

Figure (1s). Case (3) CEA level was 34ng/ml, (A) axial post contrast CT cuts show diffuse irregular rectal wall thickening forming presacral ill-defined soft tissue mass lesion obliterating the presacral fat planes. (B) axial T2WI shows symmetrical circumferential wall thickening of the rectum with attenuated lumen at the anastomosis site associated with right perirectal abnormal low intensity soft tissue infiltrating the right perirectal fat plan. (C&D) axial T1WI pre and post contrast shows no significant post contrast enhancement denoting benign nature (scar tissue).

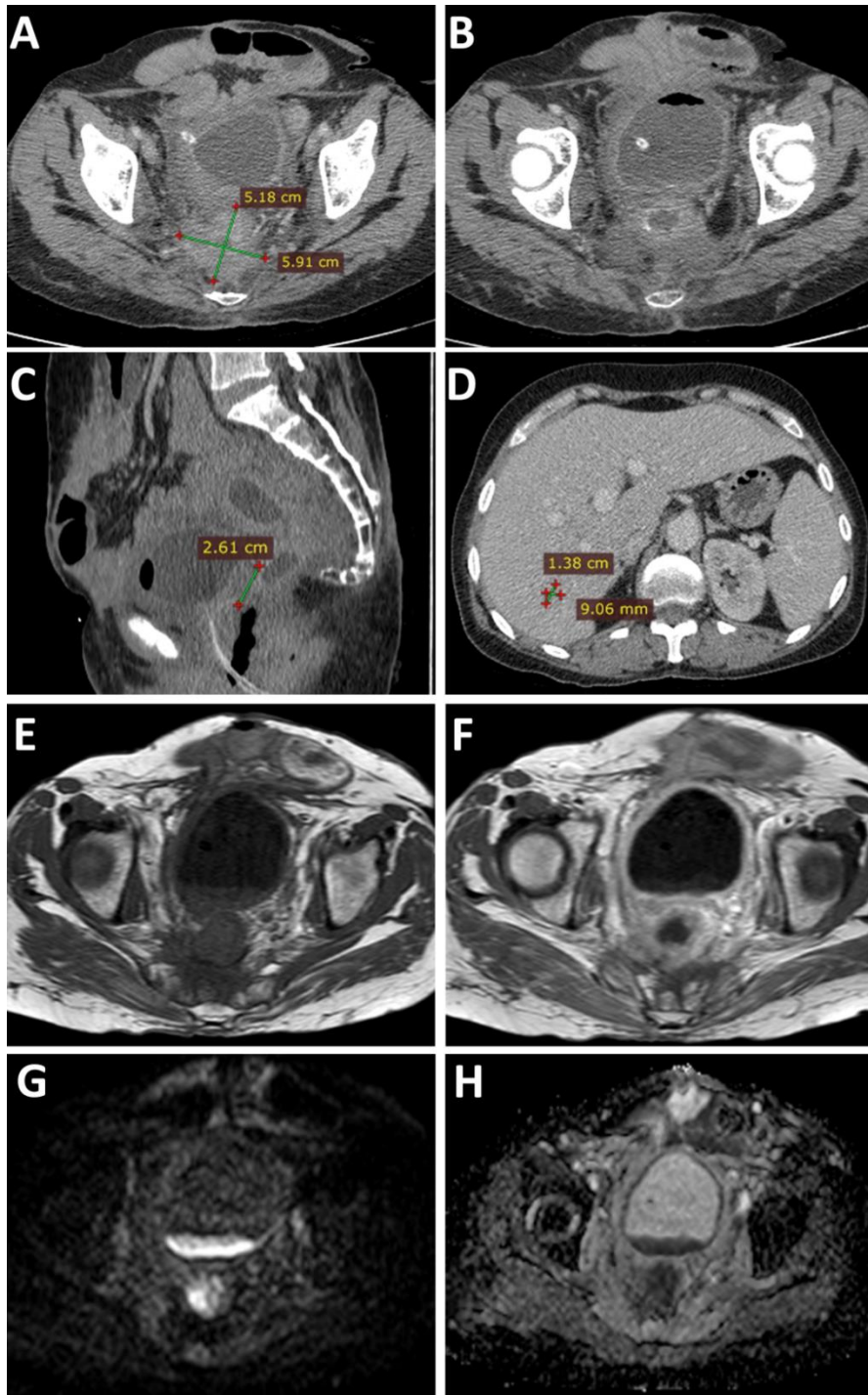


Figure (2s). Case (4) CEA level was 45ng/ml, (A&B) axial post contrast CT cuts show diffuse irregular rectal wall thickening with pre-coccygeal enhanced soft tissue density mass lesion (C) sagittal reconstructed image shows infiltrated fat planes between the uterus and the rectum. (D) axial cuts CT abdomen porto-venous phase shows multiple well defined hypodense hepatic nodules seen in segment VII. (E&F) axial T1WI pre and post contrast show irregular wall thickening with post contrast enhancement at the anorectal junction (arrow). In DWI (G&H) there is diffusion restriction displaying high signal intensity on DWI (asterisk) and low signal intensity on its corresponding ADC map (arrow) denoting recurrence.