

Complete Spontaneous Submucosal Dissection of the Sigmoid Colon

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Figure 1 A 73-year-old woman presented with cramps and scant hematochezia. She was otherwise healthy. There was no history of prior illness, drug ingestion, trauma, or foreign-body introduction. The physical examination only showed a large, membranous structure protruding through the anal canal. Laboratory values were within normal limits. Flexible sigmoidoscopy revealed markedly erythematous, swollen sigmoid mucosal sloughing, involving almost one-third of the lumen at this level.



Figure 3 Another rectosigmoidoscopy was performed, showing the lower margin of mucosal dissection at the rectosigmoid junction, circumferential in shape, with well-defined borders and a residual mucosal flap.



Figure 2 When the sigmoidoscope was removed, the patient expelled a 42-cm long, sausage-like cylindrical structure.

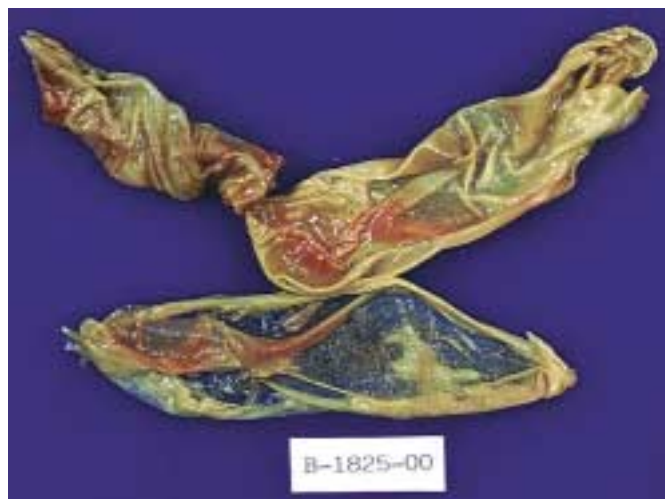


Figure 4 Histopathological evaluation of the specimen after longitudinal incision and cleaning of fecal debris showed normal intestinal epithelium, with connective tissue and scattered inflammatory cells in the lamina propria.