RECURRENT RECTAL PROLAPSE: CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction

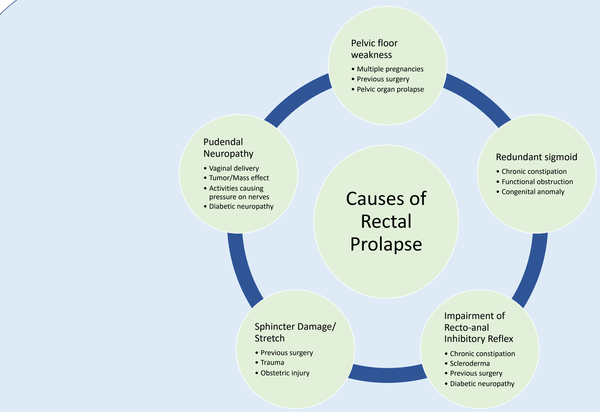
- Rectal prolapse occurs when circumferential, full thickness rectal tissue protrudes through the anal canal.
- Reported incidence: 2.5/100,000 patients.
- Female to male ratio 6:1
- Recurrent rectal prolapse is less studied and lacks management guidelines.
- Recurrence is reported to range from 13% to 58% as soon as one month from surgical repair.

Case Presentation

- 74-year-old female with history of rectal prolapse status post perineal proctosigmoidectomy with levatorplasty.
- Thirty nine centimeters of sigmoid and rectum was resected intra-operatively.
- Patient experienced significant post-operative pelvic pressure and strong urge to urinate. Due to this, rectal prolapse recurred on post-operative day two. Manual reduction was successful.
- Foley catheter was placed for two weeks to prevent further straining and to decrease risk of recurrence.
- No further recurrence to date.

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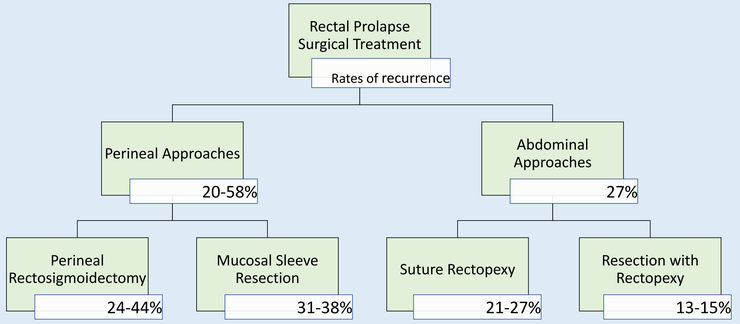


Figure 1 (above): Pathophysiology of rectal prolapse with examples.
Figure 2 (below): Surgical approaches to rectal prolapse repair and the percentage of recurrence noted in the literature (see list of references).

Discussion

- Operative techniques for primary repair include abdominal and perineal approaches, which aim to reduce mobility of the rectum and sigmoid, and to increase support to the pelvic floor.
- Perineal proctosigmoidectomy was chosen for primary repair for this patient given her age, frailty and co-morbidities.
- The same techniques have been used for recurrent prolapse, however there are no established guidelines to date, particularly when recurrence occurs within the first month post-operatively. Post-operative recurrence in the literature has occurred anywhere from one month to 82 months.
- The perineal approach has been chosen 1.68 times more frequently for patients with recurrence.
- The presence of a fresh anastomosis and associated inflammation provide unique challenges to management within the immediate post-operative period, particularly within one month.
- Operative approach for recurrence is patient dependent and makes creating a standard algorithm difficult.

Conclusion

- This is the first case report describing recurrent rectal prolapse as early as post-operative day two. Fortunately, surgical repair was unnecessary but demonstrates the lack of surgical recommendations for early recurrence.
- In this case, a foley catheter was used to prevent recurrence caused by excessive straining post-operatively.
- We recommend preventing excess pelvic pressure in the immediate post-operative period in order to reduce the risk of recurrence. This can include using sitz baths, high fiber diet and prolonged placement of foley catheter.