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Strangled Rectal Prolapse: Case Report

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Abstract | **Case Report**

Introduction: Rectal prolapse (RP) is an uncommon perineal disease. It is defined as a complete protrusion or intussusception of the rectum through the anus. It generally affects children and the elderly. Its occurrence in young adults is rare. Strangulation of the prolapsed rectum is also a rare complication. This complication presents requires an emergent surgery. ***Observation:*** We report the case of a 65 year old women presented to the emergency department complaining of rectal pain, bleeding, and protrusion of 36 hours' duration .We note in his antecedents several episodes of exteriorizations reduced by digital maneuvers. At the anus, there was an irreducible, edematous, without signs of ischemia or necrosis rectal prolapse measuring 25*10 cm wide. The laboratory data showed a high white blood cell count and elevated C-reactive protein. The patient was operated urgently. The gesture consisted of a reduction of the prolapse by an external and internal maneuver with pormontofixation with a good evolution. ***Conclusion:*** stranguled rectal prolapse is a rare complication. Necrosis of the externalized segment is exceptional but serious and can be life-threatening. The Altemeier intervention is the intervention of choice in this situation. but we opted for An external ans internal reduction maneuver with promontofixation.

Keywords: Rectal prolapse, Strangled, Altemeir procedure, Emergent.

INTRODUCTION

Rectal prolapse (RP) is defined as a complete protrusion or intussusception of the rectum through the anus [1]. It concerns children aged between 1 and 3 years as well as the elderly [2]. Its occurrence for adults aged less than 30 years old is rare, as it is demonstrated by the lack of publications on the subject. Medication induced constipation in psychiatric patients and possible pelvic floor weakness in patients with previous pelvic surgery may be contributing factors to rectal prolapse. Strangulation of the RPis a rare complication that occurs in 2–4% of the cases [3,4]. This complication presents always an indication of urgent surgery. This case presentation aims to report the therapeutic management and results.

CASE PRESENTATION

We present a case of an 65 year old women, mother of 6 children, hypertensive, never operated, consulted the Emergency Department for a sudden, painful, irreducible rectal prolapse. The current history revealed multiple episodes of exteriorization reduced by digital maneuvers. Physical examination objective an afebrile patient with abdominal distention. BMI at 28 kg/m2. There were no signs of peritonitis. At the anus, there was a prolapse, irreducible, edematous, without signs of ischemia or necrosis measuring 25*10 cm wide (Fig. 1). The laboratory data showed a high white blood cell count (13.200/µl) and elevated C-reactive protein (75 mg/dl). After a failure of external manual reduction, the patient underwent emergent surgery. The gesture consisted of a reduction of the prolapse by an external and internal maneuver with pormontofixation.

The postoperative follow-up was uneventful. The patient was discharged at post-operative day five. The patient was examined after a week in the outpoint clinic. There were no physical of biological abnormalities.

Figure 1: Strangled rectal prolapse

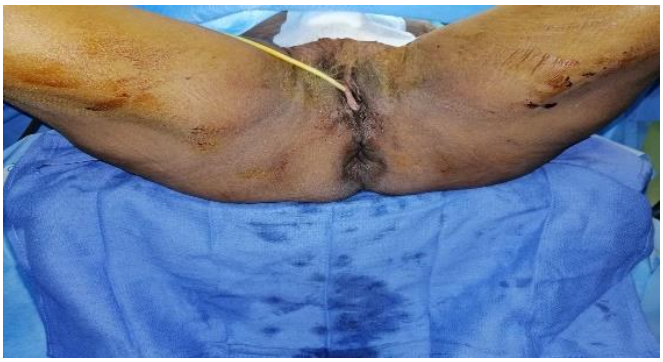

Figure 2: Result after reduction maneuver and promontofixation

DISCUSSION

Rectal prolapse is a common pathology in children and the elderly. Its incidence in the population of young adults under the age of 30 is exceptional. The causes of RA remain poorly understood. In the literature, there is no obvious cause that alone explains the occurrence of rectal prolapse [5]. Factors associated with RA are advanced age, multiparity in women, pelvic floor dysfunction, or perineal injury. Defecation disorders and dyschezia with prolonged attacks associated with constipation are frequent causes of RA in children [5]. In the case of our patient, unexplored chronic constipation was noted. It would be due to the BMI and would be at the origin of the PR. Indeed, according to Campanosie [5], constipation was present in 67% of children with BMI.

Prolapse can be spontaneous or brought on by standing or coughing. Other symptoms, sometimes associated with constipation, can reveal RA. These are incomplete evacuation, rectal bleeding, rectal pain, incontinence, urge to have a bowel movement and tenesmus. Strangulation of rectal prolapse is a rare complication that occurs in 2 to 4% of cases [6]. Necrosis of the incarcerated segment remains an exceptional complication. When the incarcerated rectum cannot be reduced, some techniques can help to unblock the situation such as sedation and the application of salt and sucrose, thus reducing the edema and reducing the prolapse [7]. In the event of failure of these procedures or in the event of necrosis, surgical intervention becomes urgent [7].

Several surgical procedures are described for the treatment of RA by the abdominal and perineal routes. The aim of this treatment is to restore a normal anatomical position of the digestive tract and to improve the functional signs. The choice of initial treatment depends on the clinical presentation and the experience of the surgeon [8]. Apart from emergency situations, the abdominal approach (rectopexies, colonic and colorectal resections or the combination of the two) seems to give fewer recurrences [6, 9] but it should be avoided in young subjects given the subsequent risk of 'infertility.

In an emergency situation, only rectosigmoid resection via the perineal route or the Altemeier procedure can be proposed with or without a colostomy [10]. The Delorme procedure is difficult in this situation because of the edema and is contraindicated in the event of necrosis [10]. The immediate postoperative morbidity for the Altemeier intervention, performed in an emergency, is almost nil with a very low risk of anastomotic release [11]. In the long term, however, the risk of recurrence remains higher than that of the abdominal approach [11].

CONCLUSION

Incarcerated rectal prolapse is an uncommon condition and mainly is observed in elderly female patients. It can generally be reduced manually by gentle pressure either under mild sedation or with general anaesthesia, after failed initial conservative treatment. If ischemia is present, as in this case, a perineal proctosigmoidectomy procedure is the only remaining treatment option. This can be achieved with low recurrence and mortality rates in elderly high-risk patients.

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