Solitary Rectal Ulcer Syndrome

BIRMINGHAM PELVIC FLOOR CLINIC

What is solitary rectal ulcer syndrome?

Solitary rectal ulcer syndrome is not very common. Patients have inflammation and thickening in the rectum sometimes this is associated with an internal rectal prolapse (intusseception).

What causes the solitary rectal ulcer syndrome?

The causes are uncertain but a number of factors have been implicated. Excessive straining can cause a degree of internal prolapse. If this happens and the prolapse telescopes down into the anus it can be rubbed, causing it to become inflamed and ulcerated. Some patients use a finger in the anus to help open their bowel and this may be a cause of inlammation.

What are the symptoms of solitary rectal ulcer syndrome ?

The common symptoms are those of the obstructed defaecation syndrome. These include the desire to strain excessively, the feeling of incomplete evacuation, fruitless visits to the lavatory.

The patients often report passing blood and mucus and patients may also be aware of a pressure sensation within their back passage.

How is solitary rectal ulcer syndrome investigated?

When you are seen in clinic the consultant will take a full history and carry out a clinical examination. Usually this will involve a rigid sigmoidoscopy and sometimes a proctoscopy as well.

Most patients will require some form of endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy). Normally a biopsy is taken.

The most useful test for the enterocele or sigmoidocele itself is a MRI proctogram or a videoproctogram. These tests should confirm the diagnosis and also show any other areas of prolapse such as an rectocele or an enterocele which would require treatment at the same time.

Most patients will also have tests of their sphincter muscle function (anorectal physiology) and an endoanal ultrasound scan to look for any damage to the muscle.

How is solitary rectal ulcer syndrome treated?

If symptoms are minimal then no treatment may be necessary. Keeping the stools soft and avoiding straining should help. Sometimes glycerine suppositories or an irrigation system can be used to help with emptying. Pelvic floor physiotherapy/biofeedback may help some patients to retrain their pelvic floor muscles and improve symptoms. In some cases where the solitary rectal ulcer syndrome is associated with a significant internal prolapse a rectopexy to 'pull up' the bowel may be recommended.