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Case Study: 39-Year-Old Women Diagnosed as Solitary Rectal Ulcer Syndrome.

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Abstract:- Occurrence of constipation is often very common among diet which is considered as normal and with the addition of laxatives in diet it can be cured many a times. But the person who has chronic constipation problem and using strenuous pressure to void may develop Solitary Rectal Ulcer Syndrome. The diagnosis of this condition was often delayed due to lack of clinical suspicion. A 39-year-old female comes in OPD with the chief complaints of Constipation for one week. For which admission was been made on OPD basis and diagnostic test were been performed in which rectal endoscopic biopsy report confirmed the diagnosis of a rare condition of Solitary Rectal Ulcer Syndrome. Since rectal prolapse was not present in patient with the help of medicines and biofeedback the patient was relived and discharged after the follow up advises.

Keywords:- *Solitary rectal ulcer syndrome, Pathophysiology, Diagnosis, Treatment, Clinical Features, Treatment.*

I. INTRODUCTION

Chronic constipation is a common complication determined by difficult and/or rare passage of stool or both. The Various factors are involved in the pathogenesis of the disease, including type of diet, genetic predisposition, colonic motility, absorption, social economic status, daily behaviours, and biological and pharmaceutical factors, which if not treated in due course of time and supplemented by strenuous voiding habits may lead to solitary rectal ulcer syndrome SRUS and rectal Prolapse.

II. CASE PRESENTATION

- **History Of Present Illness**- A 39-year-old female comes in OPD with the chief complaints of Constipation for one week. On detailed history it was found that she was having the difficulty in defecation from 15 years. AsPer the history from the patient she took herbal treatment from local persons which gave her temporary relief but the problem persisted. Then some local healers suggested her she has an oedematous uterusso; she got her uterus removed. Butagain, the problem persisted and from last one year as per patient she had constipation with now passage of blood in stool each time she strenuously defecates, Increased palpitations, weakness, loss of weight and lethargy and inability to focus on her work.
- **Social History-** She denied any usage of alcohol and smoking
- **Allergies-**No known medicine, food, or environmental allergies
- **Past medical history –** Constipation
- **Past surgical history**-Hysterectomy
- **Medications** -Locally Available Churans for relieving constipation.
- **On Physical examination-**On primary examination at O.P.D the following findings were recorded.
- **Vitals** -Weight -43kg, Temp-98.2F, B.P-140/90 MM Hg, Respiratory Rate-20 bre/min
- **General** -She is well appearing but anxious about passage of blood from the stool off and on
- **Respiratory**-Respiratory rate appears to be mild tachypnoeic.
- **Cardiovascular-**She has regular rate and rhythm with no murmurs.
- **Gastrointestinal-**Tense and hardness is been observed.
- **Preliminary Treatment advised** -And the patient was advised for admission for lab Investigations, histological samplings and for Proctosigmoidoscopy.
- **Report result**- when the report was analysed the findings which were significant to case study were HB-8mg/dl, alsoher HBsG, HIVI and HIVII were negative, HCV card was negative.

III. CONFIRMATORY DIAGNOSIS

- **Rectal endoscopic biopsy report** -Rectal endoscopic biopsy report revealed angular crypts with lamina propria showing lymphoplasmacytic infiltrate with fibromuscular proliferation along with ulcer slough. Malignancy was not present. These findings were suggestive of Solitary Rectal Ulcer Syndrome.
- **Pharmacological Treatment**
  The patient was also prescribed various medications for treating different aspects of his condition. The complete course of the treatment lasted up to 2 weeks supplemented by dietary modifications.
  - Inj. Augmentin 1.2GM I/V+100 NS TDS

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- Inj. Pantop 40 MGI/V BD
- Inj.Emset 4MG I/V TDS
- Inj.Metrogyl 100MG TDS
- Inj.Tranexa 500MG I/VTDS
- Inj.Ethamsylate 500MG I/VBD
- Syp.Sucral-O 2TSP BD
- Syp.Smuth 2TSF HS
- Adpphos Sachet
- Sucralfate enema BD

IV. DISCUSSION

The term "solitary ulcers of the rectum" was used by Lloyd-Davis in the late 1930s. SRUS is a chronic, benign, underdiagnosed disorder characterized by single or multiple ulcerations of the rectal mucosa, with the passage of blood and mucus, associated with straining or abnormal defecation. SRUS is an infrequent and underdiagnosed disorder, with an estimated annual prevalence of one in 100000 persons.

Clinical Features

Clinical features of thedisease include

- Rectal Bleeding
- Copious Mucus Discharge
- Prolonged Excessive Straining
- Perineal And Abdominal Pain
- Feeling Of Incomplete Defecation
- Constipation
- Rectal Prolapse.

