

DUPLICATION OF THE RECTUM RESEMBLING A JUVENILE POLYP*

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SUMMARY: Kızılcın F, Tanyel FC, Kale G, Hiçsönmez A. (Departments of Pediatric Surgery and Pediatric Pathology, Hacettepe University Faculty of Medicine, Ankara, Turkey). Duplication of the rectum resembling a juvenile polyp. Turk J Pediatr 34: 193-195, 1992

A five-year-old boy with a rectal mass mimicking a rectal polyp, which proved to be a cystic duplication of the rectum, is presented. In a child with painless rectal bleeding, a mass palpated during rectal examination is usually diagnosed initially as being a rectal polyp. However, the case presented revealed the possibility of rectal duplication. Key words: rectal duplications, intestinal duplication, anal bleeding, rectal polyp.

Duplications of the rectum are rare entities and account for 3.2 percent of total duplications in the alimentary tract¹. The most common type of rectal duplication is cystic duplication which is located behind the rectum². These duplications may cause rectal and urinary obstructions³, and are sometimes mistaken for presacral teratomas⁴. Rectal duplication may occasionally prolapse through the anus⁴, resulting in rectal bleeding.

Although rectal polyp is not considered in the differential diagnosis of rectal duplication, the case presented indicates the possibility of confusion in diagnosis.

Case Report

A five-year-old boy was admitted to our hospital for evaluation of rectal bleeding of 15 days' duration and a mass in the anus. After painless defecations, a few drops of bright, red blood and a mass protruding through the anus were noticed by his mother. Physical examination revealed a healthy child with normal findings. A digital rectal examination was performed and a polypoid mass measuring 3×3 cm located at the posterior rectal wall four cm above the dentate line was palpated. The patient underwent a proctosigmoidoscopic examination under general anesthesia with the diagnosis of juvenile polyp. The rectal mucosa was found to

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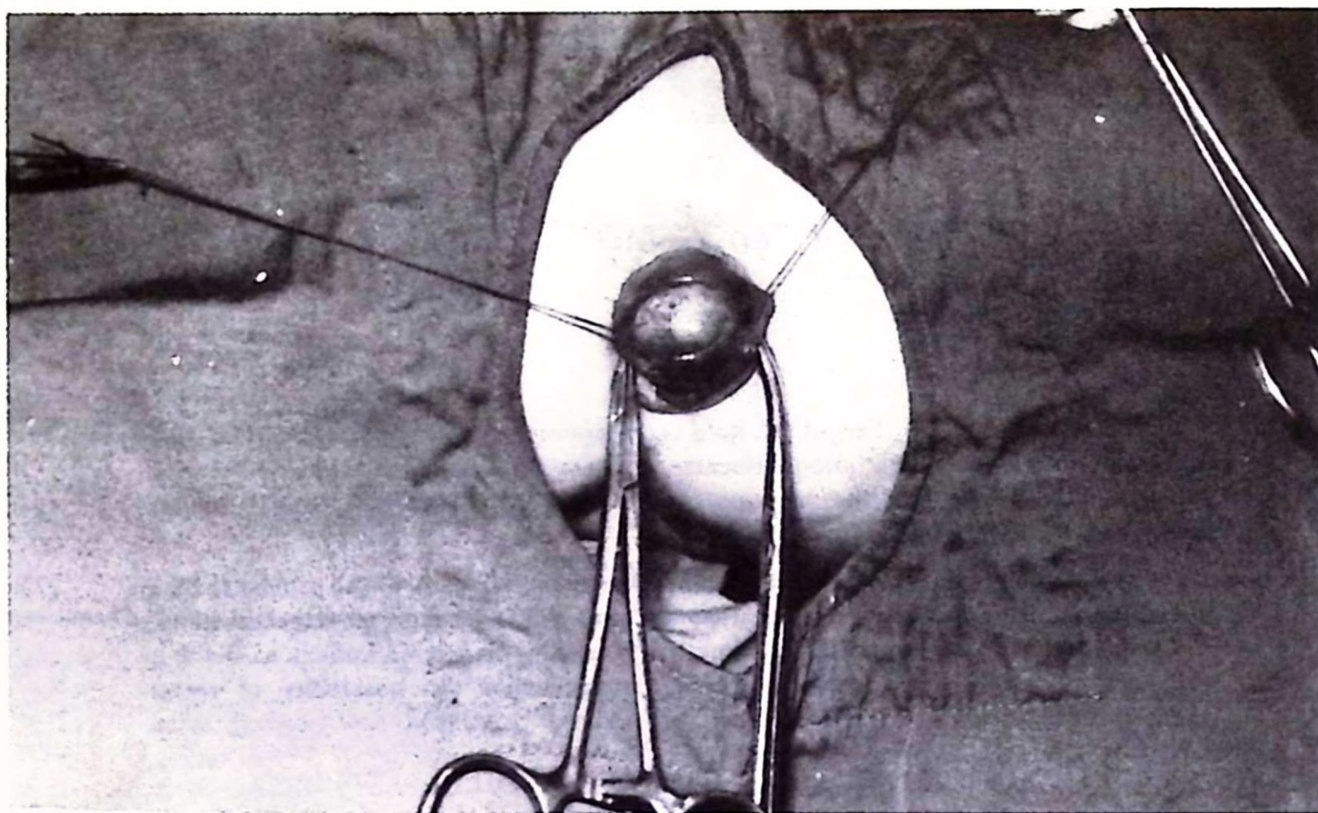


Fig. 1: Photograph of the mass protruding through the anus taken during surgery.

