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Archives of Gastroenterology Research Clinical Image

A Case of Spontaneous Rectal Perforation in a Constipated Elderly Patient

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Clinical Image

An elderly male patient, aged 90 years, presented to the outpatient department of our institution with a documented history of constipation persisting for a span of twenty days, accompanied by bleeding per rectum exacerbated by straining. Notably, there were no alarming signs such as weight loss, loss of appetite, or anemia. The patient's general and systemic examination yielded normal results, with laboratory parameters, including tumor markers such as serum CEA, within normal limits. Further evaluation through a proctoscopy examination revealed normal findings, following which the patient was prescribed laxatives and supportive treatments. However, the patient reported back following a few days with persistent symptoms including fever, chills, and rigors. Subsequent imaging studies, including a contrast-enhanced computed tomography of the abdomen, revealed heterogeneously enhancing asymmetrical thickening involving the rectum and sigmoid colon, with a maximum thickness of 15 mm for a length of 10 cm. Posterior infiltration into the presacral space without bony involvement was also noted, alongside the presence of air-containing necrotic tissue measuring 4.2 x 6.8 x 8 cm in presacral space in relation to the asymmetrical rectal thickening **(Figure 1)**. After analyzing the computed tomography report, Colonoscopy was done and it was suggestive of a large fistulous opening in the rectum with hyperemic margins, approximately 10 cm from anal verge **(Figure 2)**. Multiple Biopsies from the margins were taken. Rest of the colonoscopy was normal. Histo-pathological examination report was suggestive of nonspecific inflammatory changes with no evidence of malignancy or granuloma. Tissue for CBNAAT was also negative for *Mycobacterium*. The patient was referred to the surgery department and diversion colectomy was done for the patient. The patient's general condition has improved since then and is doing well as per the latest follow up.

Figure 1. Saggital Contrast Enhanced Computed Tomography image showing air containing collection in pre-sacral and posterior rectal space (Yellow arrow).

Figure 2. Colonoscopy image showing large perforation with healthy margins in rectum (yellow arrow), luminal narrowing of rectosigmoid (white arrow).