Case 78 A prolapsing anal mass

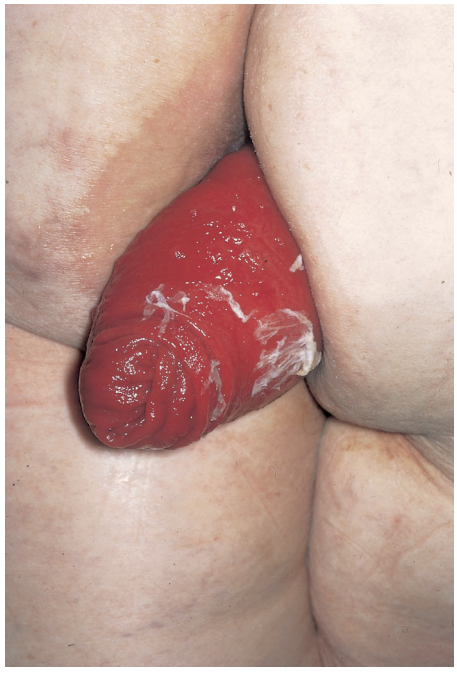

Figure 78.1

The patient, a woman aged 73 years, a retired office worker, attended the colorectal clinic complaining of 'something coming down from the back passage' on every act of defaecation. This she had noticed for the past 2 years but it had become much worse in recent months. The whole affair is quite painless, but it now takes some time for her to push the lump back into her back passage. Two other things are troubling her – in recent weeks she has experienced some incontinence of faeces so that she now keeps a big pad of cotton wool inside her underpants and she is now bothered by some slimy discharge from the rectum, although she has not noticed any blood on her stools or the toilet paper. She is a spinster, has never had a child and is otherwise very well, with no significant past medical history. She does not drink or smoke.

On examination she proved to be an obese lady, with a blood pressure of 160/90 mmHg, but full clinical examination was otherwise normal apart from her perineum. When she was placed in the left lateral position and asked to strain down behind, the mass shown in Fig. 78.1 emerged from the anal canal. It could be reduced again quite easily by gentle pressure. When a rectal examination was performed, the anal sphincter was patulous, but contracted quite well when the patient was asked to 'tighten up the back passage'.

What is this condition called?

She has a complete prolapse of the rectum associated with some degree of anal incontinence.

What is a partial rectal prolapse?

Partial rectal prolapse comprises few centimetres of prolapsed rectal mucosa.

What types of patient get this condition of partial prolapse?

It is not rare in otherwise perfectly normal babies. It is a frightening sight to the parents, but they can be reassured that it is an entirely self-curing condition. It is also seen in patients with large, extensively prolapsing piles (see Case 72, p. 145).

Give the features of complete rectal prolapse

Complete prolapse, in contrast to the above, involves all layers of the rectal wall. It is usually found in elderly patients, in females far more often than in males and often, as in the present case, in nulliparous women. Apart from the discomfort and the embarrassment of this condition, there may be faecal incontinence due to stretching of the anal sphincter mechanism and there may be discharge of mucus, and sometimes blood, from the exposed

mucosal surface.

What is the treatment of this condition?

The patient is fit and her symptoms fully justify surgical treatment. Three operations are commonly performed:

- Transabdominal mesh rectopexy, where the rectum is fixed in the pelvis by wrapping a mesh partly around the rectum and suturing it to the pre-sacral fascia. This secures the rectum in place, aided by a brisk fibrous reaction, which welds the rectum to the pelvic tissues.
- The Delorme operation,* a perianal approach in which the prolapsing rectal mucosa is excised and the underlying muscle wall bunched up to produce a doughnut-like ring. This holds the rectum within the pelvis, rather like the way a ring pessary controls a vaginal prolapse.
- The Altemeier perineal rectosigmoidectomy,† where a full thickness resection of prolapsing rectum is performed.

The classic procedure was the Thiersch procedure,‡ where a nylon suture is passed around the anal orifice to narrow it and keep the prolapse reduced. This was complicated by obstruction and erosion of the suture into the rectum and is seldom performed.

*Edmond Delorme (1847–1929), Professor of surgery, Val-de-Grâce, Paris.

†William Arthur Altemeier (1910–1983), Professor of Surgery, Cincinnati, OH, USA

‡Karl Thiersch (1822–1895), Professor of surgery, Erlangen and then Leipzig. He devised the split-skin graft.