

Three-quadrant mucosal excision for solitary rectal ulcer syndrome

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A 77-year-old female presented with a diagnosis of prolapsing hemorrhoids associated with rectal bleeding, a palpable mass and anal discomfort. Three-quadrant hemorrhoidal prolapse was noted on physical exam with an associated polypoid mass (Fig. 1). Lower endoscopy was otherwise negative. Three-quadrant mucosal excision was performed in the prone position to incorporate the mass and scattered satellite nodules. (Fig. 2). The wounds were reapproximated with absorbable sutures (Fig. 3). Postoperative recovery was uneventful. Histology confirmed solitary rectal ulcer (Fig. 4).



Fig. 1 Polypoid form of solitary rectal ulcer associated with mucosal prolapse



Fig. 2 Intraoperative findings: multiple small polypoid lesions noted

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Fig. 3 Surgical excision with primary closure of mucosal defects

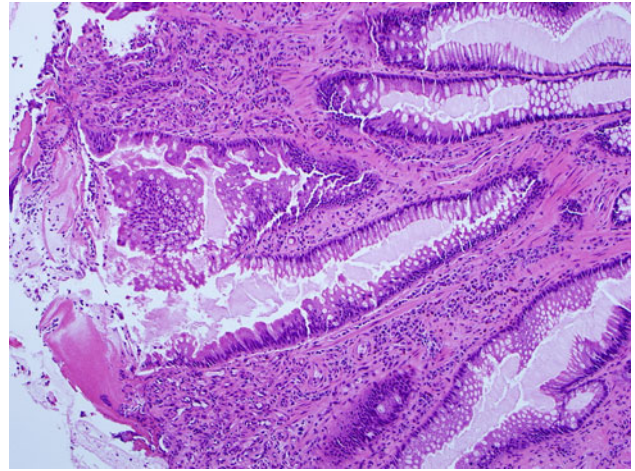


Fig. 4 Hematoxylin and Eosin stained section under high power shows pathognomonic features of solitary rectal ulcer syndrome: thick smooth muscle fibers, elongated crypts with surface erosions and no dysplasia