Emergency Abdominoperineal Resection for Rectal Prolapse with Gangrenous Bowel

Paritosh Ballal¹, Ann Sunny², Sridar Govindraj³
¹Post Graduate Student, Department of General Surgery, St. John’s Medical College and Hospital, Bengaluru, Karnataka, India, ²Assistant Professor, Department of General Surgery, St. John’s Medical College and Hospital, Bengaluru, Karnataka, India, ³Professor, Department of General Surgery, St. John’s Medical College and Hospital, Bengaluru, Karnataka, India

Rectal prolapse is a relatively rare condition. Most cases are chronic and present electively. However, a complete rectal prolapse with gangrenous bowel is an uncommon life-threatening emergency condition. Gangrenous bowel significantly increases morbidity and mortality and thus an urgent surgical intervention is always indicated. We describe a case with the above mentioned rare presentation, and he was successfully treated with an emergency abdominoperineal resection (APR). Irreducible rectal prolapse with gangrenous bowel is rarely encountered and literature on this presentation is very scanty. Here, we present a patient with complete rectal prolapsed with gangrenous bowel treated successfully with emergency APR.

**Keywords:** Complete rectal prolapse, Emergency abdominoperineal resection, Gangrenous bowel

He was immediately shifted to the operating room. Since the extent of gangrenous rectum and colon was extensive, we performed an abdominal perineal resection. Intraoperative blood loss was moderate and resection margins appeared viable. Immediate post-operative period was uneventful, and he was discharged on post-operative day 6. The patient was doing well on follow-up.

**DISCUSSION**

It is evident that all diagnostic efforts are practically omitted in the rare scenario of incarcerated or strangulated rectal prolapse, where urgent surgical treatment becomes necessary.

**CASE REPORT**

A 37-year-old presented to our emergency department with a 6 day history of constipation and mass per rectum that was irreducible. He had no history of rectal prolapse or surgery in the past. On general examination, he appeared dehydrated with stable vital signs. Abdominal examination was normal. Rectal examination revealed a full thickness rectal prolapse with the mass extending to about 10 cm beyond the anal verge as seen in Figure 1. Rectal mucosa appeared thickened, gangrenous, and foul smelling.

![Figure 1: The patient with the complete rectal prolapse showing edematous and gangrenous mucosa](image-url)
Our case was unique as there was full thickness gangrene of the bowel extending up to the proximal part of the sigmoid colon; therefore, a resection was not feasible. We successfully performed an abdominal perineal resection as shown in Figure 2. There have not been any reports of an emergency APR being performed in such a scenario.

CONCLUSION

Complete rectal prolapse with incarcerated bowel can be managed with perineal proctosigmoidectomy. In rare instances where the proximal sigmoid and descending colon is gangrenous, an abdominoperineal resection may be deemed necessary.

REFERENCES


How to cite this article: Ballal P, Sunny A, Govindraj S. Emergency Abdominoperineal Resection for Rectal Prolapse with Gangrenous Bowel. IJSS Case Reports & Reviews 2016;3(3):4-5.

Source of Support: Nil, Conflict of Interest: None declared.