Obstruction secondary to extrinsic compression of the rectosigmoid junction against the sacrum by a distended bladder

The radiographs in both cases (Figs. 1 and 2) demonstrate obstruction to flow along with tapered narrowing at the rectosigmoid junction. The margins are smooth with no mucosal irregularities. The appearance suggests extrinsic compression from either a filled bladder or a pelvic mass compressing the rectosigmoid against the sacrum.

In both instances compression was secondary to bladder distension. Colonic obstruction was relieved by bladder catheterization (Fig. 3). The diagnosis in both cases was benign prostatic hypertrophy, and both men underwent transurethral prostatectomy.

Mechanical obstruction of the rectosigmoid secondary to distension of the urinary bladder is rare. A MEDLINE search of the literature back to 1983 revealed 2 similar case reports. In both instances the etiology was suggested radiologically by contrast enemas.

These cases highlight the value and usefulness of contrast enemas to (a) confirm the diagnosis of mechanical large-bowel obstruction with a high degree of sensitivity and specificity (96% and 98%, respectively, versus 84% and 72% for abdominal plain films), (b) accurately localize the site of obstruction and (c) suggest a cause.

References
3. Chapman AH, McNamara M, Porter G.

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FIG. 1. Patient A

FIG. 2. Patient B

FIG. 3. Repeat contrast enema in patient A after bladder catheterization