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Case Report

Rectal Prolapse Strangled, Necroded Revealing a Tumor in Adult, about a Case of Hospital Somine Dolo of Mopti

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Abstract

Rectal prolapse long time considered a benign pathology is sometimes accompanied by rare complications to know its strangulation associated with hemorrhage and necosis. In addition to these complications mentioned above, the presence of a rectal tumor made this pathology exceptionally. The aim of our study was to report the management of a case of rectal prolapse associated with a rectal tumor. This was a 62 year old female patient who reportedly consulted in the emergency department for not reducing externalization of a necrotic rectal prolapse with presence of localized tumor. Outside from a clinical and biological anemia, the rest of the examination did not notice any particularities. The rectosigmoidal resection with colo-rectal anastomosis accoding to the Altemeier technique had occupied a large place in the management.

Keywords: Rectal Prolapse; tumor; Altemeier; Hospital Somine Dolo Mopti

Introduction

The rectal prolapse is an endoluluminal invagination of all or part of the rectal wall. This invagination was most often at 8 cm from the anal margin during a pushing effort. It is classic to individualize, among the internal rectal prolapses, those which only concern the mucosa (most often on the anterior face of the rectum), and those which involve the entire rectal wall (most often circumferenciels) [1]. The strangulation of the rectal prolapse is a rare complication that occurs in 2 to 4% of [2]. Due to the fortuitous discovery of the tumor, the aim of our study was not only to report but also to ensure its management.

Observation

It was a 62 year old patient, a housewife, who consulted at the emergency department of the Somine Dolo hospital of Mopti, July 16, 2021 for an exteriorized and not reducible anal swelling for 5 days. In her antecedents there was a multiparity with 9 pregnancies all delivered vaginally, 1 death, 8 alive. It should be noted several episodes of exteriorizations reduced by digital maneuvers associated with chronic constipation and rectal bleeding more than a year ago. The clinical examination noted, a blood pressure at 10/08mmhg, an oxygen saturation 97%. On inspection, we noted the presence of a total rectal prolapse, 15 cm long, irreducible, necrosis with a heamorroidal package at 12 o'clock and a remodeled tissue mass on contact in places (Figure 1).

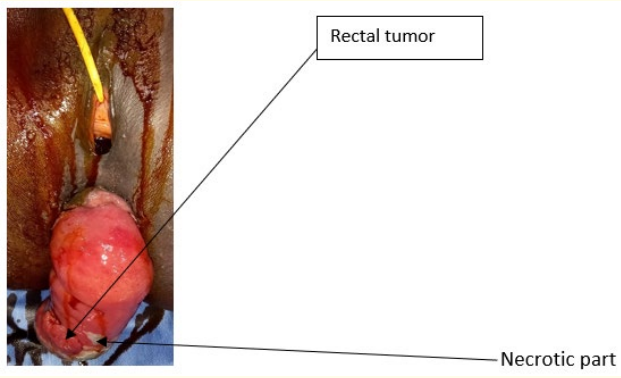
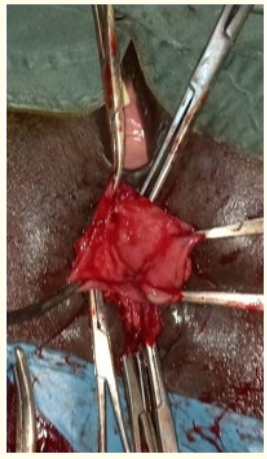


Figure 1: Rectal prolapse, strangled, necrosis with tumor.

The biology noted a hemoglobin rate at 8,7 g/dl, a blood group has A, positive rhesus. The requested abdomino-pelvic ultrasound was normal. After resuscitation measurements based on vascular filing, blood transfusion, the surgical intervention was carried out in urgency. It had consisted of a rectosigmoidectomy with colo-rectal anastomosis by stitches separated with semi-resorbable 2/0 thread by hand through the perineum according to the Altemeier technique, removing the tumor, the necrotic and remodeled parts. The rectum was transected just 2 cm above the pectineal line (Figure 2). The surgical specimen was sent for an anatomopathological examination (Figure 3).



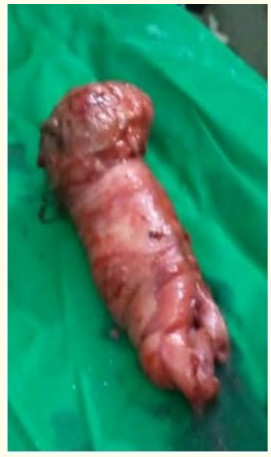


Figure 2: Skills before anastomosis. ***Figure 3:*** Surgical specimen.

The operating suites were simple and the exit allowed after 7 days of hospitalization. The general condition of the patient seen in consultation one month and three months after surgery was preserved. Histological examination of the surgical specimen revealed a carcinoma located in the rectal mucosa. The patiente had been referred to the oncology department for treatment. She had been contacted by phone 17 months after her surgery and had no complaints.

Discussions

Rectal prolapsus is a common pathology in children and the elderly. Strangulation is a rare complication as evidenced by Zaré C [3] in this study about 3 cases and which occurs in 2 to 4 % of cases according to Voulimeneas I [4]. In the literature, there is no obvious cause that alone explains the occurrence of rectal prolapse [2]. Factors associated with rectal prolapse are: advanced age, multiparity in women, pelvic floor dysfunction or perineal injury. Defecation disorders and dychezia with prolonged attacks associated with constipation are common causes of prolapse in children [2]. In our case, we do not note any surgical history but on the other hand difficult vaginal delivery, especialy poorly assisted, multiparity, chronic constipation and advanced age which exposed our patient to rectal prolapse as found in the literature. Ousmane Sow [5] found in his study that the descent of organs was caused by the relaxation of the musculo-ligamentous elements of the pelvis called the pelvic floor. The main contributing factors were age, menopause, dystocic deliveries, intensive physical activity and hereditary factors. Rectal bleeding, a major sign in the diagnosis of rectal tumor, is often minimized by some patients at its onset, as in our study and was accompanied by descent of the rectum until it was strangulated. Currently, the literature does not recommend systematic abdominal imagery in cases of rectal prolapse. Howerver, it seems indicated to us in order to detect an expansive tumoral process [6]. Several surgical procedures are described for the treatment of rectal prolapse via the abdominal and perineal routes. The aim of this treatment is to restore a normal anatomical position of the digestive tract and to improve the functional signs. The choice of initial treatment depends on the clinical presentation and the experience of the surgeon [7]. Outside from emergency situations, the abdominal approch (rectopexy, colonic and colorectal resection or the combination of the two) seems to give fewer recurrences [3, 8] but it should be avoided in young subjects given the subsequent risk of infertility. In an emergency, only the rectosigmoid resection via the perineal route or the Altemeier procedure may be proposed with or without colostomy [3]. In addition to the emergency context, the therapeutic choice d'Altemeier was well justified in our case by the fortuitous discovery of a rectal tumor confirmed by pathological examination of the surgical specimen. The immediate postoperative morbidity for Altemeier's intervention, carried out in an emergency, is almost zero with a very low risk of anastomotic release [9]. If for Cirocco WC [9] who founds that in the long term the risk of recurrence is higher than that of the first abdominal techniques, we had not observed any complications after 17 months of follow-up by telephone contact.

Conclusion

The total prolapse of the strangled rectum with parietal necrosis is a rare complication. In addition to this rarity, the fortuitous discovery of a tumor makes it exceptional in our context of surgical pratice. Emergency care remains delayed by ignorance of the complication of the disease and the fear of our patients' hospital due to the lack of financial means.

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