

MRI diagnosis of megarectum in pregnant women

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DESCRIPTION

A 33-year-old pregnant woman presented at 9 weeks' gestation for a voluntary abortion after an unwanted pregnancy. She had a history of long-standing abdominal distension and childhood constipation, and also a non-complicated pregnancy with normal vaginal delivery few years ago. The clinical examination revealed a distended abdomen. Ultrasound showed a great non-characterisable pelvic abdominal mass repressing pelvic organs, pushing forward and to the right the bladder and to the left the uterus. It also shows an early viable intra-uterine pregnancy and no other intra-abdominal abnormalities (figure 1). MRI with multiplanar acquisitions shows that the pelvic mass seen on ultrasound examination has been a large rectum containing a giant fecaloma revealing a megarectum (figure 2). Therapeutic discontinuation of pregnancy was realised then the patient was operated. She had a mucosal proctectomy associated to a sigmoidectomy with colorectal anastomosis.¹ The operative sequences were simple. This entity can be revealed late by a pelvic symptomatology.² The presence of the fetus presents a challenge in both the diagnosis and treatment of these syndromes.³

Learning points

- ▶ Megarectum is a very rare entity.
- ▶ Its diagnosis is often late.
- ▶ MRI is very specific for the diagnosis of megarectum in front of a pelvic mass.

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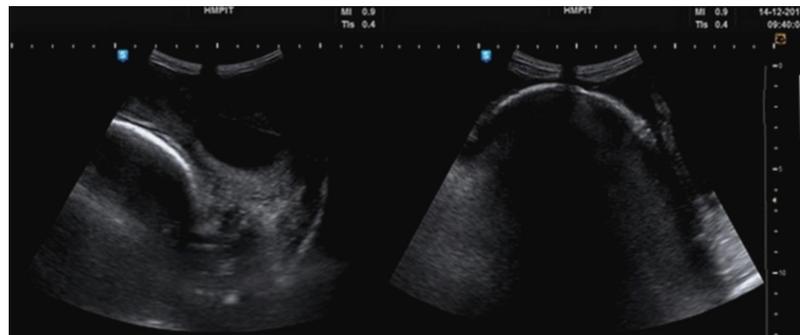


Figure 1 Pelvic ultrasound shows a posterior great non-specific mass pushing the pelvic organs forward.

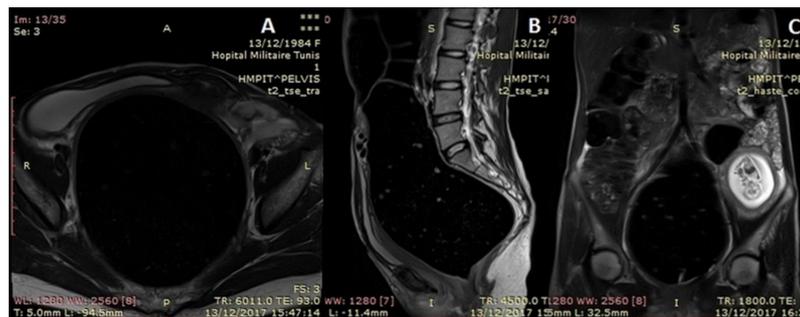


Figure 2 Abdominal MRI—transversal (A), sagittal (B) and coronal (C) T2-weighted slices—showing the rectum to the rectosigmoid junction massively distended, measuring 14 cm in axial diameter, and is occupied by a large fecaloma.



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