

A Pain in the Butt: A Case of Proctalgia Fugax Due to Sacral Nerve Compression by Pelvic Abscesses

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Introduction

Proctalgia fugax is a sudden, sharp, and brief pain felt in the rectum or anus. Some describe it as an intense spasm originating from the anal sphincter or pelvic floor muscles. In rare instances the sacral nerves innervating pelvic and anal sensation can get compressed and cause proctalgia fugax. In this case, a patient developed inguinal abscesses that compressed on the sacral nerves, causing severe proctalgia fugax and requiring further treatment and drainage.

Materials and Methods

As per Nassau University Medical Center policy, this case report is exempt from IRB review requirements as all patient information has been deidentified. Informed consent was obtained from the patient.

Case Report

A 60-year-old female with a complex trauma history after she was struck by a vehicle was admitted for removal of pelvic internal fixation (in-fix) hardware by orthopaedic surgery. The patient’s initial injuries included displaced fractures of the right pubis and inferior pubic ramus and a non-displaced fracture of the left sacral ala, and underwent a pelvic in-fix procedure and CRPP for management of an unstable pelvic ring injury. Four months after the initial injury the patient had the pelvic in-fix hardware removed and was admitted to acute rehab. During her stay at acute rehab the patient began to complain of anal spasms and pain, that she described as a sharp, stabbing sensation. The patient was treated initially for hemorrhoids vs anal fissure with Tylenol, tramadol, and gabapentin, in addition to dibucaine cream and Anusol suppositories, however her symptoms persisted. A CT A/P showed a large right inguinal rim enhancing collection containing fluid and gas with a tract leading to another collection in the left inguinal region also containing fluid and gas, with the right collection measuring 14.2x3.6 cm (Image 1) and the left 9.2x2.2 cm (Image 2), as shown below. These imaging findings confirmed the diagnosis of proctalgia fugax due to likely compression of sacral nerves by abscess fluid.

