

Case Report: Rectum

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Patient history

In this 34-year-old female patient suffering from Cohn's disease, a complex anal fistula is seen, communicating with the skin, the bowel and a large presacral collection. The patient was referred to our institution to evaluate the exact extension of the complex fistula and for further evaluation of therapeutic procedures.

Sequence details

Multiplanar T2, fat suppressed T2 and post contrast enhanced fat suppressed T1-weighted images were acquired using our 3T MAGNETOM Verio system with the integrated spine and a body-phased array coil.

Image findings

A fistula is demonstrated on the left beginning at the 12 o'clock position immediately anterior to the rectum. Seton is demonstrated in-situ and this extends superiorly into the left ischio-rectal foss, extending into an ischio-rectal abscess (measuring 5 cm in anterior-posterior dimension). There is a blind ending situs extending anteriorly in to the left obturator internus and posteriorly to end up being medial to the gluteus maximus in the midline. This also communicates with the bowel approximately 3 cm above the anal verge at 3 o'clock position and communicates with a large (6 x 1.5 cm diameter) presacral collection. There is a second sinus tract that is

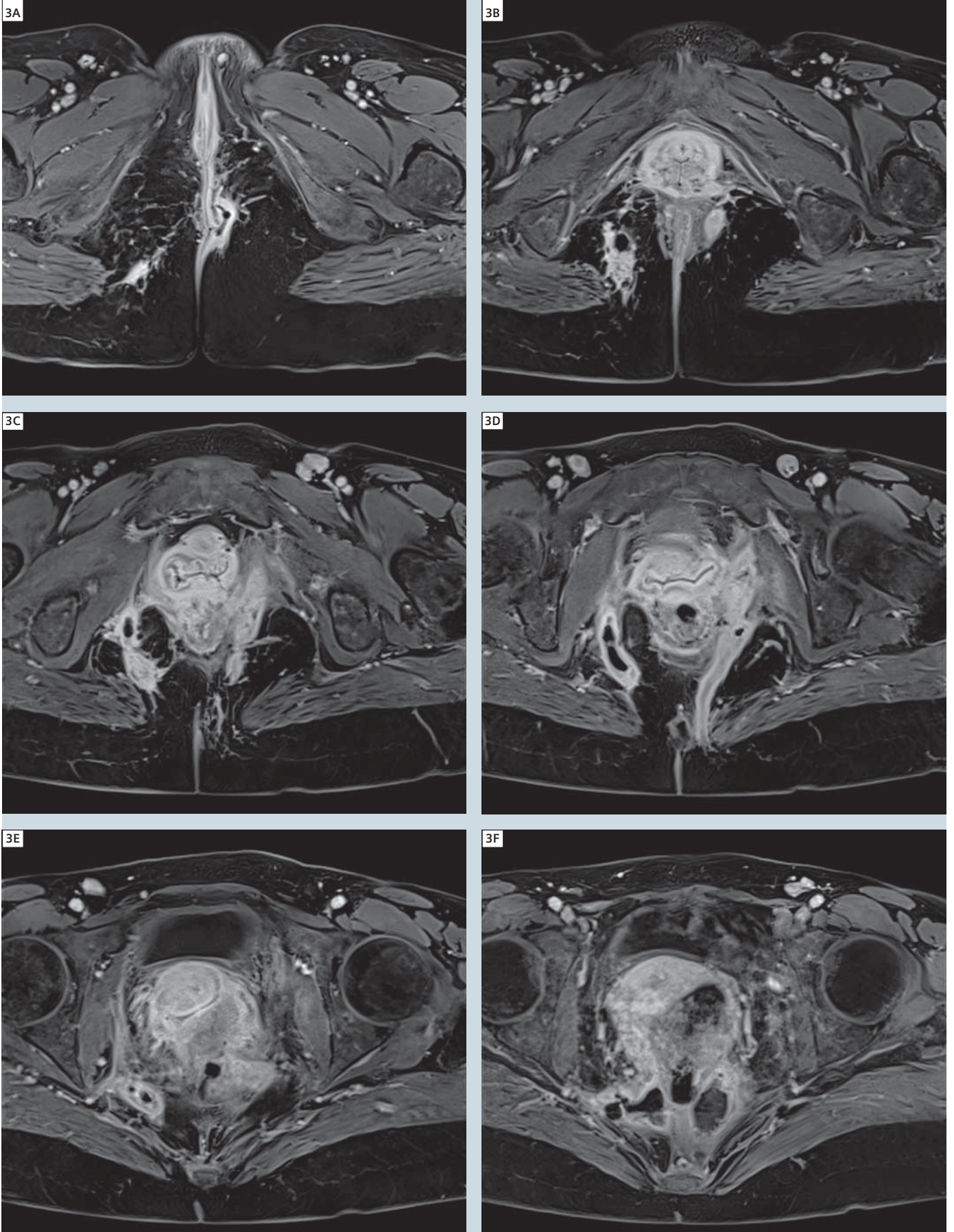
filled with air in the right ischio-rectal fossa with extension towards the skin and is also communicating with the large presacral collection. No definite vaginal fistula is seen. There is no definite osteomyelitis but there is diffuse oedema in the left gluteus maximus and left obturator internus.

Contact

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1 Coronal T2-weighted Turbo Spin Echo: TR 4522 ms, TE 101 ms, slice thickness 3 mm, FOV 170 x 170 mm², matrix 256 x 320.



3 Transversal contrast enhanced 3D T1-weighted VIBE with fat suppression (SPAIR): TR 3.9 ms, TE 1.9 ms, slice thickness 2.5 mm, FOV = 245 x 245 mm², matrix 320 x 320.