Solitary Rectal Ulcer Syndrome: A Cancer Mimic

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Clinical Image
A 45-year-old female presented with one-year history of constipation, straining during defecation, tenesmus and intermittent rectal bleeding. There was no digital evacuation of stools, weight loss or family history of colorectal cancer. Rectal examination revealed a large irregular mass in the anterior wall of rectum. Laboratory results showed hypochromic microcytic anemia (Hb-9.4 g/dl). We performed a colonoscopy which showed a 5 cm large ulcerated mass involving two third of the circumference of rectum (Figure 1). The endoscopic appearance was concerning for malignancy and multiple biopsies were obtained. On histology, fibrotic lamina propria with mild inflammatory infiltrate and small irregular crypts were observed (Figure 2). However, no features of dysplasia or malignancy were detected. The combination of clinical symptoms and typical histology findings confirmed the diagnosis of solitary rectal ulcer syndrome [1]. She was reassured that it was not malignancy and was treated with regular laxatives and stool softeners.

Figure 1: A colonoscopy which showed a 5 cm large ulcerated mass involving two third of the circumference of rectum.

Figure 2: Fibrotic lamina propria with mild inflammatory infiltrate and small irregular crypts were observed.

References