Solid rectal ulcer syndrome: An unusual case presentation

Nikolaos Chrysanthos¹,*, Paraskevi Alexandrou² and Andreas Lazaris²

¹Gen Hospital of Agios Nikolaos, Crete, Greece
²Laiko Hospital, Athens, Greece

The clinical case of a 59 years old female patient with irritable bowel syndrome, and arthritis who underwent a screening colonoscopy. In the rectosigmoid junction a hemorrhagic polypoid mass with a diameter of 1.5 cm (Figure 1), has been detected and been excluded. Histology reveals a solid rectal ulcer characterized by abnormal hyperplastic crypts, dense mixed type inflammatory infiltrates of the lamina propria and ulceration on its surface.

SRUS usually presents ulceration of the mucosa with rectal bleeding or tenesmus. However, our patient had a unique presentation and a lack of symptoms. We repeat endoscopy three months later and mucosa in the rectosigmoid junction was normal (Figure 2). No other medication has been used.

Although these lesions are typically located in the rectum and bleeds, they rarely might be presented as large polyps.

Rejection is the treatment of choice.

Figure 1

Figure 2

Copyright: ©2020 Chrysanthos N. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.