This section features outstanding photographs of clinical materials selected for their educational value or message, or possibly their rarity. The images are accompanied by brief case reports (limit 2 typed pages, 4 references). Our readers are invited to submit items for consideration.

Congenital duplication of the rectum: Endoscopic and radiologic appearance of an unusual condition

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A 31-YEAR-OLD WOMAN was seen with a 3-year history of severe, constant pelvic pain radiating to the lower back and legs. In addition, she had symptoms of obstructed defecation. At sigmoidoscopy, it appeared that there was a double lumen to the rectum. A barium enema confirmed a large 15-cm congenital duplication of the rectum communicating with the rectum anteriorly just above the anorectal ring. Because of her symptoms, she was taken to the operating room for excision of the duplication. At operation, the duplication was obvious in the pelvis, surrounding, but mainly anterior to the rectum. The patient had undergone an unsuccessful attempt at removal of the cyst at another institution. Thus, dense adhesions were encountered. It was not possible to isolate and excise the duplication alone, so the rectum and duplication were excised below the opening of the duplication and a handsewn colo-anal anastomosis with a covering loop ileostomy was performed. The ileostomy was closed within 3 months and now, 6 years later, she is free of her original symptoms and has very good functional results.

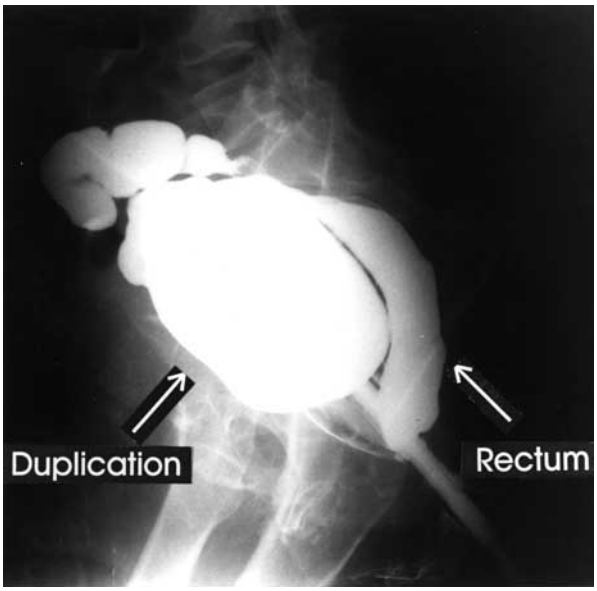

Fig 1. Barium enema examination showing the dilated congenital duplication of the rectum lying anterior to the rectum. The catheter is lying within the duplication, and the attachment to the rectum is outlined.

DISCUSSION

Duplications may occur in any part of the alimentary tract. In the colon, they may be long and tubular, forming a so-called "double-barreled colon" or, as in this case, be more limited, forming an attached cystic lesion.[1] A rectal duplication may terminate in duplicated ani. The duplication may be a closed sac or may communicate with the bowel. If so, the communication usually occurs proximally. Duplications are developmental abnormalities but the exact developmental defect is uncertain.

Many duplications are asymptomatic and are only found as incidental findings radiologically.

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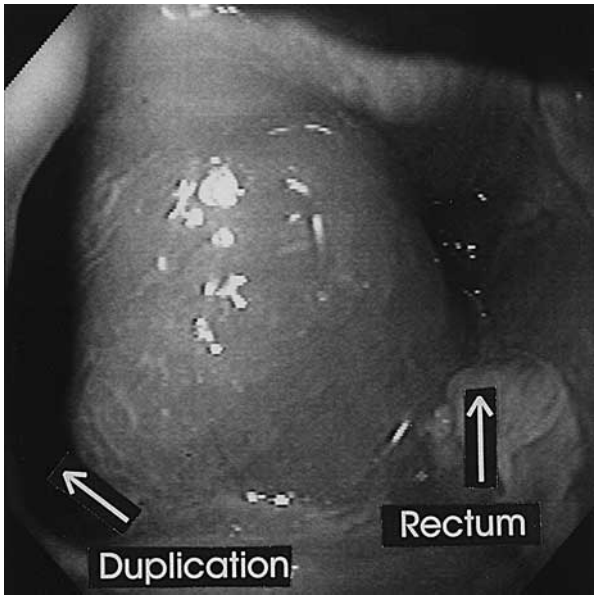

Fig 2. Endoscopic appearance of the opening of the diverticulum into the rectum and the rectal lumen.

Others present as asymptomatic swellings, recurrent obstructions caused by volvulus of the duplication or persistent obstruction caused by encroachment of the bowel lumen, ulceration, or peptic ulceration if the duplication is lined with gastric mucosa.

Treatment of the duplication depends on the patient's symptoms. Duplications tend to be intimately related to the segment of bowel. They share a common blood supply and a common wall, so separation of the duplication and preservation of the bowel is usually impossible. Thus, surgical resection of the involved segment of bowel and its duplication is required. In the past, more conservative procedures were advocated, such as laying open the common wall of the bowel and duplication to treat rectal duplications and avoid a difficult dissection. While the dissection can be technically challenging and preservation of pelvic nerves and other structures is important, low anterior resection, possibly with a colonic J pouch and a coloanal anastomosis, is now the procedure of choice for symptomatic rectal duplications.[2] In this patient, a colonic J pouch was not performed. However, she has had excellent functional results with elimination of her presenting symptoms.

REFERENCES

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