

## Solitary Rectal Ulcer in a Child Treated with Local Sulfasalazine

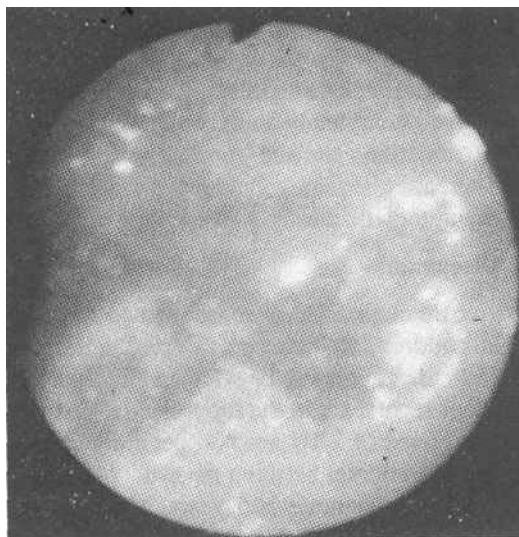
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Solitary rectal ulcer (SRU) is a rare disease in children, the pathogenesis of which is not well understood(1,2). We report a child with this condition.

### Case Report

An 11-year-old girl presented with history of frequent passage of small amounts of bright red blood per rectum without mucus since the age of 2 years. There was no history of abdominal pain, tenesmus, constipation, diarrhea, weight loss, fever, joint pains, skin rash, hematemesis, rectal prolapse, anal intercourse or insertion of foreign bodies. Physical examination was normal except for findings on rectal examination of ulceration and induration on the anterior rectal wall. Her hemogram, coagulation profile, serum chemistry and stool examinations were normal. On colonoscopic

examination an ulcer of 3 x 4 cm size was seen on the anterior wall of the rectum, 4 cm above the anal verge (*Fig. 1*). Colonoscopic biopsy from the ulcer edge showed fibromuscular obliteration of lamina propria along with mixed inflammatory cell infiltrate and patchy mucodepletion (*Fig. 2*). She was advised bulk laxatives, high fibre diet and sucralfate retention enema in a dose of 2g twice a day for 2 months. However, she continued to have symptoms and repeat sigmoidoscopy showed persistence of rectal ulcer. Prednisolone retention enema in dose of 40 mg per day was then given for 2 months but again there was no symptomatic or endoscopic response. She was then put on sulfasalazine retention enema in a dose of 500 mg twice a day following which she started showing response in one month. Sulfasalazine enema was continued and she was followed up for symptoms and ulcer healing by sigmoidoscopic examinations every month. After 4 months of



*Fig. 1. Endoscopic photograph showing solitary ulcer in rectum.*

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*Fig. 2. Microphotography showing fibromuscular obliteration of lamina and distortion of crypts (H & E stain, original magnification 40).*

sulfasalazine enema therapy, her bleeding stopped completely and her sigmoidoscopic examination showed healed ulcer site. Thereafter, she continues to be asymptomatic during 1 year follow up.

#### **Discussion**

Although SRU is considered to be rare in children, at least one selected series of 119 cases, reported 19 affected children(3). Other reports are in the form of case reports. Symptoms of SRU are nonspecific and the average interval between the onset of symptoms and diagnosis is 5 years. Most of the patients present with mild bleeding(4). Our patient had mild but frequent rectal bleeding as the presenting symptom. Endoscopic

lesion in SRU usually is an ulcer located on the anterior wall of the rectum within 10 cm from the anal verge. The ulcer may be discrete, shallow and irregular with a greyish slough at the base. The characteristic histopathological features are fibrous obliteration of the lamina propria with disorientation and hypertrophy of the muscularis mucosa and extension of muscle fibers into the lamina propria(5). Degenerative changes in the crypt epithelium, erosion or ulceration in the mucosal surface of epithelium and displacement of mucosal glands into the submucosa may be seen. Our patient had an ulcer on the anterior wall of the rectum confirmed by typical histologic features of SRU.

The exact cause of SRU is unknown(1-5). There is no general agreement about the treatment of SRU. Several therapeutic approaches, both conservative and surgical have been tried with variable success(1-7). These include bulk laxatives, local electrocautery, caustic agents, antibiotics, sulfasalazine, steroids and sucralfate retention enemas(6,7). Our patient did not respond to bulk laxatives, local steroids and sucralfate retention enemas. However, treatment with sulfasalazine enema resulted in symptomatic and endoscopic response.

Although rare in children, SRU is relatively easy to diagnose but difficult to treat. A greater index of suspicion by both the pediatrician and pathologist is required. For diagnosis of SRU, we recommend routine use of proctosigmoidoscopy in children having prolonged bleeding per rectum and biopsy or any suspected lesion.

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## Accidental Poisoning

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Accidental poisoning in children is one of the commonest emergency encountered in pediatric practice. The reported incidence of childhood poisoning in various studies varies from 0.3 to 7.6% (1,2) which constitutes a significant number of admissions to the pediatric wards. So far, different

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regional studies are not available to exhibit the incidence and patterns of different poisoning. The present retrospective study aims to find out the incidence, morbidity and mortality of different poisonings in children.

### Material and Methods

This retrospective study was carried out in J.L.N. Medical College and Hospital, Ajmer. Records of all poisoning cases admitted in children ward during period June, 1987 to May, 1993 were analyzed. Children with idiosyncratic reactions to prescribed drugs were not included.

### Results

Of 20,011 patients admitted from June 1987 to May 1993, 223 (1.1%) were of accidental poisoning. The commonest age group was 0-5 years constituting 81.2% of total patients of poisonings, followed by 5-10 years (16.1%). There was an overall male predominance, with male to female ratio of 1.6: 1.

In the 0-5 years age group, the mode of