MRI diagnosis of megarectum in pregnant women

Sami Kouki,¹ Wissem Ben Mansoura²

¹Radiology, Medicine School of Tunis Tunisia, tunis, tunis, Tunisia

²Department of Radiology, Hopital Militaire Principal d'Instruction de Tunis, Tunis, Tunisia

Correspondence to

Dr Sami Kouki,
koukiseini@yahoo.fr

SK and WBM contributed equally.

Accepted 16 February 2018

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.

Contributors SK: manuscript. WBM: bibliography.

Funding This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

© BMJ Publishing Group Ltd (unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

REFERENCES

- 1 Glasser JG, Nottingham JM, Durkin M, *et al*. Case series with literature review: surgical approach to megarectum and/or megasigmoid in children with unremitting constipation. *Ann Med Surg* 2018;26:24–9.
- 2 Kouki S, Fares A, Akkari K, *et al*. Unusual cause of pelvis pain and polyuria in an adolescent: idiopathic megarectum. *JBR-BTR* 2013;96:264.
- 3 Grossmann EM, Kaminski DL, Amon E, *et al*. Idiopathic megarectum complicating pregnancy: report of a case. *Am J Gastroenterol* 2000;95:2969–72.

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.

To cite: Kouki S, Ben Mansoura W. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2018-224418

Copyright 2018 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow