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Trends in General Medicine

Strangled Rectal Prolapse in Adults: Results of Treatment at the Altemeier Surgery Department

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ABSTRACT

Introduction: *Endoluminal intussusception of the rectal wall is a rare, worrisome, and concerning condition. The objective was to report the management of four cases of strangulated rectal prolapse observed in the surgical department of Ignace Deen Hospital.*

Case Report: *We saw four patients, including one woman, for total rectal prolapse.*

All suffered from chronic constipation and were accustomed to standard reduction maneuvers.

The diagnosis was clinical: a rectal mass had protruded through the anus, becoming painful and irreducible. All presented with third-degree strangulated prolapse.

The surgical procedure was an Altemeier procedure. The overall outcome was favorable, but one patient complained of anal incontinence due to gas and mucous discharge from the anus.

Conclusion: *Strangulated rectal prolapse is a rare and serious clinical condition that requires rapid and effective management to prevent life-threatening complications. In emergency cases, an Altemeier procedure may be proposed.*

Keywords
Rectal prolapse, Strangulation, Altemeier, Surgery.

Introduction
Exteriorization of the rectal wall through the anus is a worrying condition that can occur during defecation and, in advanced cases, with the slightest physical exertion, such as walking or squatting. This is a true endoluminal intussusception of the rectal wall. If left untreated, prolapse can progress and become complicated. Strangulation of rectal prolapse is a rare complication that occurs in 2 to 4% of cases [1].

This rare, worrying, and frightening situation deserves to be reported. Observation there were four patients with a mean age of 32 years, ranging from 43 to 68 years, including three men, with a sex ratio of 7.5. The only woman was a grand multipara who had undergone eight vaginal deliveries. The professions encountered were: teacher, physician, housewife, and farmer. All these patients presented with exteriorized rectal prolapse.

The average consultation time was 3.5 days, with intervals of 1 to 5 days. All suffered from chronic constipation lasting several days, with several episodes of exteriorization alleviated by digital maneuvers. One patient was diabetic, discovered incidentally. Rectal prolapse was most often discovered after a pushing effort. In three cases, the prolapse occurred suddenly, and attempts at reduction failed. In one case, the prolapse occurred suddenly with the slightest coughing effort, becoming painful, irreducible, and bothersome, with the emission of mucus and bloody secretions, thickening of the rectal wall, and infiltration of the edematous mucosa.

One of the patients had undergone conventional treatment without success.

In all cases, we performed an Altmeier procedure or a rectosigmoidectomy with perineal colorectal anastomosis. We observed edematous infiltration of the prolapse.

The prolapse was extensive and bothersome, with a foreign body sensation.

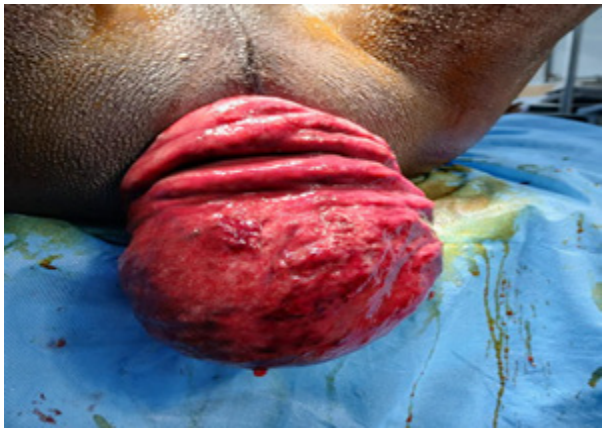

Figure 1: Preoperative image of a complete full-thickness rectal prolapsel complet de plein épaisseur.

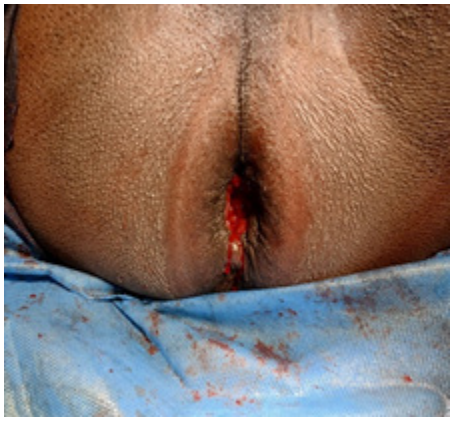

Figure 2: Immediate postoperative view after Altemeier procedure.

Discussion

In adults, rectal mucosal prolapse tends to worsen, exposing a significant portion of the rectum. Rectal prolapse strangulation is a rare complication occurring in 2 to 4% of cases [1].

Patients admitted to our institution were adults, three-quarters of whom were men, unlike others where women, particularly postmenopausal women, predominated due to hormonal deficiency and poor pelvic floor support. Prolonged pushing and constipation are often implicated in the onset of prolapse.

In more advanced cases, prolapse occurs with the slightest physical exertion, such as walking or squatting. The lower rectal wall collapses, distends, and deforms, leaving large folds. Constipation, incontinence, a feeling of incomplete defecation, and sometimes urinary incontinence are common clinical signs. Its occurrence in young adults is rare. Strangulation of rectal prolapse is also a rare complication [2].

There are numerous strategies for managing externalized rectal prolapse. When rectal prolapse does not resolve spontaneously, recurs early after reduction, or causes the symptoms mentioned above, surgical intervention should be considered [3]. Although bothersome, it can be effectively treated thanks to recent surgical innovations.

In infants and children, prolapse generally resolves spontaneously without treatment. In adults, rectal prolapse is treated surgically. Among the most common procedures for rectal prolapse are the Delorme operation or mucosal cuff resection (difficult in cases of edema and contraindicated in cases of necrosis) and the Altemeier operation or proctosigmoidectomy (the prolapsed rectum is removed from the anal canal, the colon is resected, and then a coloanal anastomosis is performed). It is indicated in cases of externalized prolapse. The Altemeier procedure is often preferred in elderly or frail patients [4].

In our case, the Altemeier procedure was performed due to the volume of the prolapse in the complicated phase. In emergency situations, a perineal rectosigmoid resection (Altemeier procedure) can be proposed with or without a colostomy [5].

Pelvic floor physiotherapy and preoperative treatment can help modify behaviors associated with prolapse [6].

Patients should follow a specific diet, avoid heavy lifting, and perform pelvic floor exercises to prevent recurrence [7].

The length of the resected rectosigmoid colon may negatively impact postoperative continence improvement, and the long-term risk of recurrence is higher than that of abdominal tracts [8].

Conclusion

Strangulated rectal prolapse is a rare and serious clinical condition that requires prompt and effective management to prevent life-threatening complications. In emergency situations, the Altemeier procedure may be proposed.

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