The bleeding from rectum can be fatal as the amount of blood varies from a little fresh blood to severe haemorrhage that requires blood transfusion.

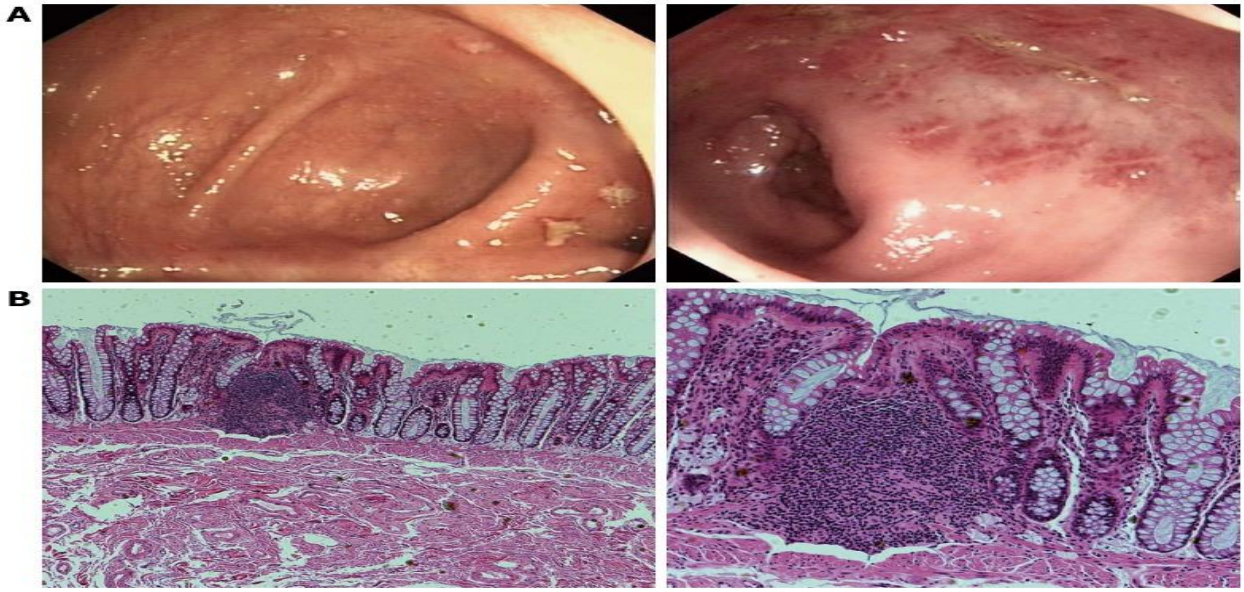

Fig. 1: Figure Showing Ulceration in Rectum

A. Pathophysiology

The descent of the perineum and abnormal contraction of the puborectalis muscle during straining on defecation or defecation in the squatting position result in trauma and compression of the anterior rectal wall on the upper anal canal is the main suggested cause of SRUS which indeed results in mucosal prolapse, overt or occult and may further lead to venous congestion, poor blood flow, and edema in the mucosal lining of the rectum and ischemic changes with resultant ulceration. Even Self-digitation maneuver to reduce rectal prolapse or to evacuate an impacted stool may also cause direct trauma of the mucosa and ulceration which also can be a causative factor for Initiation of SRUS.

B. Diagnostic Test

- A complete and thorough history
- Diagnosis of SRUS is based on patient presentation of clinical features,
- Proctosigmoidoscopy
- Histological examination,
- Imaging investigations including defecating proctography
- Dynamic Magnetic Resonance Imaging,
- Anorectal functional studies including Manometry and Electromyography

C. Differential Diagnosis

Differential diagnosis includes

- Crohn's Disease,
- Ulcerative Colitis,
- Ischemic Colitis,
- Malignancy.

V. TREATMENT

Treatment options have been used for SRUS, ranging from conservative treatment (*i.e.*, diet and bulking agents), medical therapy, biofeedback and surgery. The choice of treatment depends upon the severity of symptoms and whether there is a presence of rectal prolapse. If rectal Prolapse is present, Sclerotherapy injection into the submucosa or retro rectal space with 5% phenol, 30% hypertonic saline or 25% glucose and perianal cerclage is given which is effective in treating rectal prolapse. In the

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absence of biofeedback modality of treatment is recommended which includes reducing excessive straining with defecation by correcting abnormal pelvic-floor behaviour. And also, by diet modification in terms of high fibre diet and bulk laxatives In extreme cases of constipation Sucralfate enema is prescribed as it contains Aluminium complex salts, which coat the rectal ulcer and form a barrier against irritants, allowing the ulcer to heal. Corticosteroids and sulfasalazine enemas may also help ulcer healing by reducing the inflammatory responses. Lastly, mucosal resection (Delorme's procedure) or perineal proctectomy (Altemeier's procedure) may be required in patients with intractable rectal pain and bleeding, who have not responded to other surgical treatments (fig 2).all other symptoms are treated with medications ,antibiotics and haematinics.

