THE RECTAL PROLAPSE

Introduction: we define by prolapse an abnormal outcome of an organ or part of an organ from the body. It is a term that concerns numerous domains (the bladder, the uterus and cardiac valves. In the case of the rectum, it's the external display of all or part of the rectal-intestinal wall by the anus.

The rectal prolapse concerns the entire rectal wall, meaning, the terminal portion of the colon. This situation arises most of the time during defecation, during abdominal pushing or, more rarely, during physical efforts. In practice, the rectum wall " turns around " like a rolled-up sleeve of a garment that is taken off rapidely: we then speak of the invagination of the rectal wall and the anal canal as shows image no. 1

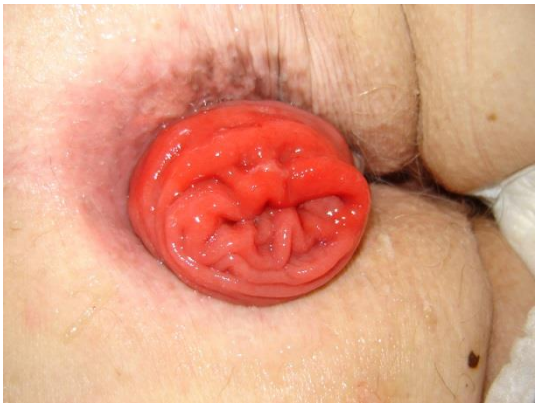

Image 1: total prolapse of the rectum (photo by Delgadillo X.)

Symptoms: The main sign, is soft "flesh", exteriorized tissue which occupies the anal area during defecation and which secondarily enters into the anus. Its size varies and is often measured in centimeters to quantify its importance. Other important signs, are pain at the lower abdomen, the inner part of the pelvis or thighs which are often accentuated during defecation. Pain can also result of the sensation of weight or discomfort in the deep part of the anus, especially late in the day. This discomfort often disappears in lying position.
False urges of bowel movements are also common and can be very disabling. There is, also, « anismus », emissions or blood instead of faeces during defecation. This process can happen on a frequent basis throughout the day. A degree of fecal incontinence also can be reported.

Epidemiology: The prolapse is often observed more in women than men. This anomaly is then associated with more diffuse pelvic floor disorders and other organs of the pelvis: bladder prolapse or uterus. It is then considered that the prolapse reflects a somewhat general weakening of the tissues and organs of the pelvis supports. This process of weakening may be the result of hormone deprivation associated with menopause, a long history of constipation with significant pushing efforts of difficult births (forceps / vacuum) of one or more surgical procedures (removal of the uterus). Conversely, rectal prolapse can be observed in young people and children. A large prolapse can thus be observed in an adolescent with no factor "traumatic" or weakening not having been observed.

Evolution: The rectum wall can be damaged by its abnormal mobility, its passage through the narrow pass of the anus or when it appears. It is not rare that it can form sores or ulcers, an inflammation or an edema. In very rare cases it may be enclosed by the sphincter ring that closes the anus and can no longer reintegrate the intestine, it is called strangulation. It is observed in nearly half the cases a loosening of the anal muscles for a reason that is not totally clear (repeated anal dilatation): difficulty retaining gas, mucus and feces are the signs the most frequent.

Treatment: In a purely mechanical concept of healing, it is understandable that we should obstruct this abnormal rectal wall outcome.
A simple approach is to correct constipation and limit the deffecatory efforts. This strategy is favored when it comes to a prolapse of a child or when the situation has been observed specially in an equally exceptional context (severe constipation episode and isolated that have been induced by exaggerated efforts of pushing).

In other situations, this approach is not sufficient and only surgery can fixate the rectal wall. A first concept is to produce a sufficiently thick fold of the rectal wall via the vagina or to fix a flexible prosthesis in the abdomen so that it no longer comes out. These strategies can modify the conditions of defecation.

A third option may be to remove all or part of the rectum wall by the perianal approach: these techniques nevertheless reduce the capacity of the rectal reservoir with the consequences that we can understand on the other hand, relapse is the adverse event in elderly people.

Conclusions : The choice of the type of surgical treatment depends on many factors such as age, the importance of the prolapse, the severity of the signs associated with the prolapse (constipation, incontinence) before treatment, at the same time the presence of other associated prolapses which will have to be treated, the surgeon's appropriate criteria and judgment about the disease.

No surgical strategy is at the present time superior than others, they are, in some situations, more or fewer benefits that your specialist will discuss with you.

References:

Delgadillo X., Roche B., « La proctologie pour le praticien medhyg 2011»