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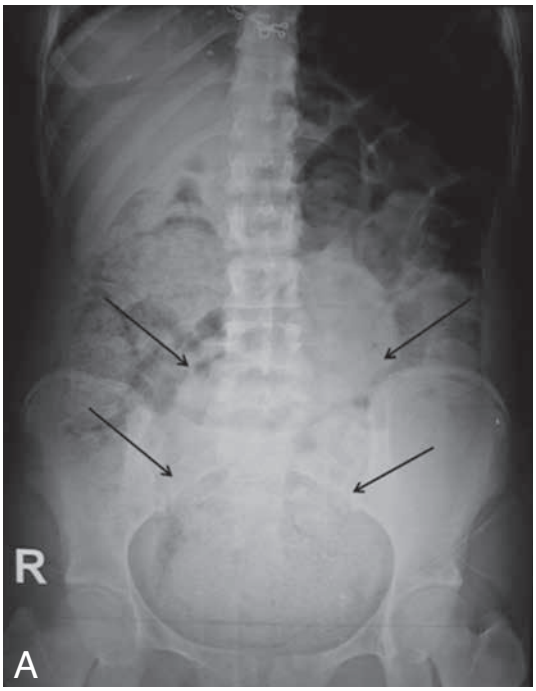
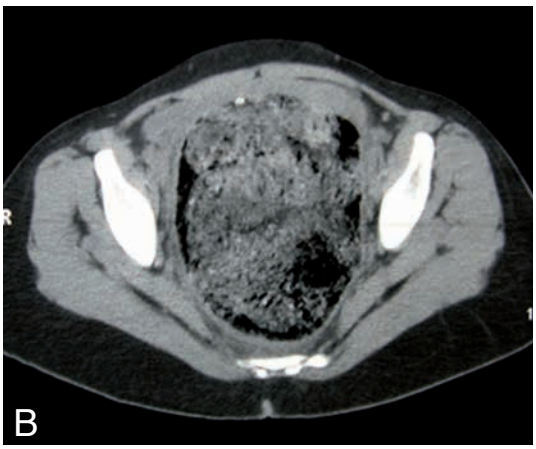
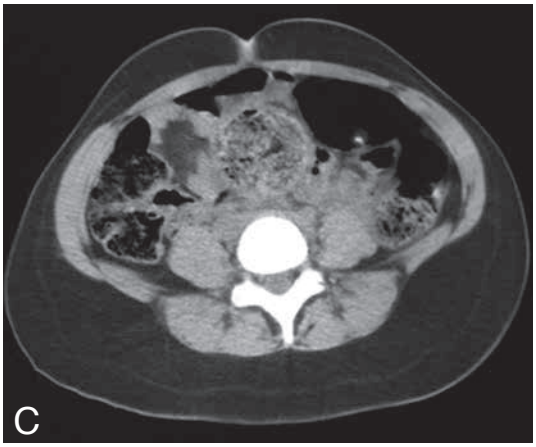
IMAGES IN CLINICAL RADIOLOGY







Unusual cause of pelvis pain and polyuria in an adolescent: idiopathic megarectum

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A 16-year-old girl presented to the emergency department with subacute pelvic pain, painful micturition and polyuria for 3 days. She had a past history of dysmenorrhea and chronic constipation for many years without any relevant surgical history. Patient had no fever or vomiting. On examination the patient had a soft abdomen with non-tender pelvic mass.

The abdominal plain film revealed a lower abdominal opacity (Fig. A) without any air-fluid levels or pneumoperitoneum.

Abdominopelvic CT revealed fecal impaction in a megarectum (Fig. B) without significant colonic dilatation (Fig. C). Enemas failed to relieve the impaction. The surgical treatment was the only choice with resection of the rectum and coloanal anastomosis without any reported postoperative complications with improvement of the patient's complains.

Comment

The definition of megarectum is variable. Such author suggests that megarectum is defined as an enlarged rectum with a recto-pelvic ratio greater than 0.61 associated with significant abnormalities in the anorectal manometry, pressure-volume curves, or rectal compliance. The aetiology and pathology are unknown. Diagnosis is often easier for children who are presenting constipation or encopresis with a large rectum. The megarectum is rarely diagnosed in adults. Clinical presentation may be sometimes unusual when other symptoms are in the foreground such as urinary symptoms like in our patient.

Secondary forms of megacolon may be related to an alteration of the rectal innervations such as in spinal dysraphism or in Parkinson's disease.

Colonic perforation is the most dangerous reported complication.

Medical treatment is often based on laxatives. Surgical treatment, often a rectal resection with coloanal anastomosis, is reserved for severe forms with a very large rectum as in our case.

Reference

1. Van der Plas R.N., Benninga M.A., Staalman C.R., et al.: Megarectum in constipation. *Arch Dis Child*, 2000, 83: 52-58.

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