

**P43: Rectal carcinoma presenting as pyometron: a case report**

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Bleeding per rectum is the most common symptom of rectal cancer, occurring in 60% of patients. Other common presenting symptoms include change in bowel habits (43%), colicky abdominal pain and bloating (20%). Uncommon presentations include bowel obstruction due to a high-grade rectal lesions (9%), surgical emergencies such as peritonitis from perforation (3%) or jaundice, which may occur with liver metastases (< 1%). Per vaginal discharge in absence of vaginal or uterine pathology, as a presenting feature of rectal cancer is extremely rare.

We present a 70 year old unmarried lady, who presented with vaginal discharge for one month duration and found to have a rectal carcinoma infiltrating the uterus on further evaluation. She didn't volunteer about any bowel symptoms or per rectal bleeding. The Ultrasound scan revealed a pyometron. Examination under anaesthesia revealed an enlarged uterus which was fixed in the pouch of Douglas. The pyometron was drained and endometrial and cervical biopsies were taken for histology. A CT scan was done suspecting an advanced endometrial cancer and that showed a rectal carcinoma infiltrating into the uterus with liver metastasis. On endometrial histology, there was evidence of pyometron and the cervical biopsy was normal. A surgical referral was done and they found an upper rectal lesion which was biopsied to reveal an adenocarcinoma of the rectum.

Though rare, rectal carcinoma can infiltrate the uterus and a pyometron may be the only presenting feature. There for a rectal examination is warranted in suspicious cases to exclude this kind of rare possibilities.