Rectal duplication combined with teratoma: a case report

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Case report

An 18-year-old girl presented with difficulty in passing urine and lower abdominal mass for 2 months. Fifteen days before admission to our hospital, she received laparotomy in another hospital during which a mass was found in the peritoneal space. The doctor ceased further exploration and closed the abdominal wall due to lack of experience; then the girl was sent to our hospital for further treatment. On examination, the patient was well built with no physical abnormalities except that the right side of the hip was a little higher than the left side; on rectal digital examination a mass outside the rectum about 5 cm from the anal verge on the right was touched. It was soft and nontender but the examining finger could not go above it. Intravenous pyelography showed that the left ureter was pushed aside and the left superior part of the bladder was depressed. CT scanning revealed a huge mass behind the uterus and the sigmoid colon with no infiltration into the surrounding structures and its texture was like that of a soft tissue. Another mass was found to be inferoposterior and to the right of the first mass pressing the surrounding tissues. No other special familial history, personal history and inherited diseases were found. About 20 days after the first operation, another laparotomy was performed under general anaesthesia during which a fully encapsulated mass, 7-8 cm in diameter, was found beneath the pelvic floor when the peritoneum over it was opened. During the dissection, the mass measured about 5-7 cm at its widest diameter, was formed with a well-formed tube-like structure attached to its own mesentery, blinded at its superior free end and inferiorly attached to the junction between rectum and the sigmoid colon. This structure was about 7 cm in diameter and situated between the rectum and the sacrum, which was attached to the surrounding structures and protruded out through the right hip. Its content was whitish jelly-like and contained hair-like structures. After careful dissection between the masses and their surrounding structures and ligating the tiny blood vessels, the 2 masses were removed and the abdomen was closed. No complications occurred after operation and the patient was discharged on the tenth postoperative day. Pathological report: the wall thickness of the tube-like structure varied from 1-10 mm and contained nonstriated muscles and interstitial mucosa with the characteristic of gastrointestinal tract. These characteristics concurred with the diagnosis of rectal duplication. The second mass comprised of squamous cells, appendages of skin and striated muscles and fat, thus diagnosed as teratoma.

Discussion

Rectal duplication is part of the Notochord syndrome in which various abnormalities like teratoma, rectal duplication, meningocoele, etc co-exist, accounting for about 3% of all enteric duplications. They are mainly located on the mesenteric border of the bowel and may be separated from the lumen, but the curved rectal duplication is relatively a rare phenomenon. Symptoms varied from abdominal pain to that caused by pressing surrounding structures.

Teratoma arises from embryonic stem cell layers like ectoderm, mesoderm and the endoderm, and therefore has its constituent elements as the skin and its appendages, sebaceous materials, smooth muscles, bone, tooth, fat and gastrointestinal epithelium. It is a slow growing tumor mostly presenting at birth. They become symptomatic only when they are big enough to cause pressure symptoms. They are mostly found in the sacrococcygeal region.

Benign neoplasm takes time to be symptomatic. At the time when it is large enough to cause pressure symptoms, the patient may be at quite an advanced age though the tumor could have been present at birth. The possibility of a malignancy is rare and the congenital disease should be firstly considered. They are normally insidious in presentation as evident in the patient under discussion. Although there are others examination like barium enema, CT has become the

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Myasthenia gravis complicated with polyradiculoneuropathy: a case report

Patients with symptoms of pressure indicates a laparotomy. Even the nature of the mass was not known, it is important that the dissection should be continued until there are very important vessels or structures were found involved. In this case, though the mass is very large, because the capsule is intact, the dissection prove to be not too difficult, and the 2 masses are all removed perfectly. The patient recovered well and the symptoms disappeared after the operation and the follow-up indicated that the prognosis was good.