Solitary rectal ulcer syndrome (SRUS) is an uncommon poorly understood benign disorder of defecation. SRUS may simulate other disorders such as inflammatory bowel disease and neoplasms. Histopathological analysis forms the cornerstone of diagnosis for SRUS. Key histological features include fibromuscular obliteration of the lamina propria with splaying of the muscularis mucosae upward between the crypts, thickened mucosa, and glandular distortion [1]. Endoscopic ultrasonography (EUS) can be useful in the evaluation of SRUS. The characteristic findings are thick hyperechoic submucosa and thick hypoechoic muscularis propria with an intermediate hyperechoic layer. Linear EUS imaging shows a transition zone where the first interface layer and the muscularis mucosae disappear, and the submucosa gradually becomes thicker. The presence of an interface between the two muscular layers and between the muscular layer and the submucosa rules out malignant infiltration [2]. The hyperechoic band in the muscularis propria in SRUS has been attributed to a fibrous septum while the hyperechoic submucosa is due to a fibrotic lamina propria [3].

A 65-year-old man presented with a history of bleeding per rectum and straining at stool for 6 months. Sigmoidoscopy showed a large ulcer in the posterior rectal mucosa approximately 8 cm above the anal verge (Fig. 1; Video 1). Biopsies were sent for histopathological examination and a linear EUS was performed. Linear EUS of the anal canal revealed normal thickness of the anal sphincters, but there was thickening of the submucosa as...
Sigmoidoscopy showed a large ulcer in the posterior rectal mucosa approximately 8 cm above the anal verge, suggestive of solitary rectal ulcer syndrome (SRUS). Linear endoscopic ultrasonography (EUS) of the rectum revealed: a solitary rectal ulcer in an otherwise normal rectum as well as the transition zone; thickening of the submucosa and muscularis propria, with a hyperechoic layer in the thickened hypoechoic muscularis propria.

The use of rectal ultrasonography was helpful in ruling out an associated malignancy in this patient and should be routinely done as a part of the evaluation in cases of suspected SRUS.

Endoscopy_UCTN_Code_CCL_1AF_2AH

Competing interests: None

Malay Sharma1, Piyush Somani1, Amol Patil1, Avinash Kumar1, Charu Shastri2

1 Department of Gastroenterology, Jaswant Rai Speciality Hospital, Meerut, Uttar Pradesh, India
2 Department of Pathology, Jaswant Rai Speciality Hospital, Meerut, Uttar Pradesh, India

References

2. Sharma M, Somasundaram A. Endoscopic ultrasonography for an ulcer in the rectum. Gastroenterology 2011; 141: e7 – e8

Bibliography
DOI http://dx.doi.org/10.1055/s-0042-102449
Endoscopy 2016; 48: E76–E77
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Malay Sharma, MD, DM
Jaswant Rai Speciality Hospital
Saket
Meerut
Uttar Pradesh – 250 001
India
Fax: +91-121-2657154
sharmamalay@hotmail.com