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 intrauterine pregnancy and no other intra-abdominal abnormalities (figure 1). MRI with multiplanary 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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REFERENCES

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.