Chemotherapy or radiotherapy are not effective in this type of tumors, and there is no evidence of any type of benefit with imatinib mesylate or other drugs that have demonstrated results of improved survival in the case of other high-risk or advanced gastrointestinal stromal or mesenchymal tumors. A strict post-operative follow-up is necessary because 30% of cases may present recurrence or metastasis. Overall 5-year survival is estimated at approximately 50% in high-risk patients.10

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Solitary Rectal Diverticulum. A Case Presentation

Divertículo rectal solitario. Presentación de un caso

Colonic diverticulosis is a common disease. However, rectal diverticula are considered extremely rare, and there are few reports in the literature. The cause of rectal diverticula is unknown and the incidence is less than 0.07%–0.08% of the total of colorectal diverticula. We present the case of a 50-year-old patient diagnosed with a solitary rectal diverticulum as an incidental finding.

The patient is a 50-year-old man, with a prior history of a renal transplant in 2007 for chronic renal failure and diabetes mellitus treated with oral antidiabetic medication.

In September 2009 he consulted for asthenia of 2 month duration. A blood test revealed hemoglobin levels of 10 mg/dl and hematocrit of 31%. A colonoscopy was performed and at 8 cm from the anal verge an orifice in the mucosa was observed, that seemed to correspond with a rectal diverticulum. An abdomino-pelvic CT scan was performed and a 3-cm cavity was observed that communicated with the rectal lumen through a narrow opening at approximately 8 cm from the anal verge that was compatible with a rectal diverticulum (Fig. 1a and b). The patient continues follow-up visits at the outpatient clinic and remains symptom-free.

Colonic diverticulosis is a very common disease, and the prevalence is approximately 2% in patients younger than 30, but can rise to 50% in patients over 50 years of age.1 However, rectal diverticula are extremely rare, with an estimated incidence of less than 0.07%–0.08%.2,3 Currently, prevalence has risen, probably due to surgical iatrogenic lesions caused by stapled hemorrhoidopexy or transanal rectal resections for mucous prolapse.4 The first case described in the literature was in 1911,5 and since then only 40 cases have been reported.3 Causal factors for the formation of rectal diverticula are not clear. They are caused by focal weak areas in the rectal wall, due to either congenital or acquired factors. Among the

Solitary rectal diverticulum is a rare incidental finding, asymptomatic in most cases, that does not require surgical treatment if no complications are present. It should be taken into account for a correct diagnosis in order to avoid unnecessary surgery.

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