

# Death Due to Perforation of Solitary Rectal Ulcer: Case Report

Recep Fedakar<sup>1,2</sup>, Okan Akan<sup>2</sup>, Bülent Eren<sup>2</sup>, Nursel Türkmen<sup>1,2</sup>, Selçuk Çetin<sup>1</sup>

<sup>1</sup>Uludağ University Medical Faculty, Forensic Medicine Department, Council of Forensic Medicine of Turkey, Bursa Morgue Department, Bursa, Turkey.

<sup>2</sup>Council of Forensic Medicine of Turkey, Bursa Morgue Department, Bursa, Turkey.

## SUMMARY

Presented case was 57-year-old male reported to be found dead in the watchman cabin in his workplace. At the autopsy, in abdominal cavity dirty green-brown colored fluid with a few particles of intestinal contents and yellow-green colored membranes on abdominal organs were observed, on the anterior wall of the rectum, 2x1.5 cm size perforation area was observed. We aimed to present the rare case of solitary rectal ulcer perforation.

**Keywords:** solitary rectal ulcer – death – autopsy

## Smrt způsobená perforací solitárního rektálního vředu – popis případu

### SOUHRN

Ulcerace v oblasti tračnicku jsou vzácnou lézí. Je obvykle zjistitelná skriningovou kolonoskopií a projevuje se bolestmi břicha, haematochezii, chronickým krvácením do zažívacího traktu a někdy až perforací. Nejčastější příčinou izolovaných ulcerací v colon ascendens je užívání nesteroidních protizánětlivých léčiv, ischemie, syndrom solitárního rektálního ulku, stercorální ulcerace a nespecifická idiopatická ulcerace v průběhu radiace a tlak skybal. Popisovaný případ se týká úmrtí muže stáří 57 let, nalezeného na pracovišti v kabině hlídače. Při zevní prohlídce těla mimo několika oděrek na dolních končetinách bylo nalezeno potřísnění žlutozelenými zvrátky v okolí úst. Při otevření dutiny břišní zde bylo nalezeno 200 ml špinavě zelenohnědé tekutiny s malými částicemi střevního obsahu a žlutozelené zbarvení viscerálního listu peritonea na povrchu nitrobřišních orgánů. Při pitvě rekta byla na přední stěně zjištěna 2 x 1,5 cm velká perforace a v jejím sousedství na rektální sliznici 1x0,5 cm velký krvácející polyp.

**Klíčová slova:** solitární rektální ulkus – smrt – pitva

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Isolated colonic ulcers are rare lesions that are not associated with manifest colitis and usually can be determined by screening colonoscopy or abdominal pain, haematochezia, chronic gastrointestinal bleeding and sometimes perforation (1). While the most common cause of isolated colonic ulcers in the caecum and right colon is the use of non-steroidal anti-inflammatory drugs, ischemia, solitary rectal ulcer syndrome, stercoral ulcers and nonspecific idiopathic ulcers due to radiation and fecal impaction are among of the causes of isolated rectal ulcer (1,2). Although not as frequently as other reasons, solitary rectal ulcer cases induced connected to use of ergotamine are also defined in literature (3,4). Solitary rectal ulcer syndrome and stercoral ulcers are usually associated with local tissue ischemia and seen in elderly people (2). Although histopathological findings are characteristic, as because showing similarity in endoscopic appearance of inflammatory bowel diseases and malignant conditions

and the clinical findings, may cause difficulties in the differential diagnosis (5,6). In the case report it was aimed to present the case with solitary rectal ulcer perforation and discussed with recent literature.

### CASE REPORT

Our case was a 168 cm tall, weighing 65-70 kg and 57-year-old male that was reported to be found dead in the watchman cabin in his workplace. According to the scene investigation report it was indicated that the victim was found on the couch in dormitory at workplace touching his feet to the floor, half sitting and lying on his left side and there was no signs of a mess or struggle in the scene investigation. No exact knowledge related to medical history of the dead person was reached. On gross external macroscopic examination yellow-green vomit smear around the mouth, 3x2 cm size of ecchymosis and two abrasions of 0.3 cm diameter on the right knee and a 1x0.5 cm size abrasion on the outer malleolus of left foot were observed. At the autopsy, in abdominal cavity, 200 ml of dirty green-brown colored fluid with a few particles of intestinal contents and yellow-green colored membranes on abdominal organs were observed. At the anterior wall of the rectum, 2x1.5 cm size perforation area was

### Correspondence address:

Bülent Eren, M.D.

Council of Forensic Medicine of Turkey

Bursa Morgue Department, 16010, Bursa, Turkey.

tel.: +90 224 222 03 47; fax: +090 224 225 51 70

e-mail: drbulenteren@gmail.com