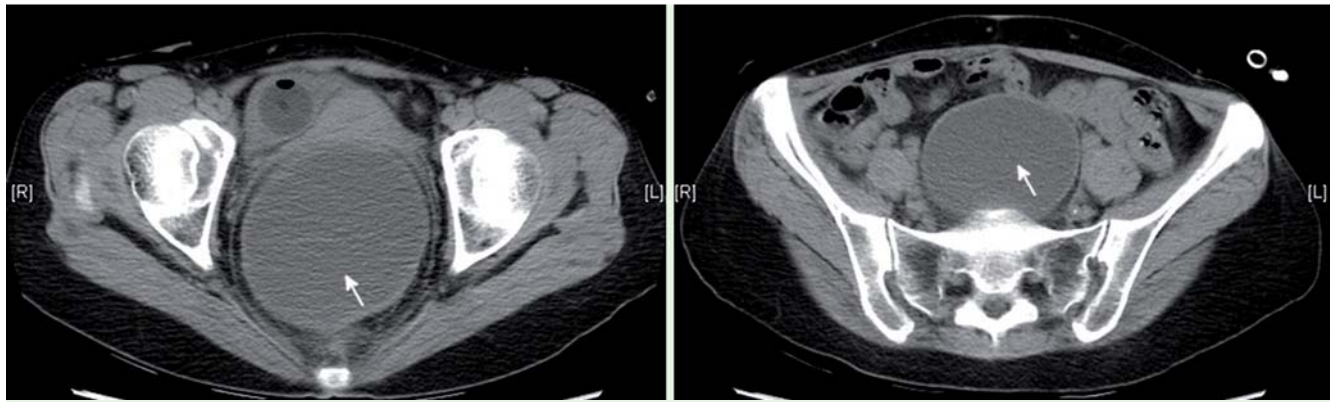


## Endoscopic ultrasonography-guided drainage of a rectal mucocoele after total colectomy for Crohn's disease



**Fig. 1** Computed tomography showing a grossly distended rectal stump (arrow head).

A 40-year-old woman was admitted with acute urinary retention and failed to wean off the Foley catheter. She had a known history of Crohn's disease and 5 years previously had undergone total colectomy and end ileostomy as treatment for massive gastrointestinal bleeding due to pancolitis. Computed tomography showed a grossly distended rectal stump up to 15×9 cm in size (● **Fig. 1**). Sigmoidoscopy showed a blind-ended stump 5 cm from the anal verge. The overall features were compatible with a large rectal stump mucocoele.

The patient was scheduled for endoscopic ultrasound (EUS)-guided transrectal drainage. The rectal mucocoele was punctured by a 19-gauge needle (Echo-19; Cook Medical Inc., Bloomington, Indiana, USA) using a curvilinear echoendoscope (GF-UTC 260; Olympus, Tokyo, Japan) introduced via the anus. A 0.025-inch guide wire (Visiglide; Olympus) was inserted and looped around the mucocoele (● **Fig. 2**). The track of the guide wire was dilated to 8 mm in size using a controlled radial expansion balloon (Boston Scientific, Natick, Massachusetts, USA). Another guide wire was inserted into the mucocoele and two plastic stents were placed (10Fr×5 cm and 7Fr×4 cm) (● **Fig. 3**). There was good drainage of large amounts of clear viscous fluid. Follow-up computed tomography 1 month later showed complete resolution of the mucocoele (● **Fig. 4**). The patient was able to void following the procedure.

Rectal mucocoeles are a rare entity and occur as a result of distal stenosis in the



**Fig. 2** Looping of the guide wire around the rectal mucocoele.

rectal stump after colectomy and end colostomy [1,2]. They are more commonly seen in patients who have undergone surgery for complications of inflammatory bowel diseases. These mucocoeles can grow slowly over a prolonged period and can reach large sizes. They can then exert pressure upon surrounding organs and can compress the bladder and ureter. Tra-

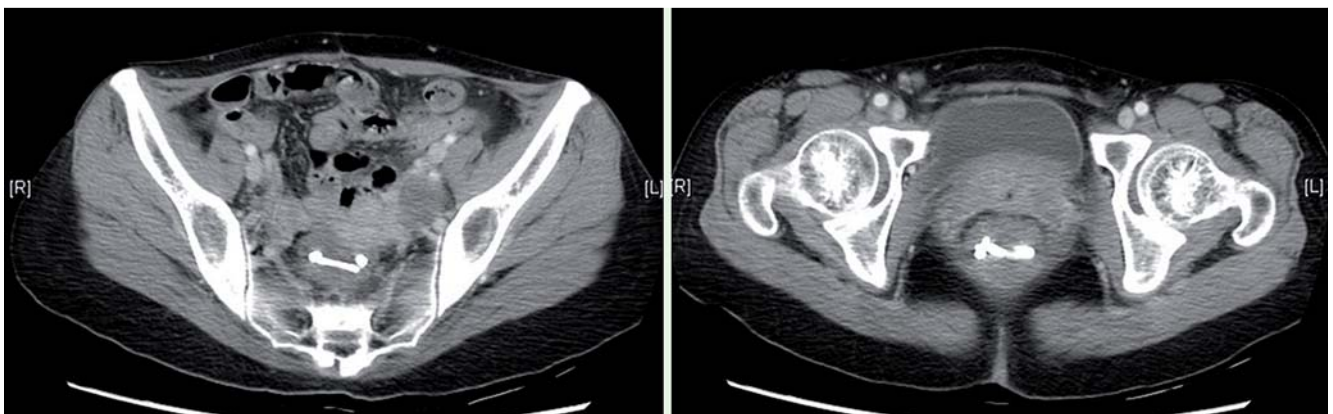
ditional treatment involves percutaneous drainage or surgical resection [3]. To our knowledge, the current case is the only report in which EUS was used for therapy by guiding internal drainage.

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**Competing interests:** None



**Fig. 3** Placement of two plastic stents for drainage of the mucocele.



**Fig. 4** Follow-up computed tomography 1 month later showed complete resolution of the mucocele.

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