

Irreversible Total Rectal Prolapse in a Young Male Albino Subject: A Case Reported at Somine Dolo Hospital in Mopti, Mali

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Abstract

Case Report

Rectal prolapse is a debilitating condition that significantly impairs patients' quality of life, characterized by excessive length and mobility of the rectum. It is considered total or complete when the rectal wall and all layers of the anal canal protrude permanently through the anus during exertion. It is rare in young adult males and very frequently associated with constipation. Diagnosis is generally easy clinically, to the point that the patient often makes the diagnosis themselves. Treatment is surgical, with rectopexy appearing to be the best treatment according to several authors. To our knowledge, no studies have been conducted on individuals with albinism, and we found no link in the literature between albinism and the occurrence of rectal prolapse. The objective of this study was to report a case of monstrous complete rectal prolapse in an albino patient given its rarity and lack of data on the subject in our context at the Somino Dolo Hospital in Mopti in central Mali.

Keywords: Complete Rectal Prolapse, Constipation, Mopti Hospital.

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INTRODUCTION

Rectal prolapse is a debilitating condition that significantly impairs patients' quality of life, characterized by excessive length and mobility of the rectum [1]. It is said to be total or complete, the permanent prolapse through the anus during exertion, of the inverted rectal wall, of all the tunics of the anal canal (mucous, muscular and serous) as opposed to purely mucous prolapse in hemorrhoidal disease [2].

Its incidence is estimated at less than 0.5%, affecting both sexes and different ages [3]. It is more common in children, generally benign, in the elderly, and in elderly multiparous women, secondary to acquired lesions [1]. In young adult males, it is a rare, intermittent primary lesion occurring in a strong perineum during exertion, very frequently associated with constipation [4]. Diagnosis is usually easy clinically, to the point that the patient often makes it themselves [3]. Treatment is a surgical emergency that consists of repositioning the rectum to its anatomical position; the most commonly used technique is rectopexy. via the abdominal route,

which appears to be the best treatment according to several authors [1-6]. The goal of surgical treatment is to reduce the prolapse, prevent its recurrence, and restore continence without causing constipation or difficulty with rectal evacuation [7].

The objective of this study was to report a case of monstrous complete rectal prolapse in an albino patient given its rarity and lack of data on the subject in our context at the Somino Dolo Hospital in Mopti in central Mali.

OBSERVATION

A 32-year-old albino male was brought to the emergency department of Sominé Dolo Hospital in Mopti with a painful, irreducible anal mass that had been prolapsed during defecation for over 24 hours. The patient reported an episode four days prior, initially thought to be a hemorrhoidal prolapse, which had been manually reduced with difficulty. He reported constant constipation without any medical follow-up. He had no prior medical or surgical history. On examination, his

general condition was good, with stable hemodynamics; his vital signs were normal, and standard laboratory tests were normal. Examination of the perineum revealed a clearly visible, smooth, cylindrical rectal prolapse measuring 24 cm in circumference and approximately 9 cm in length, with edema and erythematous lesions (see image). Emergency surgical reduction was performed in

the operating room under general anesthesia. A week later, the patient had good sphincter tone upon voluntary contraction during a rectal examination, and a colonoscopy performed one month post-surgery was normal. The patient was given follow-up instructions to regulate bowel movements while avoiding excessive straining during defecation.



Image: Complete rectal prolapse in an albino subject

DISCUSSION

Complete rectal prolapse is a protrusion of the entire rectal wall through the anus [2]. It is a rare condition, with a low incidence according to most series in the literature [3-9]. To our knowledge, no studies have been conducted in albinos, and we found no link in the literature between albinism and the occurrence of rectal prolapse. The mechanical stresses induced by the prolapse on the wall itself can cause traumatic and ischemic lesions, manifesting macroscopically as an inflammatory appearance, with one or more ulcerations (pre-ulcerative proctitis and solitary rectal ulcer) [2], consistent with the macroscopic appearance of our case.

Rectal prolapse occurs at the extremes of age and more readily in elderly multiparous women secondary to acquired lesions [2-6].

Rectal prolapse is very rare in young adult males [1-9], it is a primary condition of the rectum due

to excess length and mobility occurring on a normal pelvic floor and sphincter [6].

Our patient had chronic constipation without medical follow-up, and several authors agree that in young males, chronic constipation leading to increased intra-abdominal pressure is a cause of rectal prolapse [1-7]. In El's series Malki HO *et al.*, la Chronic constipation was strongly associated with rectal prolapse [10].

The externalized prolapse in our patient was 9 cm long, and the average length of the prolapsed rectum varies from 7 to 8 cm in different series [11, 12]. According to Brown AJ [13], the straining effort is responsible for lengthening the attachments of the pelvic viscera.

The diagnosis of irreducible complete rectal prolapse is essentially clinical, due to its characteristics. Pa Ba *et al.*, [8], made the same observation, recommending that further examinations be aimed at

determining the etiology and ruling out any associated lesions.

Our patient was immediately taken to the operating room and the aftermath was straightforward.

The aim of surgical treatment is to reduce the prolapse, prevent its recurrence and restore continence without causing constipation or discomfort with rectal evacuation [2-5].

Post-operative monitoring was essentially based on the constant regularization of transit while avoiding excessive intra-abdominal pressure efforts which would be associated with the occurrence of rectal prolapse according to several authors [1-8].

CONCLUSION

Complete rectal prolapse is a relatively rare condition in young males. Diagnosis is clinical and treatment is surgical. Proper management of constipation would significantly reduce its occurrence.

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