Anterior sacral meningocele presenting with purulent rectal discharge and altered mental status

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A 30-year-old woman with a history of fever and purulent rectal discharge for 3 months was transferred to our department with altered sensorium for several weeks. CSF study was suggestive of pyogenic meningitis with growth of enterococci on incubation. CT brain showed pneumocephalus (figure 1A), and MRI of lumbosacral region showed anterior meningocele compressing on the posterior rectal wall. Pressure erosion of the posterior rectal wall possibly led to purulent rectal discharge. Cases of anterior sacral meningocele have been reported in literature presenting as bacterial meningitis¹ and perianal abscess.² Pneumocephalus and air-fluid level (figure 2A) in the meningocele sac in our case

Figure 1 CT brain and abdomen

(A) CT brain showing diffuse cerebral edema and air pockets suggestive of pneumocephalus. (B) CT abdomen sagittal view showing sacral defect (white arrow) and a large cystic mass occupying the retrorectal space (pink arrows)—anterior sacral meningocele.

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Figure 2 MRI lumbosacral region

(A) T2-weighted sagittal MRI showing anterior meningocele communicating (white arrow) with the thecal sac. Air-fluid level (pink arrow) is seen within the meningocele, suggesting possible infection or communication with gut. (B) T1-weighted postcontrast sagittal image showing meningeal enhancement suggestive of meningitis.

suggest possible infection with gas-producing microorganisms or communication with the gut, or both.

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