Infectious proctitis: what the radiologist expects to find.

CASE 1

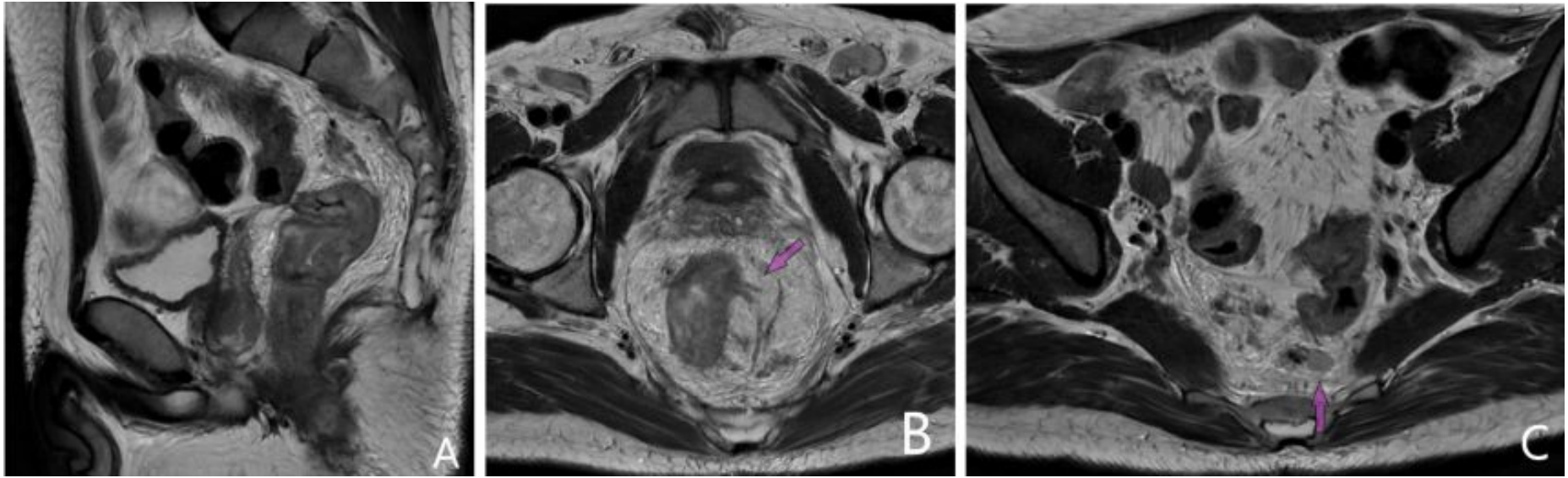


Fig. 1 Img. A. Extensive involvement of the rectum is observed, with apparent sparing of the sigmoid. B. we can see the circumferential parietal thickening, showing turgor of the vessels (arrow), with an apparent change in endoluminal signal. C. Ganglion structures coexist (arrow), which, although they are in the adenomegalic range, retain their morphology.

