Rectal mucocoele following subtotal colectomy for colitis

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ABSTRACT

We present a unique case of a rectal mucocoele affecting a patient several years after his subtotal colectomy for ulcerative colitis. This was secondary to both a benign anorectal stenosis and a benign mucus secreting rectal adenoma. This case highlights the importance of surveillance in such patients.

KEYWORDS

Rectal mucocoele – Ulcerative colitis – Surveillance

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Following a subtotal colectomy or a Hartmann's procedure, the rectal mucosa will continue to secrete mucus that would drain ordinarily via the anus. Subsequent stenosis of the anal canal may prevent this mucus from escaping and result in the formation of a progressively enlarging rectal mucocoele.

Case history

Twenty-seven years ago, a sixty-five-year-old man underwent a subtotal colectomy and end ileostomy for ulcerative colitis. He had declined the offer of a restorative or completion proctectomy in favour of annual endoscopic surveillance. More recently, he presented complaining of a persistent desire to defecate and urinate. Flexible proctoscopy revealed a complete anorectal stenosis.

The patient's magnetic resonance imaging and computed tomography showed a grossly distended rectal stump filled with mucus, mimicking the bladder (Figs 1 and 2). He was discussed at the colorectal multidisciplinary team meeting and the decision was made to perform a completion proctectomy, from which he made an uneventful recovery. Three litres of mucus had to be aspirated carefully to facilitate removal. Histopathological examination revealed a benign mucus secreting rectal villous adenoma. There was no evidence of any other foci of dysplasia or malignancy in the rectal stump.

Discussion

Mucocoeles are associated commonly with the gallbladder, appendix and craniofacial sinuses. Those of the rectum, however, are rare. In adults, rectal mucocoeles have been reported in two patients requiring colectomies following

pelvic and perineal trauma respectively,^{1,2} and in one patient following spinal trauma. In this latter case, the patient had required a Hartmann's procedure and subsequently developed increased anal tone.³ Davies *et al* reported on a patient having had a subtotal colectomy and completion proctectomy for ulcerative colitis who then developed a rectal mucocoele from retained rectal mucosa.⁴ Furthermore,

Figure 1 T2 weighted sagittal magnetic resonance imaging

Figure 2 Sagittal computed tomography

another patient with ulcerative colitis, defunctioned previously with a transverse loop colostomy, was reported as developing distal stomal and rectal stenosis with a consequent rectal mucocoele.⁵

Conclusions

We present a unique case of a rectal mucocoele affecting a patient several years after his subtotal colectomy for ulcerative colitis. This was secondary to both a benign anorectal stenosis and a benign mucus secreting rectal adenoma. This case highlights the importance of endoscopic as well as radiological surveillance in such patients.

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