal mucocele following subtotal colectomy.

Case presentation

A 74-year-old female patient presented with an abdominal growing mass feeling and weight loss without rectal bleeding or abdominal pain. Complex medical history included a subtotal colectomy with an end ileostomy and a mucous fistula at the descending colon due to Crohn’s disease at the age of 16. She never took any medication for her Crohn’s disease and no further manifestations of activity were observed. The patient was referred after a CT-Scan with the suspicion of a rectal tumor. We performed a MRI which showed a massive dilation of the remaining colon and the rectum without detection of a tumor at the anal level [Picture 1].

Lower endoscopy failed due to complete anal stenosis and stenosis of the descending colon at the stoma site.

The elderly lady refused restoration of the intestinal continuity. We decided to perform an abdominoperineal rectum resection. The postoperative course was uneventful. The patient was discharged to rehabilitation on the 13 POD. Pathology report showed a dilated rectum and sigma with large amounts of partly calcified mucus [Picture 2]. There was no evidence of dysplasia, malignancy or Crohn’s manifestation in the completely obliterated proximal colon and the anus.

Conclusion

Our case report underlines the importance of active endoscopic surveillance of the remaining colon and rectum in patients with diverting stomas and inflammatory bowel disease in order to detect stenosis. If an endoscopic control is not possible due to obliteration, a surgical therapy must be discussed due to the risk of developing cancer.

Picture 1: massive dilatation of the remaining colon and the rectum without detection of a tumor at the anal level (MRI, t2 series)

Picture 2: Specimen of the abdominoperineal rectum resection

References