Image 1

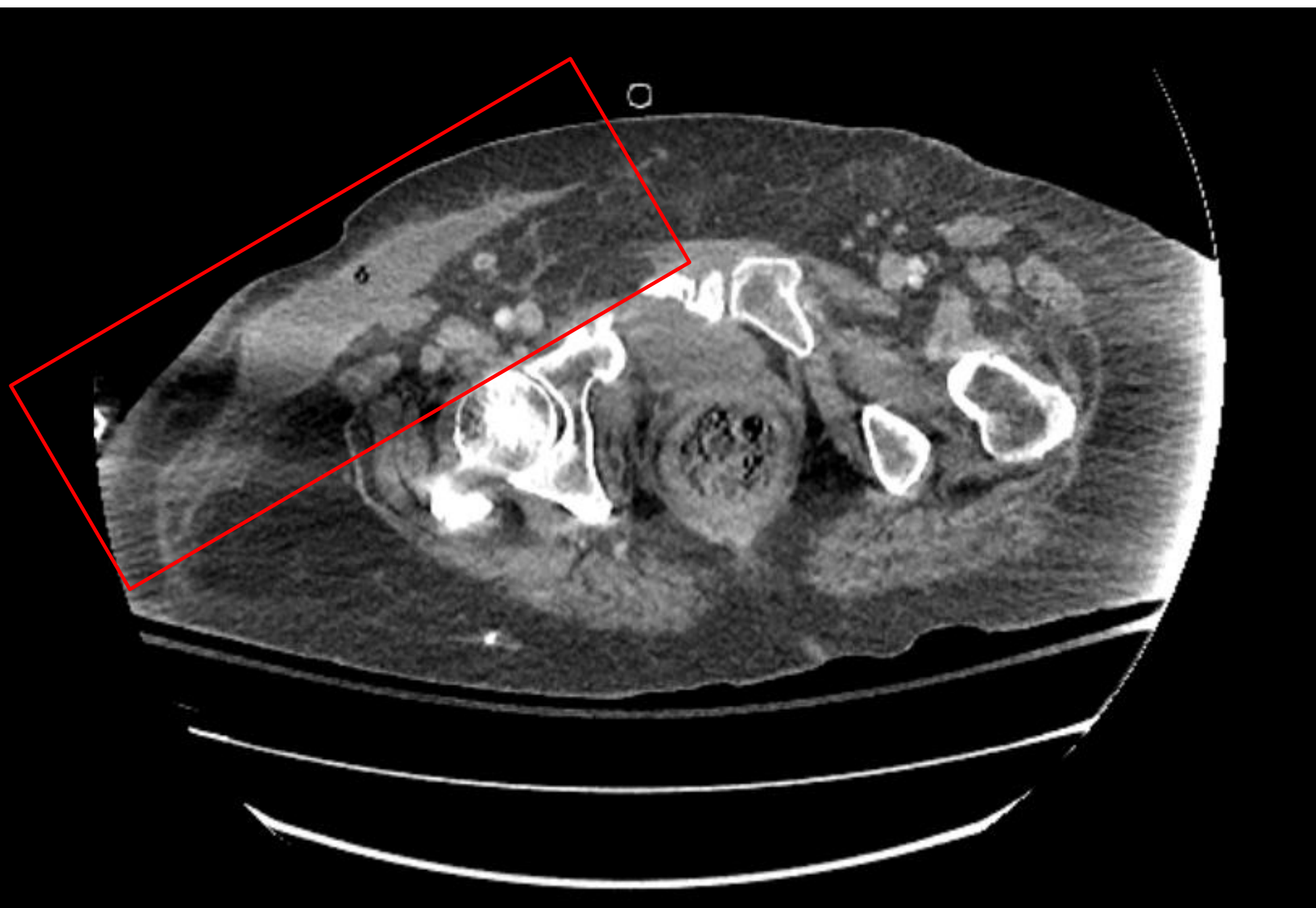
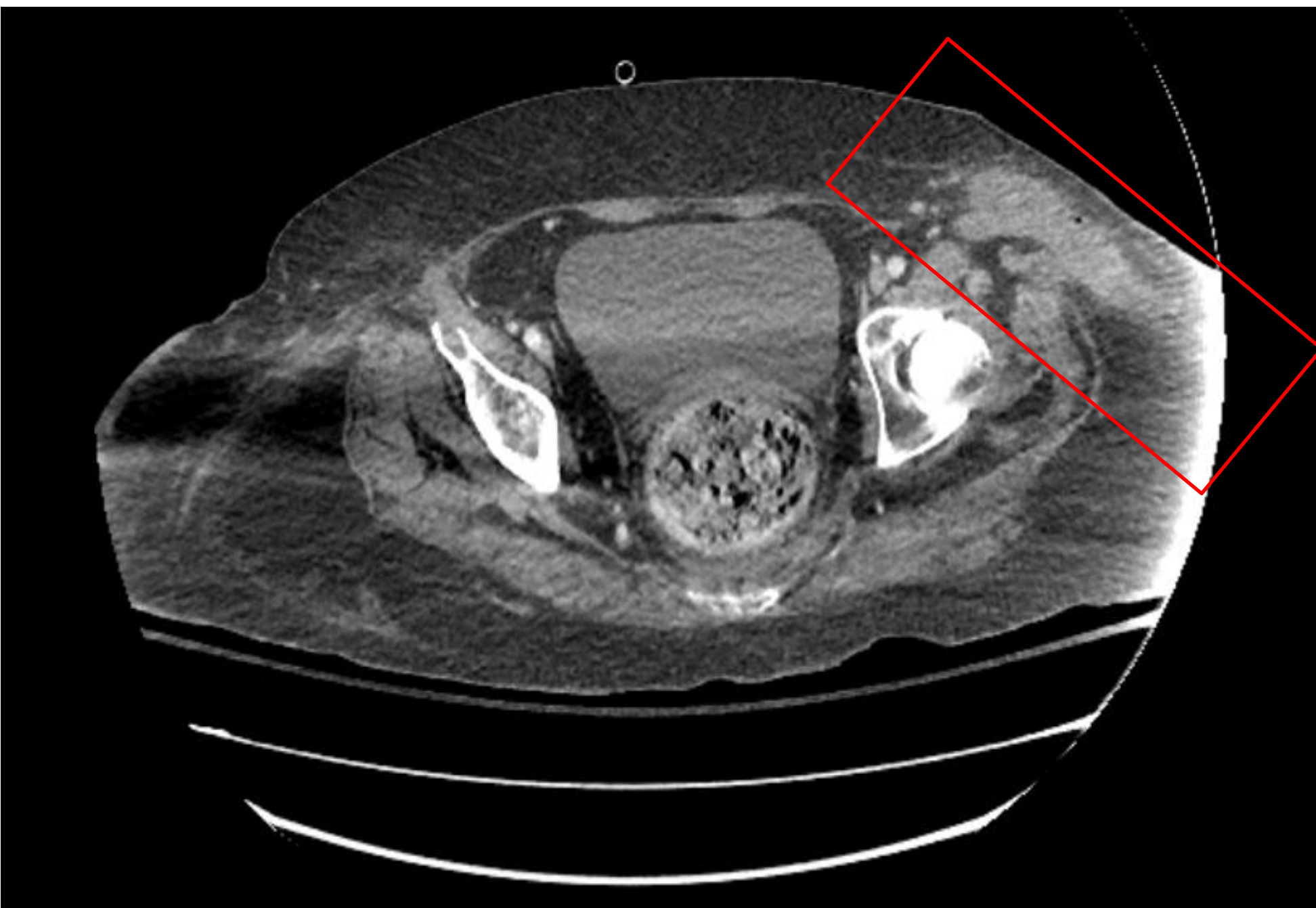


Image 2



Discussion

The patient was admitted back to orthopaedic surgery and was started on IV antibiotics. In addition, the decision was made to not perform surgery, and a pump was placed to measure fluid output. The patient responded well to these interventions and was discharged on a pump. This case highlights that by listening to our patients through their description of pain and conducting a thorough workup, we ensure accurate diagnoses and deliver excellent care.

References

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