Hamartoma Retrorretal: Diagnóstico Pela Ressonância Magnética de uma Anormalidade Congênita

Retrorectal Hamartoma: Magnetic Resonance Imaging Diagnosis of a Congenital Abnormality

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A 61-year-old female patient with recurrent urinary infections for the last 18 months and constipation. The digital rectal exam shows a nodular lesion in the lower rectum. Magnetic resonance imaging (MRI) shows a right posterior pararectal cystic formation compatible with retrorectal hamartoma (TCG) (Fig. 1). As she denied surgical treatment, the patient started monitoring the retrorectal hamartoma.

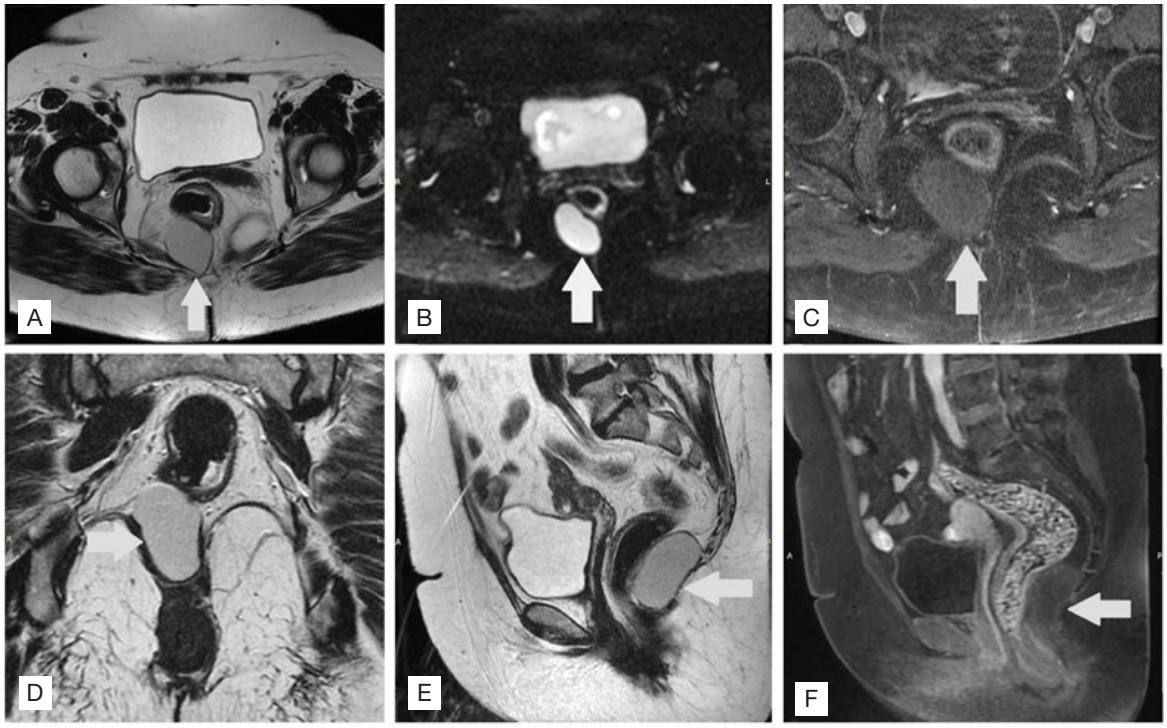

Figure 1: MRI in the axial section in the T2 **(A)**, Diffusion **(B)**, and T1 FAT SAT with contrast **(C)**, in the coronal section in the T2 sequence **(D)** and the sagittal section in the T2 and LAVA sequences with contrast in **E** and **F**, respectively, demonstrating formation cystic-looking nodule in the posterior pararectal lower rectum region on the right, insinuating itself between the bundles of the puborectalis and levator ani muscles, partially adhered to the serosa of the rectum in its upper portion, with a plane of cleavage with the pre-vertebral region sacrococcygeal, without signs of pararectal fat infiltration, without significant contrast enhancement, compatible with retrorectal hamartoma – tailgut cyst.

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The tailgut cysts or TGCs are congenital abnormalities that develop from the remnant of the post-anal primitive bowel and are located in the pre-sacral space between the rectum and sacrum and above the retro rectal fascia[1,2]; rarely, in the perianal space.[3] TCGs affect all ages but are commonest in middle-aged women1 being usually asymptomatic or mildly symptomatic.[3] Malignant evolution is rare and many

adenocarcinomas and neuroendocrine tumors have been reported to originate from it; nodular thickening of the wall of the TCG increases the relative risk of cancer.[1,2,4,5]

The differential diagnosis includes dermoid and epidermoid cysts, rectal duplication cysts, chordoma, meningocele, and lipoma.[3,4] Transrectal ultrasonography and colonoscopy can recognize a cystic lesion, whereas computed tomography (CT) demonstrates a well-circumscribed hypodense lesion without calcification and can identify malignant transformation of the TCGs.[1] MRI remains the gold standard imaging technique for detecting and guiding surgical intervention, diagnosing TGC as a multilocular lesion with internal septa. Preoperative fine-needle aspiration or biopsy is not recommended, because of the risk of infection and transrectal cancer implantation.[1,3,4]

The treatment consists of complete resection of the cyst, either with open, laparoscopic, or robotic surgery. Despite the benign nature of this entity, a complete resection is necessary even in asymptomatic patients, due to the increased risk of complications. ■

Declaração de Contribuição

NG, NS, MD - Elaboração, aquisição de dados, análise formal, investigação, metodologia, administração do projeto, revisão final e aprovação. Todos os autores aprovaram a versão final a ser submetida.

Contributorship Statement

NG, NS, MD - Drafting, data acquisition, formal analysis, investigation, methodology, project administration, final review and approval.
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