

Imaging diagnosis

Case 435

4. Rectal perforation

【Progress】

She underwent intraperitoneal open surgery, revealing perforation from rectal cancer. It revealed large cavity with coagula and abscess at the left upper abdomen. Further, a large abscess was present at the left lower abdomen, suspicious perforation from rectum.

【Discussion】

We encountered the impressive case with three large abscesses; two abscesses, at both sides of ventral and dorsal of the stomach: one abscess at the ventral side of the rectum. These abscesses with massive gas mimic the digestive organs of stomach and rectum, indicating that the interpretation to differentiate was, at first, difficult. One of the problems was whether the abscesses emerge from the same origin or the respective origin. Another problem was whether the abscesses happen respectively or simultaneously. Further, if the same origin created these abscesses, would the origin come from the upper or the lower?

The difficulties on the interpretation of this case are listed; the abscess size is too large to inflate the stomach and rectum, indicative of the compression of them; the figure of the abscess including massive gas mimic that of the stomach and rectum lumens indicating the difficulty of the continuity of the these digestive organ: the gas formation arising from abscess mixed with perforation gas.

Contrast-enhanced CT is more useful to identify the compressive digestive organ mural because of its enhancement while, because of non-enhancement of abscess itself. The small bubbles in the stomach funds and rectum enable us to identify the presence of the stomach or rectum and follow the continuity of the digestive organ.

Finally, from the retrospective view, we realized that the abscess must arise from the single source, and the source must arise from the lower because if the lesion were at the upper side, the gas from the lesion could not move to the lower.

In the past, the perforations from the digestive organs were encountered in cases with appendicitis, sigmoid colon diverticulitis, intestinal pneumatosis. Therefore, thanks to these cases, we made the conclusion that this case with the upper and the lower abscesses come from the lower source such as the sigmoid colon or appendix. As the results, this case with the lower perforation arose from rectum cancer.

【Summary】

We presented a sixty-six-year-old female with mild fever, general fatigue, and appetite loss. Three large abscesses including massive gas at both sides of ventral and dorsal to the stomach, and ventral side to rectum, were present with containing massive gas inside on abdomen CT. Further, they markedly compress the stomach and the rectum. It is borne in mind that perforations arisen from digestive organs in the pelvic regions occur from sigmoid colon diverticulitis, appendicitis and rectal cancer.

【References】

1. Case 142 Case 233 Case288 Case 317, Sigmoid colon diverticulitis perforation
2. Case 318, Case 357. Appendicitis perforation
3. Case 108 Intestinal pneumatosis

back

2026.6.5