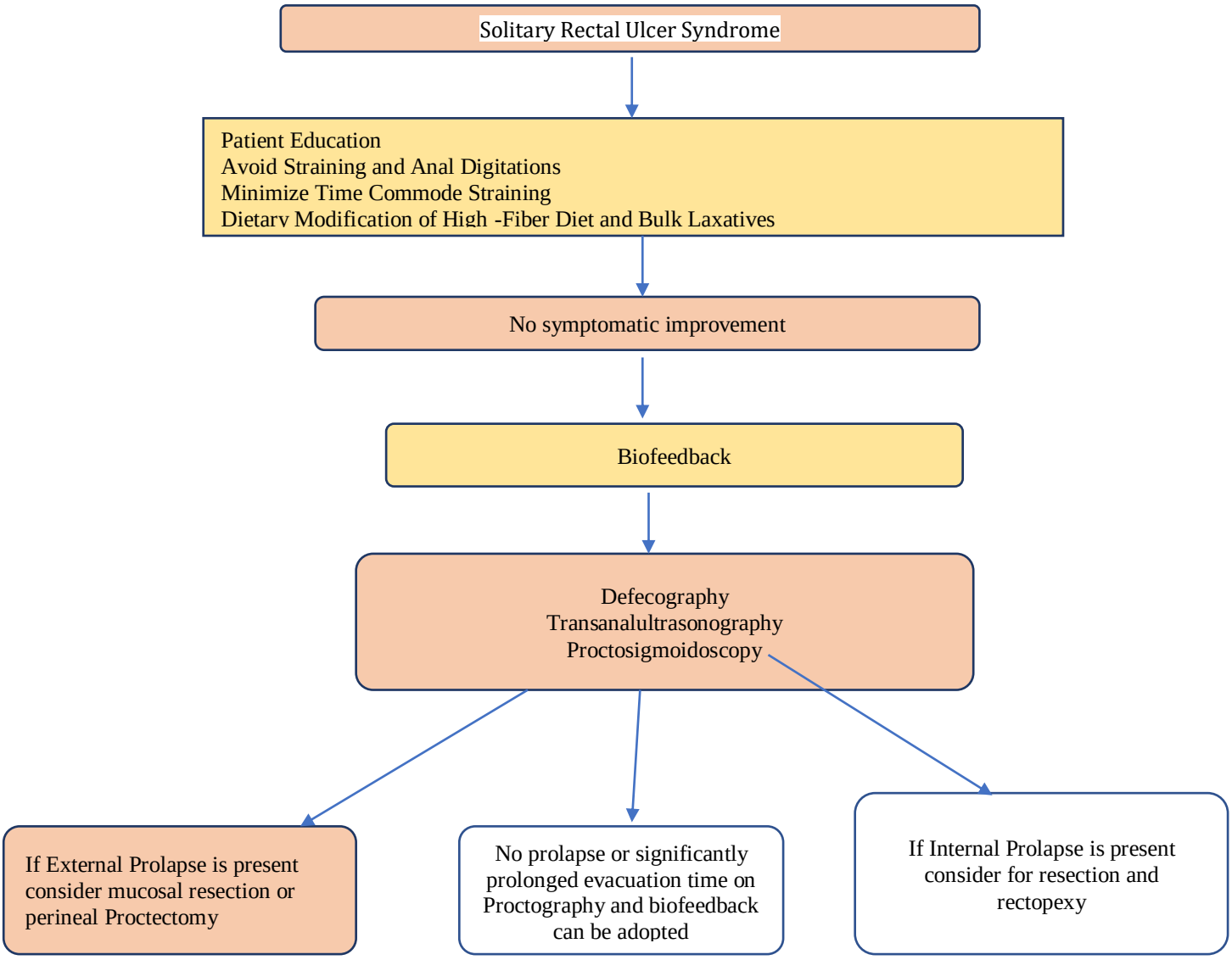

Fig. 2: Management Criteria of Solitary Rectal Ulcer Syndrome

- **Prognosis**-Prognosis depends upon severity of the condition and The Extent of Prolapse. Aftermedications and treatment, the condition of the patient got improved.
- **Discharge Plan**-Depending Upon the Condition the Following Discharge Plan Was Been Made of The Patient.

