

Case Report

Case report - Rectal Diverticuli

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Case Report

A 56 year old gentleman presented with a long-standing history of constipation and new onset rectal bleeding. The patient underwent a Computed Tomography (CT) Colonography (Figure A) which showed multiple rectal diverticuli and mildly enlarged mesorectal lymph nodes. A flexible sigmoidoscopy was performed and demonstrated the presence of four rectal diverticuli (Figure B).

Rectal diverticuli occur in only about 2% of patients with concomitant colonic diverticular disease.¹⁻² The low incidence of this condition has been explained by the uniform disposition of the longitudinal muscle fibres in the rectum (in contrast to the colon) and the lower intraluminal pressure generated in the rectum compared to the colon. They are normally found on the rectal lateral wall due to the support provided by the taenia omentalis and libera, anteriorly, and the taenia mesocolica posteriorly.³ Rectal diverticula are true diverticuli as they involve all layers of the rectal wall.³

Most patients are asymptomatic. The finding is usually incidental.⁴ Patients may present with symptoms secondary to faecal impaction or due to complicated disease such as abscess, rectal prolapse, rectal stenosis, recto-vesical fistula and rectal mass.⁵⁻⁶

The cause for their formation is yet unknown. Possible risk factors include congenital anomalies such as primary muscle atrophy and absence of the coccyx,⁶ longstanding constipation and rectal trauma.⁴ Iatrogenic causes can occur secondary to stapled haemorrhoidopexy or stapled transanal haemorrhoid resection.⁷ Surgery is reserved for complicated disease.⁸

Keywords

Rectum; Diverticuli; Colonography;
Endoscopy.

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Figure A: CT Colonography – Rectal diverticuli



Figure B: Flexible Sigmoidoscopy – Rectal diverticuli



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