

Small bowel prolapse from anus: Atypical presentation of rectal perforation

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ABSTRACT

Non-traumatic rectum perforation is rarely seen if there is no underlying tumor formation. The perforations in the middle and lower parts of the rectum that are under the peritoneal reflex are asymptomatic unless there is intraabdominal infection or inflammation. In this study, we aim to present a patient who referred to the emergency surgery clinic with the small bowel prolapse from the anus.

Keywords: Rectal perforation; small bowel prolapse.

INTRODUCTION

Non-traumatic rectum perforation is rarely seen if there is no underlying tumor formation. In patients with rectal prolapse, prolapse of the rectum from anus and repetition of the reduction process may lead to thinning of the rectal wall and perforation. The perforations in the middle and lower parts of the rectum that are under the peritoneal reflex are asymptomatic unless there is intraabdominal infection or inflammation, which causes the perforations occurring in this region to come up with life-threatening late-stage pelvic sepsis or pelvic abscesses. In this study, we sought to present the patient who referred to the emergency surgery clinic with the small bowel prolapse from the anus.

CASE REPORT

A 75-year-old female patient with known rectal prolapse applied to the Emergency Surgery Clinic with the statement that intestines were going out from her anus. The patient had rectal prolapse for three years; had gone out of the breach during the interim, and had taken it in by hand, but had not received any treatment because of prolapse. The body mass index was 25. There was no other feature in her story. The

patient's abdominal examination revealed no features; anal exploration revealed that the small intestine was prolapsed (Fig. 1a). The small intestines were prolapsed with the mesos. At the presentation, the WBC was 15,200 Hb and was 14.9. An abdominal CT scan was performed to investigate whether there was an additional pathology associated with the present condition. BT showed that rectum and other intestinal parts were herniated to posterior from the anal channel, and edema of the herniated intestinal walls was detected.

An emergency operation was planned with rectal perforation preliminary diagnosis without trying reduction. The perforation area about 6–7 cm was seen on the anterior wall of the rectum (Fig. 1b), starting immediately from the pelvic reflex and extending to the proximal. It was observed that the small bowel entered the perforation area, and it was prolapsed from the anus. After the reduction of the small intestines, the rectum was closed from the distal to the perforation area. Because the patient had multiple abscesses within the abdomen, the primary repair was not performed, and anterior resection was carried out by transecting the colon 10 cm proximal to the perforation border. The anastomosis was considered very risky due to the present abscesses, and a colostomy was performed.

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Figure 1. (a) Preoperative on the emergency. **(b)** Perforation on rectum.

The patient was followed up in the service postoperatively. In the service follow-ups, the patient, who discharged gas and gaita from the stoma on the 2nd day after the surgery, was started to have oral intake. The patient was discharged on the 7th day after the operation.

The pathologic examination of the part of the colon, which was perforated, showed signs of congestion, chronic inflammation and formation of focal granular tissue, reactive epithelial changes and tissue defects. No significant finding was observed in the follow-ups of the patient.

DISCUSSION

Discussions about rectal prolapse treatment algorithms are ongoing. However, as in our case, perforation secondary to rectal prolapses, together with small bowel herniation is not available in the literature. To our knowledge, in the literature, the only case in which the superficial herniation of the small intestine is observed is the result of the rectal injury that has occurred during the digitalization due to constipation.^[1-3] There is no guideline on the treatment approach to the disease. The operation in this study was planned in a relatively short time so that the patient was primarily prevented from fecal contamination due to rectum perforation. In the planned operation, primarily life-threatening rectal perforation was controlled.

The thinning of the prolapse and the reductive segment of the intestinal wall due to chronic trauma required resection to prevent another perforation that might occur in this segment. During the closure of the stoma with the removal of the prolapsed segment, it is planned that only the rectopexy operation should be sufficient.^[4]

As presented in our case, if prolonged prolapse herniates, it brings on thinning and perforation in the wall of the segment being reduced. This situation is emphasized as an important complication of prolonged prolapse in the literature.^[5,6]

Although anastomotic repair is recommended in rectum perforation, the stoma is the preferred choice in patients with multiple abscesses as well as in our patients.

In a previously published case report, mortality due to spontaneous rectum perforation was 100% in patients with a low condition, previously untreated, or delayed onset of treatment. In the same study, mortality was 46% when only saturation was performed. When saturation was accompanied by colostomy, mortality was 23%. There was no mortality in two Hartman patients.^[1]

As a result, in the perforation of the rectum due to prolapse, our findings suggest that the perforation area should be intervened first, and the segment causing the pathology should be removed. Functional integrity should be considered after these steps.

Conflict of interest: None declared.

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OLGU SUNUMU - ÖZET

Anüsten ince bağırsak prolapsusu: Rektal perforasyonun atipik prezentasyonu

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Non-travmatik ve altta yatan tümör olmayan rektum perforasyonları oldukça nadir olgulardır. Refleksiyon altında olan alt ve orta rektum perforasyonları batin içi apse veya enflamasyona neden olmadıkça semptomsuz olarak seyredebilir. Biz bu olgumuzda anüsten ince bağırsak prolapsusu ile acil cerrahi kliniğine başvuran bir hastayı sunmayı amaçladık.

Anahtar sözcükler: İnce bağırsak prolapsusu; rektal perforasyon.

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