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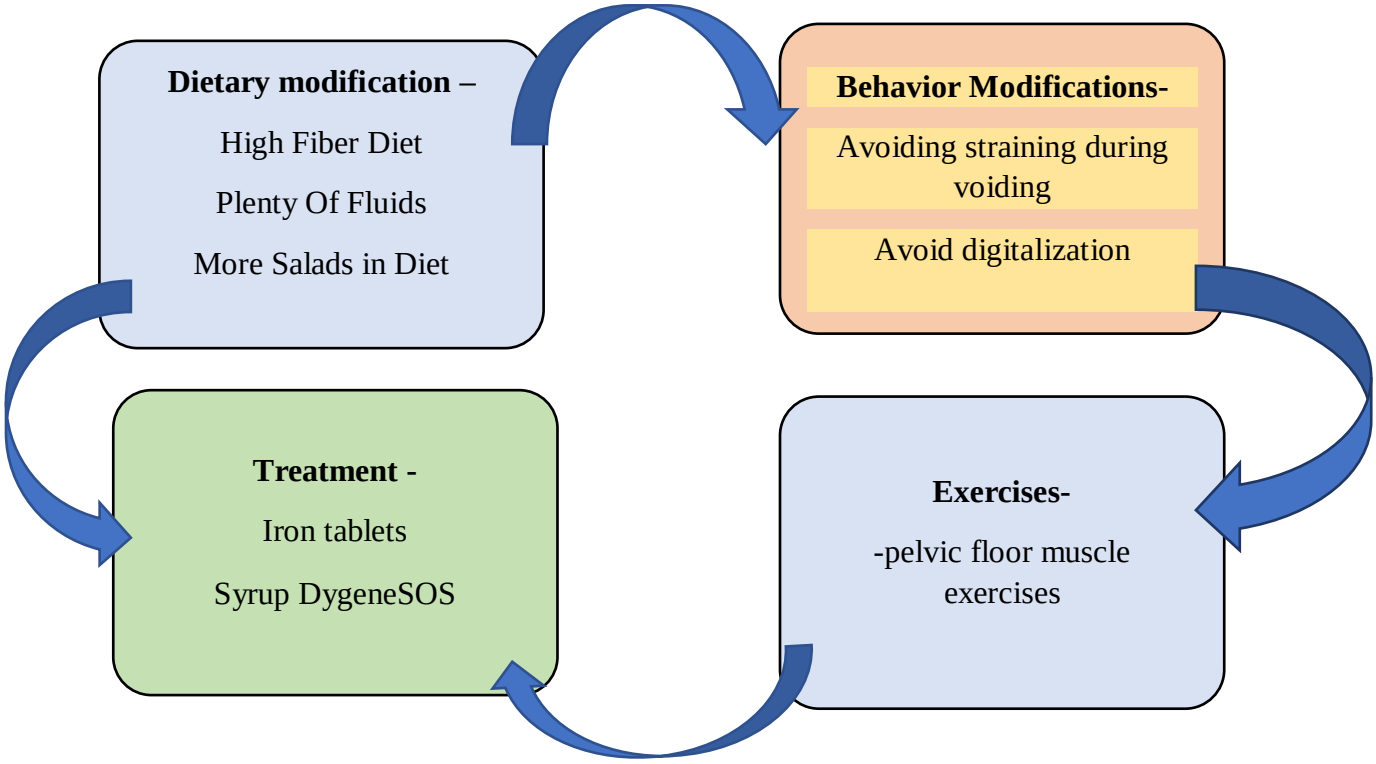

Fig. 3: Schematic Representation of Discharge Plan for The Patient.

• **Consent** -the written and oral consent has been taken from the patient

VI. SUMMARY

A 39-year-old female comes in OPD with the chief complaints of Constipation for one week. For which admission was been made on OPD basis and diagnostic test were been performed in which rectal endoscopic biopsy report confirmed the diagnosis of a rare condition of Solitary Rectal Ulcer Syndrome. Since rectal prolapse was not present in patient with the help of medicines and biofeedback the patient was relived and discharged after the follow up advises.

VII. CONCLUSION

Constipation is a disorder in the gastrointestinal tract, which can result in the infrequent stools, difficult stool passage with pain and stiffness.The common causes of constipation are associated to several factors including lack of normal bowel movements or aging, lack of proper diet, lack of adequate fluid intake, lack of adequate physical activity, illness or the use of drugs. For the better handling of constipation making correct diagnosis is very necessary. The positive aspect in this case study theprompt diagnosiswas been of Solitary Rectal Ulcer Syndromemade with no rectal prolapse and treatment including medications and biofeedback has started and patient got discharged after her health and bowel movements got improved.

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