Chronic Haematochezia Caused by Diffuse Cavernous Haemangioma of the Rectum

Ruchit Sood1*, Deepika Chilkunda1, John Brittenden2, Deven Vani2

1) St James University Hospital, Leeds; 2) Pinderfields Hospital, Wakefield, UK

A 31 year-old Caucasian lady presented to the gastroenterology clinic with a history of intermittent haematochezia since the age of 2. As a child, she was diagnosed with a prolapsing rectal mucosa resulting from haemorrhoids and was treated with cryotherapy (Fig. 1). This used to be a popular method of treatment for prolapsed rectal mucosa secondary to haemorrhoids but in recent years has fallen out of favour. This was mainly due to side effects such as pain, swelling, foul smelling discharge and a greater need for further treatment [1]. Despite this, she continued to have episodes of haematochezia and after presenting to our department, she went on to endoscopic examination and subsequently Magnetic Resonance Imaging (MRI) of the pelvis. The axial (Fig. 2) and coronal (Fig. 3) T2 weighted MRI sequences demonstrated diffuse thickening of the entire rectum (arrows) extending into the distal sigmoid. A high signal was displayed which is secondary to the abnormal blood vessels within the rectal wall.

Diffuse cavernous haemangioma of the rectum is a rare benign vascular lesion and as a result it is not uncommon for a delay in the diagnosis. It usually presents as chronic rectal bleeding, although patients can present with an acute, life-threatening haemorrhage. Most commonly lesions are located in the recto-sigmoid. More proximal lesions are rare.

Diagnosis is often delayed due to misdiagnosis and failed treatment of haemorrhoids or ulcerative colitis [2]. A high index of suspicion and findings on colonoscopy and MRI are required to make an early diagnosis. Histology evidences dilated, thin-walled, irregular blood-filled spaces within the mucosa, submucosa and occasionally extending through the muscular layers to the serosa [3]. Management is usually surgical and complete resection with colo-anal anastomosis is often required due to the involvement of all the layers of the rectal wall and rectal mesentery [4].

*Corresponding author: ruchitsood@gmail.com

Conflicts of interest: None to declare.

REFERENCES