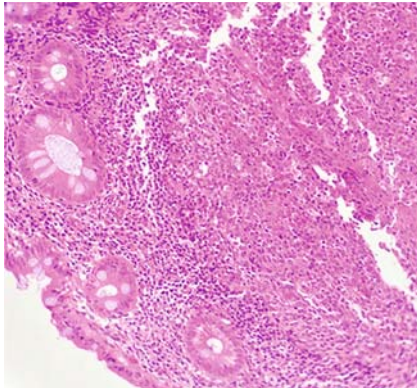
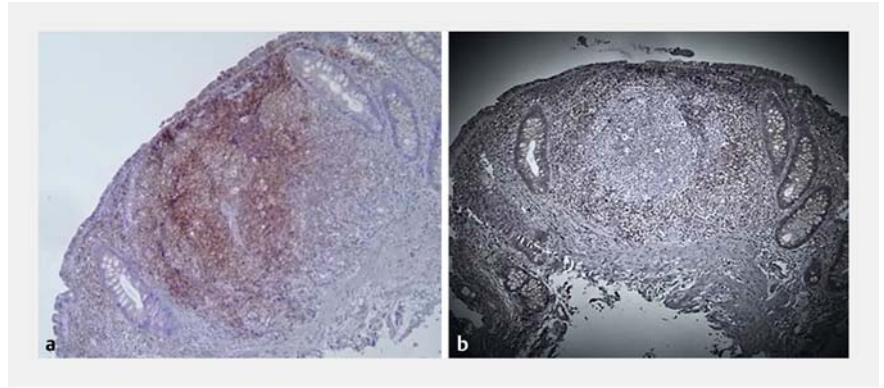


Rectal tonsil: a rare cause of rectal bleeding



► **Fig. 1** Rectal mucosa of a 21-year-old patient with a 4-month history of rectal bleeding. Lymphatic follicle with a prominent germinal center containing tingible body macrophages (H&E, ×10).



► **Fig. 2** Rectal mucosa of the same patient. **a** Lymphatic follicle positive for CD20 (×10); **b** lymphatic follicle with germinal center negative for Bcl2 (×10).

A rectal tonsil is a lymphoid follicular hyperplasia of the rectum and a rare cause of rectal bleeding. As it is a benign lesion of uncertain etiology [1, 2], treatment is reserved for symptomatic patients [2].

We present the case of a 21-year-old woman with normal bowel movements who presented with a history of rectal bleeding over a period of 4 months. Digital rectal examination revealed a rectal mass. Colonoscopy revealed circumferential granular involvement of the rectal mucosal surface (► **Video 1**). Histology showed a dense lymphoid infiltrate and lymphatic follicles (► **Fig. 1**).

Infection [3] and lymphoma were excluded (► **Fig. 2**) and a diagnosis of rectal tonsil was made [4]. Excellent clinical and endoscopic response was achieved after a 1-month course of rectal mesalazine administered twice daily (► **Fig. 3**). Because the lesion is benign in nature, with transformation into lymphoma being the exception [4], treatment was discontinued. The patient continued asymptomatic at 3-month clinical follow-up.

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► **Fig. 3** Treatment with rectal mesalazine: appearance of the rectal mucosa before treatment (**a**) and after treatment (**b**).

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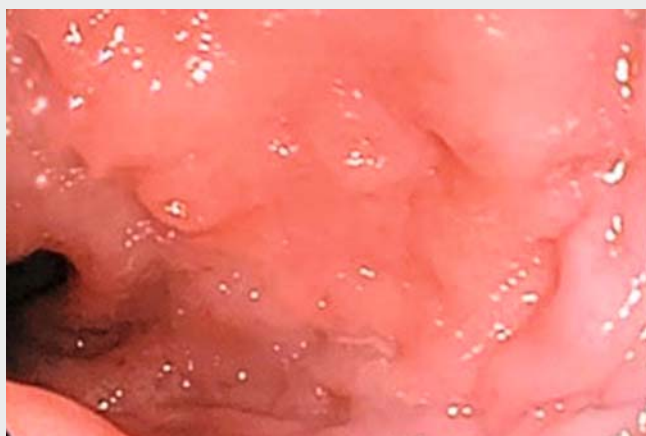
Competing interests

The authors declare that they have no conflict of interest.

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Video 1 Colonoscopic appearance of a rectal tonsil before and after treatment with mesalazine.

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