

Case Report on Rectal Procidentia with Constipation in Young Adult

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Abstract

Background: Rectal prolapse (RP) is a perineal disorder that affects a tiny number of young men. It is possible to define a full protrusion or intussusception of the rectum through the anus. Rectal prolapse is a chronic illness that worsens over time. It shows some symptoms including Constipation that appears and disappears, there has been a bulk protrusion during defecation for the past ten years, Tenderness in the rectum, as well as blood or mucus oozing. **Patient presentation:** We are presenting a 21-year-old young adult male who visited the surgical outpatient unit with the primary symptoms of difficulty passing stool and a lump protruding from his feces, a reddish mass that comes out of the anus. He observed the protrusion of mass ten years ago but at that time it was small then over time it gradually increased to its current size of 7x7 cm and it is visible outside. He had constipation and was straining during defecation. The patient has undergone laparoscopic rectopexy. He was treated with analgesics and antibiotics. After treatment, the patient's condition improves. Symptoms such as fecal incontinence and constipation are relieved after surgery. **Conclusion:** Rectal prolapse, also known as procidentia, is the extrusion of the rectum past the anus. At the age extremes, it frequently happens. Treatment strategies in patients with concurrent rectal prolapse require an interdisciplinary surgical approach, surgical therapy is intended to restore physiology by treating the prolapse and improving continence and constipation.

Keywords: Rectal prolapse, Protrusion, Defecation.

INTRODUCTION

Rectal prolapse, also known as procidentia, is the protrusion of the rectum beyond the anus. At the ages of maximum and minimum, it frequently happens. Patients with combined rectal and genital prolapse have symptoms. Rectal prolapse usually coexists with other pelvic floor problems. (1) As age extremes, rectal prolapse happens. In children, the condition is typically identified by the age of 3, and there is an equal prevalence among males and females. Women account for 80% to 90% of patients with rectal prolapse after the fifth decade, when incidence peaks in the adult population. (2) Most often, elderly multiparous women will get rectal prolapse. Psychiatric illnesses, connective tissue problems, and obesity are additional risk factors. (3)

CASE PRESENTATION:

We are presenting a 21-year-old young adult male who visited the surgical outpatient unit with the primary symptoms of difficulty passing stool and a lump protruding from his feces, a reddish mass that comes out of the anus, which was later diagnosed as rectal prolapse after further investigation. The patient was weak and lethargic when admitted, with a 7x7 cm mass in the anal canal.

As narrated by the patient he had constipations over and over and he was straining during defecation.

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For that, he was taking stool softeners from the regional clinic but still did not get relief. Initially, he observed the protrusion of mass ten years ago but at that time it was small then over time it gradually increased to its current size of 7x7 cm and it is visible outside.

On physical examination, a reddish mass was visible outside the anus measuring about 7 x7 cm. blood investigations are within normal range. Abdominal distention and a bulging anus are discovered. The patient has undergone laparoscopic rectopexy. And he was treated with Intravenous fluid, Inj. metronidazole 100mL, Inj. Pantoprazole 40mg once a day, inj. Tramadol in 100ml, Inj. Emset 4mg. After treatment, the patient's condition improves. Symptoms such as fecal incontinence and constipation are relieved after surgery.

DISCUSSION:

Complete rectal prolapse is a difficult issue to deal with because there isn't a single treatment that is generally preferred. Surgery is used to treat prolapse, improve continence, and relieve constipation while minimizing mortality and recurrence rates. The goal of surgery is to restore physiology. (4-16)

Clinical evidence from a patient's history and physical exam results supports the clinical diagnosis of rectal prolapse. A thorough history of the patient's symptoms, particularly fecal incontinence vs constipation/obstructed defecation symptoms and stool consistency, should be taken at the time of diagnosis because their presence will help guide the choice of a suitable surgical technique. (17-21)

Prolapse can be treated surgically, which also enhances gastrointestinal function. The most popular surgical treatments for rectal prolapse at the moment include rectopexy with sigmoid resection and conventional transabdominal rectopexy. (20)

Michalopoulos, A., Papadopoulos, V.N., Panidis, S., et al. reported transabdominal rectopexy procedures to have success rates of up to 65% for continence and higher than 90% for prolapse correction. (21)

CONCLUSION:

Rectal prolapse, also known as procidentia, is the extrusion of the rectum past the anus. At the age extremes, it frequently happens. Treatment strategies in patients with concurrent rectal prolapse require an interdisciplinary surgical approach, surgical therapy is intended to restore physiology by treating the prolapse and improving continence and constipation. Rectal prolapse can currently be treated using three different methods. Young, fit people are appropriate for abdominal treatments, whereas perineal surgeries are only recommended for older folks who are fragile and have many comorbid conditions

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