CASE 1

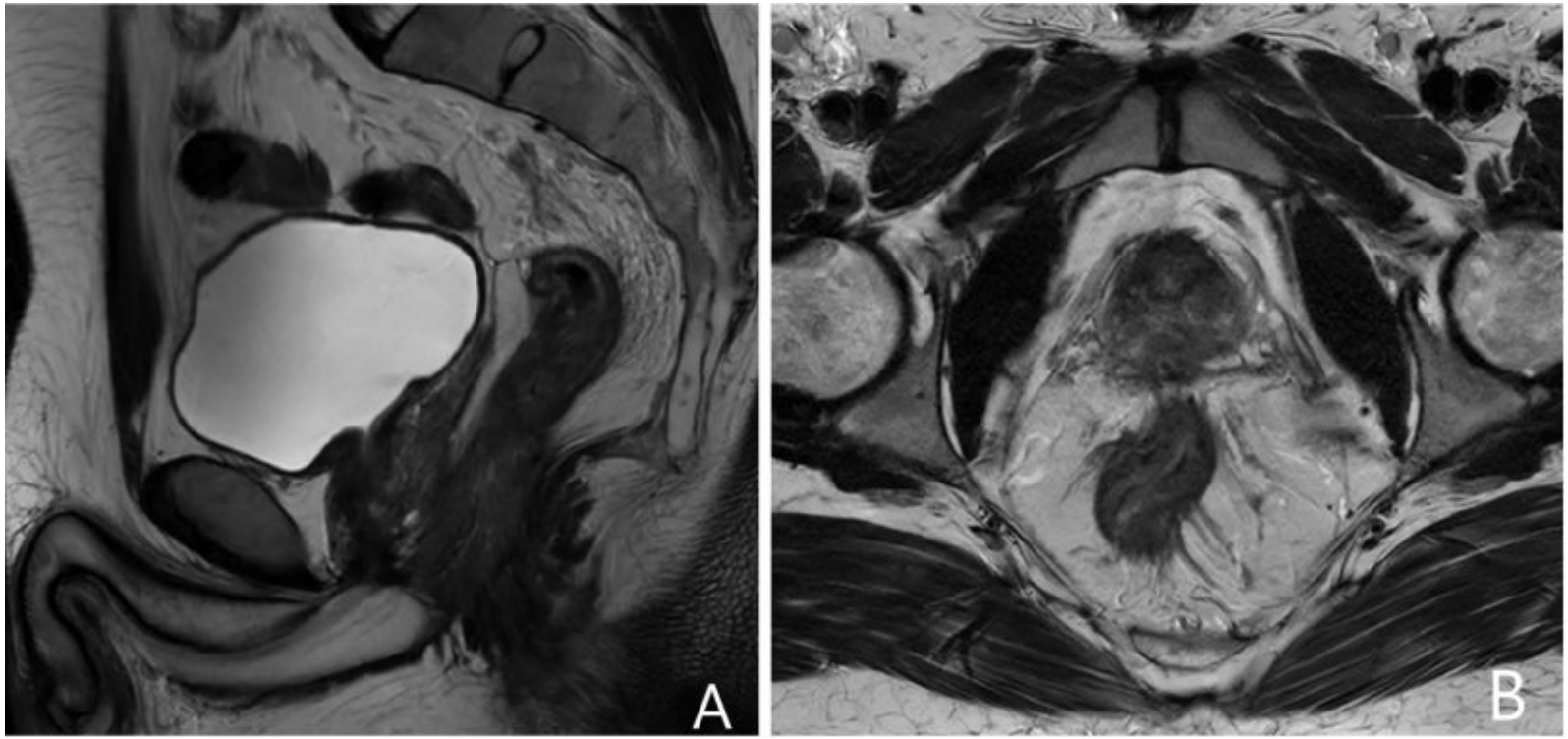
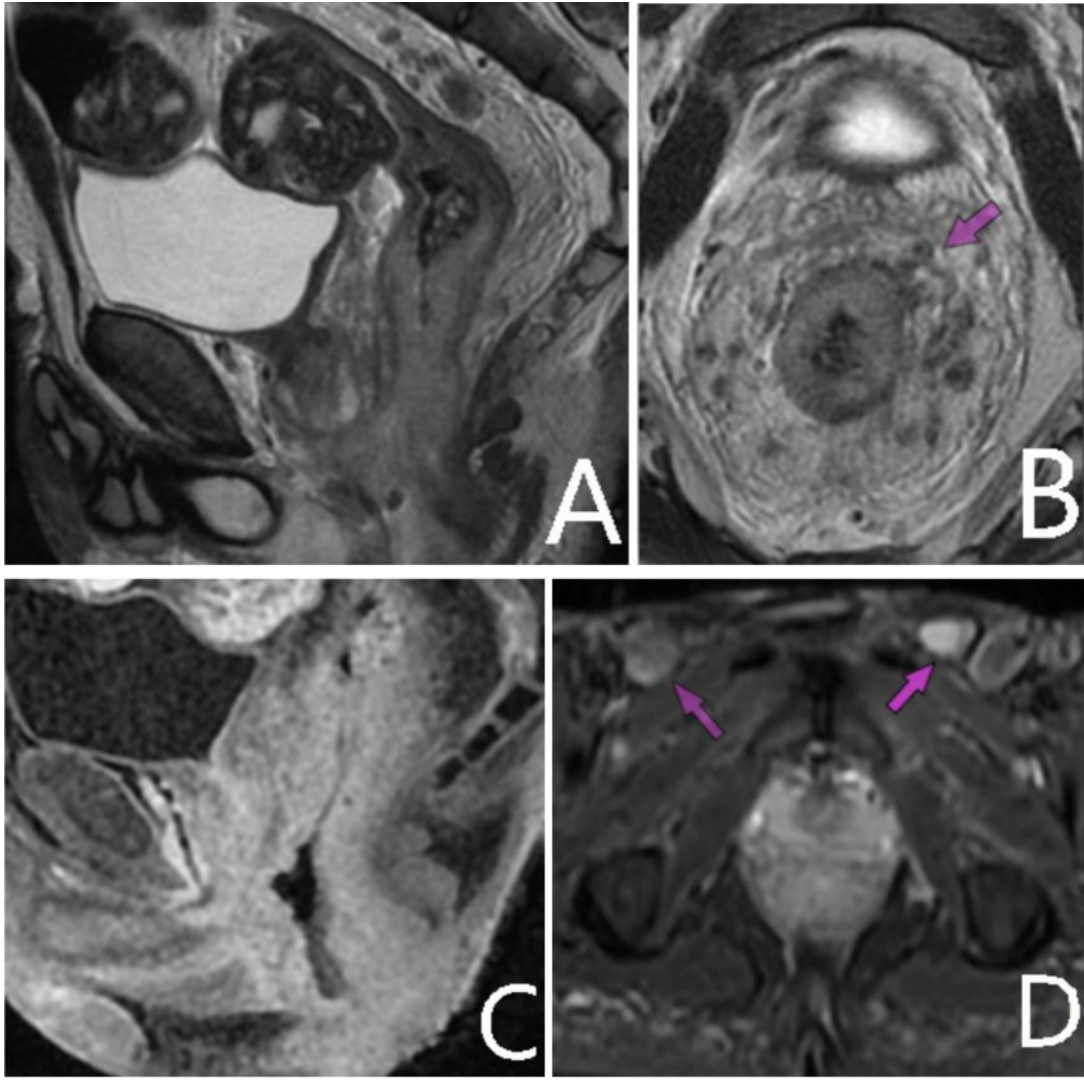


Fig. 3. Img. A and B. Imaging control after treatment, where a marked decrease in mural thickening is evident, as well as a decrease in its signal and trabeculation of the adjacent fatty planes.

CASE 2

Fig. 4. Img. A. Extensive involvement of the rectum is evident, manifested by diffuse mural thickening. B. Axial correlate, with symmetrical parietal thickening and intact muscular layer. The arrow points to signal changes in venous structures. C. After the administration of intravenous contrast, avid enhancement is noted, demonstrating a diffuse inflammatory component. D. Bilateral inguinal lymph node involvement (arrows).



CASE 3

Fig. 5 Img. A. T2-weighted sequences show diffuse and symmetrical parietal thickening, with abundant trabeculation of the mesorectum. B. Axial sections, showing the symmetry of the condition, as well as the spiculation of the fat