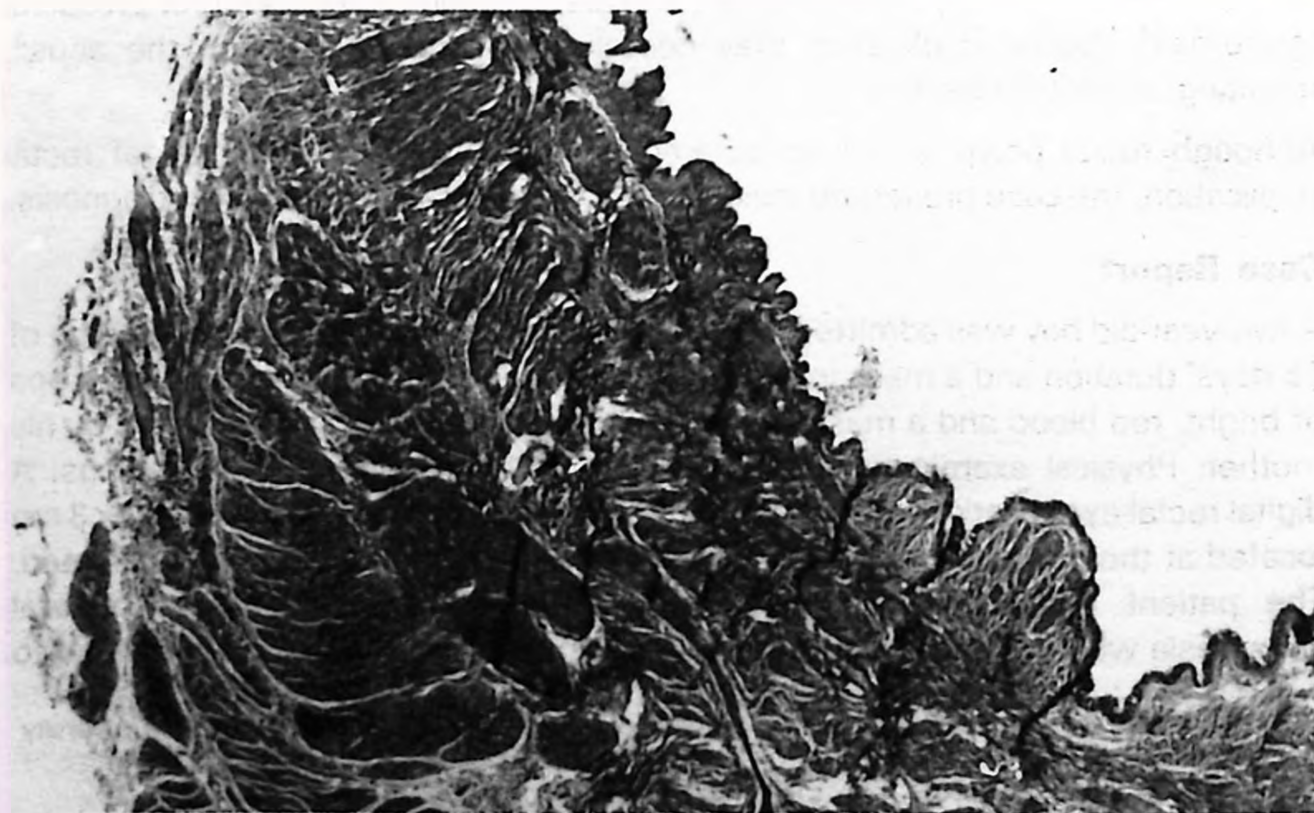


Fig. 2: Microscopic findings show that the wall of the cystic mass is composed of both rectal mucosa and muscular layers (H.E $\times 30$).

be intact during the examination, but a mass bulging into the rectum was detected four cm above the dentate line. The mass was eased out of the anal canal, the mucosa was incised and a cystic mass located in the submucosal region was excised (Fig. 1). Pathological examination revealed that the wall of the spherical cystic mass which measured $2 \times 2.5 \times 2.5$ cm consisted of nonstriated muscle layers and rectal mucosa diagnostic of rectal duplication (Fig. 2). The postoperative recovery was uneventful, and the child did well during the first postoperative year.

Discussion

Juvenile polyps are common causes of rectal bleeding occurring between the ages of two and six⁵. This disorder occurs in one percent of preschool and school-aged children⁶. Rectal examination in painless hematochesia may be sufficient in arriving at a diagnosis for a majority of polyps located in the rectum⁷.

The history of rectal bleeding and a prolapsing mass in our patient was suggestive of this disorder because juvenile polyps can prolapse through the anus, and in general, prolapsing masses are usually diagnosed as juvenile polyps.

The polypoid mass palpated during rectal examination was erroneously considered to confirm the existence of juvenile polyp.

The diagnosis of juvenile polyp is usually straightforward if palpated during digital rectal examination in a child with painless rectal bleeding, and if rectal duplication is not considered in the differential diagnosis. However, the case presented reveals that smaller cystic duplications of the rectum can mimic rectal polyps such as those encountered in our patient. Therefore, we suggest that cystic duplications should also be considered in the differential diagnosis of rectal polyps.

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