



SOLITARY RECTAL ULCER SYNDROME AND ITS RELATION TO SPECIFIC FOOD

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ABSTRACT

Introduction: SRUS was first identified as clinical identity in 1969. But the etiology is not known. Anal fissure, IBD, proctagia fugax and malignancy, rectal polyps, hemorrhoids, and infections. Rarely ischemia, trauma and cystic profunda colitis and Stercoral ulcers have to be excluded. Hence a careful history is important.

Material and methods: Patients presenting with C/O constipation or straining at stools with difficulty in passing motion with associated minimal bleeding per rectum on and off period less than a month were included in the study.

All patients were investigated for stool for occult blood, Us abdomen, BMFT, CBP and flexible sigmoidoscopy.

Results: 100 patients presenting with constipation and bleeding PR were investigated. Flexible sigmoidoscopy showed multiple pin point superficial ulcers on the anterior rectal wall without involvement of sigmoid colon. The incidence age group wise was seen very high between 20 to 60 years. M: F ratio 47:53.

All were positive for stool for occult blood, negative for IBD and malignancy by biopsy. They responded to dietary changes i.e; veg, non spicy, non fried diet with antibiotic, mesalamine (400mg BD) and lactulose 15ml at bed time. 10 days after the test follow up sigmoidoscopy was found normal and patient asymptomatic even after 3 months.

Discussion: The incidence of SRUS has become common irrespective of age and sex. The type of food used by all these patients was found to be more or less similar with majority of them using fast food, fried food, and spicy food.

Stoppage of the above mentioned food with specific treatment for 10 days resulted in recovery with normal sigmoidoscopy.

Conclusion: SRUS incidence is high in general population due to specific food type and evacuation behavior.

KEYWORDS : SRUS, constipation-IBS,

INTRODUCTION

Solitary rectal ulcer syndrome (SRUS) is an unusual rectal disorder that does not necessarily end with an ulcer and may affect different parts of the rectum and other site of gastrointestinal tract (1)

SRUS was first identified as clinical identity in 1969. It is described as a benign disorder occurring in younger age group with an incident of approximately 1 in 1 lakh population per year and with highest incidence in the 3 – 4th decade of life with more incidence in females than males without any reference to socio economic status. Symptoms are usually nonspecific with history of constipation and rectal bleed in small amounts on and off which may be thought of few anal fissure, IBD, proctagia fugax and malignancy or rectal polyps, hemorrhoids, and infections – amoebiasis, LGV etc. rarely ischemia, trauma and cystic profunda colitis and Stercoral ulcers have to be excluded hence a careful and thoughtful history is important and in the absence of warning symptoms flexible sigmoidoscopy will give the diagnosis which consists of single or multiple superficial ulcers on the anterior rectal wall with normal surrounding mucosa. History of diet is important especially the use of fiber and non absorbable mucosal irritants in the food is important. Constipation is a common problem which is defined as having less than three bowel movements per week 27% of adults and older population especially more physically inactive are likely to experience constipation. Some foods which have risk of producing constipation while others give relief with specific food types. The following foods that cause constipation are alcohol, gluten containing foods like wheat , barley, rye, spert, camut, and triticale. Processed grains such as white bread white rice and white pasta milk and dairy products due to sensitivity to the proteins found in cow milk. Red meat causes constipation due to the fact that it contains little fibre

and reduces the persons total daily fiber intake by reducing high fibre options in the diet. Fried or fast foods cause constipation due to being high in fat and low in fiber causing slow digestion. Examples are chips cookies chocolate ice creams etc. Persimmons , a popular fruit in East Asia contains large amounts of tannins , a compound thought to reduce gut secretions and contractions in the intestines thus slowing down the bowel movements.

MATERIAL AND METHODS:

Patients presenting with C/O constipation or straining at stools with difficulty in passing motion with associated minimal bleeding per rectum on and off period less than a month were included in the study. Comorbid condition like diabetes mellitus, HTN, IHD, CKD and presence and absence of weight loss if any were asked for were recorded examination done per abdomen to look out for colonic thickness, tenderness, swelling if any, fatty liver for abdomen were also looked. All patients were investigated for stool examination including stool for occult blood, US abdomen, BMFT, CBP and flexible sigmoidoscopy done for these patients and the finding recorded. For apart from CNS, CVS, and renal system were worked up. All the data was systematically analyzed.

