

Fecaloma in an iatrogenic diverticulum: an unusual complication of the procedure for prolapsed hemorrhoids (PPH)

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The procedure for prolapsed hemorrhoids (PPH) is associated with low levels of postoperative pain but may be followed by unusual and severe postoperative complications.

We report a case of a 62-year-old woman affected by tenesmus, obstructed defecation and vaginal bulging 2 years after a PPH procedure performed in another institution. Clinical examination and colonoscopy revealed a mass within the anterior rectal wall bulging into the vaginal and rectum lumen 3 cm above the dental line, mimicking a stromal tumor.

Magnetic resonance imaging (MRI) confirmed the presence of an avascular mass, 4 cm in diameter, confined to the anterior rectal wall (Figs. 1, 2).

Intraoperative findings revealed a calcified fecaloma enclosed in a mucosal rectal diverticulum communicating with the rectal lumen with a little opening at the level of the staple line (Figs. 3, 4).

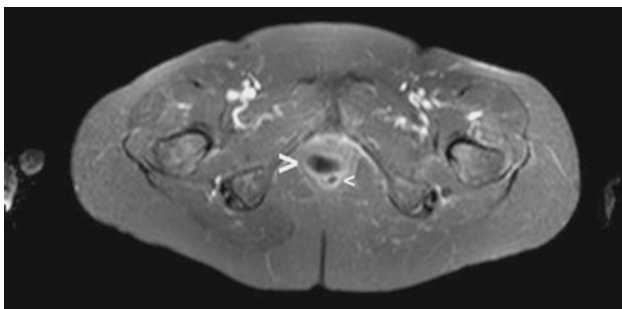


Fig. 1 Coronal MRI revealed a mass within the rectal wall (*big arrow*) deforming the rectal lumen (*small arrow*)

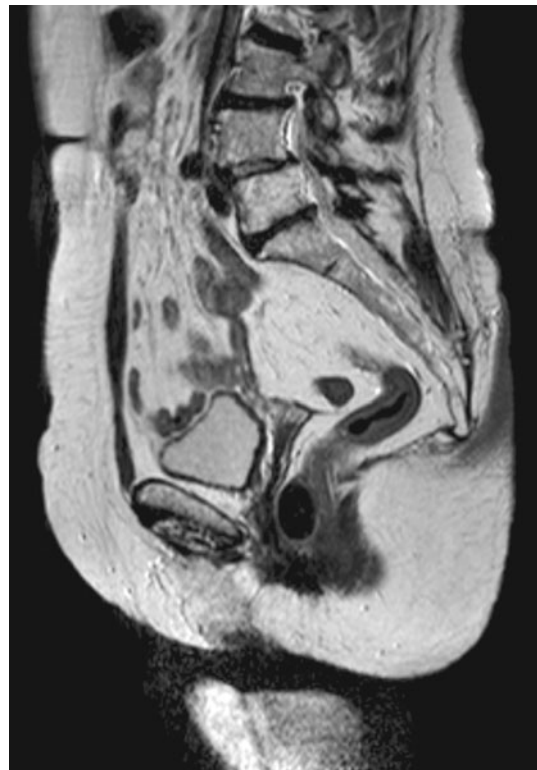


Fig. 2 Sagittal MRI showed the mass was enclosed in rectal mucosa at the level of the rectovaginal septum

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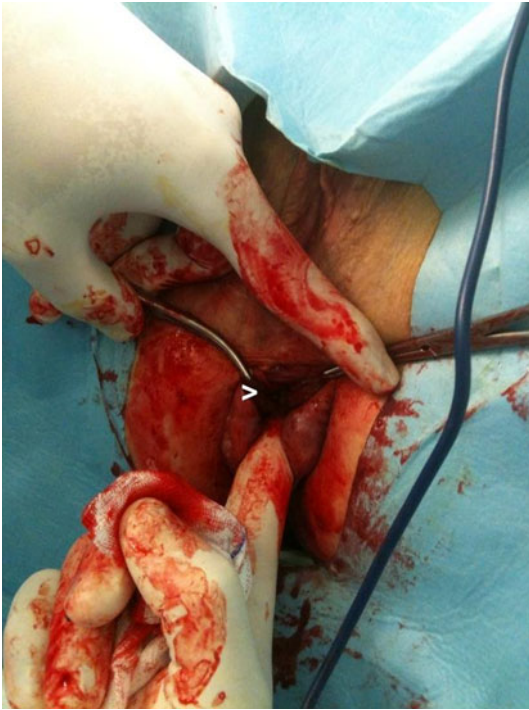


Fig. 3 The opened mucosa (*arrow*) with a finger in rectal lumen



Fig. 4 Fecaloma removed from the mucosal rectal diverticulum