birmingham bowel clinic

Enquiries: 0845 241 7762
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Solitary Rectal Ulcer Syndrome

Solitary rectal ulcer syndrome is not very common. Patients have inflammation and thickening in the rectum which sometimes is associated with an internal rectal prolapse (intusseception).

The causes are uncertain but a number of factors have been implicated. Excessive straining can cause a degree of internal prolapse. If this happens and the prolapse telescopes down into the anus it can be rubbed, causing it to become inflamed and ulcerated. Some patients use a finger in the anus to help open their bowel and this may be a cause of inflammation.

Symptoms of Solitary Rectal Ulcer Syndrome

The common symptoms are those of obstructed defaecation syndrome. These include the desire to strain excessively, the feeling of incomplete evacuation and fruitless visits to the lavatory.
The patients often report passing blood and mucus and patients may also be aware of a pressure sensation within their back passage.

How is Solitary Rectal Ulcer Syndrome investigated?

When you are seen in clinic the consultant will take a full history and carry out a clinical examination. Usually this will involve a rigid sigmoidoscopy and sometimes a proctoscopy as well.

Most patients will require some form of endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy. Normally a biopsy is taken.
The most useful test to make a diagnosis of internal prolapse is a video proctogram. This should confirm the diagnosis it is also useful to detect other areas of prolapse such as a rectocele or an enterocele which would require treatment at the same time.

Most patients will also have tests of their sphincter muscle function (anorectal physiology) and an endoanal ultrasound scan to look for any damage to the muscle.

How is Solitary Rectal Ulcer Syndrome treated?

If symptoms are minimal then no treatment may be necessary. Keeping the stools soft and avoiding straining should help. Sometimes glycerine suppositories will help emptying.
Pelvic floor physiotherapy/ biofeedback may help some patients to retrain their pelvic floor muscles and improve symptoms.

In some cases where the solitary rectal ulcer syndrome is associated with a significant internal prolapse a ventral mesh rectopexy may be recommended.

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What are the next steps?

If you think you have this condition or any of these symptoms, you will need to seek medical advice.

If you have private medical care or wish to pay to see a consultant:

Take this factsheet along to your own GP and request a referral to one of our consultants.

For more information or to make an appointment:

Contact the Birmingham Bowel Clinic on 0845 241 7762 or email enquiries@birminghambowelclinic.co.uk.