RESULTS:

100 patients of different age group ranging from 8 to 78 of either sexes presenting with constipation and bleeding per rectum without loss of appetite or vomiting were investigated. The Flexible sigmoidoscopy showed multiple pin point superficial ulcers on the anterior rectal wall without involvement of sigmoid colon. The incidence age group wise was seen very high between 20 to 60 years. Sex wise incidence was 47% in males Vs 53% in females The incidence is found high between months may to January The highest age group

seen was 31 to 40 years age group, all of them were positive for stool for occult blood, negative for IBD, malignancy by biopsy. All patients responded to dietary changes that is vegetarian, non spicy, non fried diet with antibiotic, mesalamine (400 mg BD) and lactulose 15 ml of bed time. 10 days after the treatment follow up sigmoidoscopy was found normal and patient asymptomatic. Follow up study for any recurrence was done for 3 months with was negative. Patients with co morbid conditions like DM, HTN, IHD, CLD were nil.

Age group incidence of male patients

S.No	Age group	No. of patients
1	0 - 10	02
2	11 - 20	06
3	21 - 30	07
4	31 - 40	11
5	41 - 50	09
6	51 - 60	05
7	61 - 70	04
8	71 - 80	04
9	81 - 90	---
10	91 - 100	---
total		48

Age group incidence of female patients

S.No	Age group	No. of patients
1	0 - 10	04
2	11 - 20	03
3	21 - 30	13
4	31 - 40	14
5	41 - 50	06
6	51 - 60	10
7	61 - 70	02
8	71 - 80	02
9	81 - 90	---
10	91 - 100	---
total		54

Incidence of SRUS in patients undergoing flexible sigmoidoscopy

Month	No. of LGIE	No. of SRUS Patients and Percentage	Incidence in male patients	Incidence in female patients
April, 2019	17	02 - 12%	01	01
May, 2019	30	10 - 33%	05	05
June, 2019	31	11 - 35.5%	07	04
July, 2019	22	09 - 41%	05	04
Aug, 2019	32	11 - 34%	07	04
Sep, 2019	40	06 - 15%	04	02
Oct, 2019	44	16 - 36%	04	12
Nov, 2019	34	09 - 26.5%	04	05
Dec, 2019	17	07 - 41%	02	05
Jan, 2020	45	10 - 22%	05	05
Feb, 2020	33	04 - 12%	04	---
Mar, 2020	28	05 - 18%	02	03
April, 2020	11	02 - 18%	01	01
Total	384	102 - 26.5%	48 - 47%	54 - 53%

DISCUSSION:

SRUS presenting with single or multiple pinpoint ulcers on the anterior wall with occult blood positive and normal Ultrasound abdomen and iron deficiency anemia were seen The incidence of SRUS has become common irrespective of age and sex. It is also found that majority of these patients have difficulty in passing stools with hard stools seen in sigmoidoscopy The interrogation of the type of food by all these patients was found to be more or less similar with majority of them using fast foods, fried food and spicy foods which is prepared at home or brought from the hotels All of these following treatment with stoppage of the above mentioned food with use of non spicy non fried vegetarian food with use of non spicy non fried vegetarian foods as recommended along with mesalamine, ---- and antibiotics showed complete recovery within 10 days on follow up they were asymptomatic suggesting that the disease is due to food quality and non anxious evacuation behavior. All patients had a history of taking both vegetarian and non vegetarian diet which contains spices, fried forms, eating both at home and outside. When a person eats something spicy the spiciness in the food comes from the compound capsaicin which binds to TRPV1 receptors and these receptors detect heat which is why the burning sensation in the mouth occurs when one eats food containing these compounds.

The TRPV1 ie Transient receptor potential cation channel subfamily V member 1 and VR1 (2) receptors are present all over the gastro-intestinal tract as well as in the anus . by the time the food waste containing capsaicin (2)(3) reaches the rectum it feels the heat sensation. Hence all spicy foods can. Be divided into those causing diarrhea-IBS and those causing constipation and its associated disorders.

CONCLUSIONS:

SRUS incidence is slowly increasing in the general population due to food quality and evacuation behavior and can be tackled easily by connecting these two things.

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