Rare rectal mucocele mimic tumor following hemorrhoidectomy in an adult patient

Dear Editor,

Mucoceles are commonly associated with the appendix and cranial sinuses. Rectal mucoceles are rare. There are case reports of rectal mucoceles following Hartmann’s procedure, and secondary to high anal sphincter tone following spinal trauma. [1,2] Mucoceles have developed in defunctioned colon after pull-through surgery due to stenosis and retraction of the colonic stump [3,4]. Scarring of the mucus fistula, or failure to create a mucus fistula are other described contributing factors. We report a case of small rectal mucoceles following hemorrhoidectomy which caused scarring and stricture of the anal canal.

A 39-year-old male with a history of hemorrhoidectomy 4 years ago presented tenesmus and difficult in defecation for half a year. Due to persisted and troublesome symptoms he visited our clinic. The digital examination showed two palpable mass and irregular surface of anal canal. The anal scopy was done and rectal tumor was suspected. On admission, the laboratory examinations and the colonoscopy were done for evaluation of the operation. The colonoscopy showed two small tumors located in 6 and 10 o’clock direction and anal canal scar (Fig. 1). The operation of wide excision and revision of anal canal scar was performed. The pathological result showed mucocele with benign colorectal glands floating in mucin pool (Fig. 2). After surgical treatment the symptoms were improved a lot and no evidence of recurrent mucocele is for 9 months.

Mucin secretion is produced by mucosal cell. Mucocele is difficult to form in the gastrointestinal tract except appendix due to its often obstruction. Mucous retention is an important...
leading factor of mucocele formation. Rectal mucocele is similar histological and pathophysiologic features with mucocele of the appendix. It is traditionally thought to result from appendiceal obstruction with subsequent luminal accumulation of mucus and dilation of the obstructed appendix [5]. The lumen obstruction, stricture or high anal tone are possible causes of rectal mucocele. There are cases reported such as mucocele after Hartmann’s procedure for ulcerative colitis, spinal trauma [1,2], pull-through surgery [3,4]. The mucoceles were large and found while abdominal pain or distension appeared in these cases. Herein our case presented the symptoms of tenesmus, difficult in defecation and two small mucocele located in 6 and 10 o’clock direction at rectum after hemorrhoidectomy. The differential diagnosis includes cyst, polyp and malignancy. The colonoscopy can be done for evaluation. The two small mucoceles mimic rectal tumor and these were proved mucocele by pathological result. We consider that anal canal scar and stricture caused by hemorrhoidectomy maybe causes of small mucocele formation in our patient, similar to appendiceal mucocele.

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References