Altemeier procedure for strangulated rectal prolapse

ANBAZHAGAN
Department of General Surgery,
KILPAUK MEDICAL COLLEGE AND HOSPITAL

Abstract:
A 58 year old man presented with strangulated complete rectal prolase and underwent emergency Altemeier's perineal proctosigmoidectomy. He had uneventful recovery. This case report highlights the importance of Altemeier's procedure as the only option for managing rectal prolapse when patients present with incarceration or strangulation of the prolapsed rectum with good outcome.

Keyword: Anorectal disease, Rectal prolapse, Incarceration, Strangulation, Perineal rectosigmoidectomy, Altemeier's operation

INTRODUCTION
Complete rectal prolapse is a full thickness protrusion of rectum through the anal sphincter mechanism. Strangulation and incarceration rarely complicates the chronically progressive form of the full thickness rectal prolapse. We present a case report of 58 year old male patient presented with strangulated rectal prolapse and managed successfully with perineal proctosigmoidectomy (Altemeier's procedure).

CASE REPORT
A 58 year old male patient presented with inability to reduce the rectal prolapse for 2 days. He had been having rectal prolapse for more than seven years duration and he used to reduce it manually but this time he could not do so. Gradually the prolapsed segment was increasingly swollen and slowly started having pain. Patient didn’t have vomiting or abdominal distension. He was passing flatus. He didn’t have any other major significant past surgical or medical history. On examination, patient was oriented, febrile and had tachycardia but otherwise with stable vitals. Abdominal examination didn’t reveal any evidence of obstruction or features of peritonitis. Other systemic examination was grossly intact. Local perianal examination revealed prolapsed part of rectum around 10 cm in length from anal verge, grossly edematous with features of strangulation. There was occasional bleeding from the surface probably due to prolonged congestion of the prolapsed segment. Without further delay, patient was prepared for emergency perineal rectosigmoidectomy. Under general anaesthesia, the rectal wall was incised across its full thickness about 2-3 cm proximal to dentate line. The vessels of the mesorectum and mesosigmoid were carefully ligated, the prolapsed rectosigmoid was resected and a hand sewn interrupted coloanal anastomosis in 2 layers was created. The perioperative period was uneventful and the patient was discharged on 10th post operative day. On follow up, he was doing well except for mild anal incontinence.
DISCUSSION Complete rectal prolapse is distressing condition. Incarceration and strangulation of rectal prolapse is a unusual entity and represents a surgical emergency. Usually uncomplicated rectal prolapse can be manually reduced but when it doesn’t, few techniques may help the bowel return to its anatomic position. Sedation, trendelenberg position, topical application of salt and sucrose may decrease edema and enable reduction however when the prolapsed bowel is incarcerated and strangulated, it represents a surgical emergency the operation of choice is perineal rectosigmoidectomy with or without colostomy. A wide spectrum of operative procedures are available. They are categorized as resective, fixative or combination of both in order to achieve 2 goals: anatomical repositioning of the bowel and improvement of the function of the anorectal complex. The approach may be either abdominal or perineal. The selection of the appropriate procedure primarily depends on the patient's clinical data adjusted to the operator’s experience.

Our patient with acute presentation of strangulated rectal prolapse, underwent perineal rectosigmoidectomy. Goligher mentions that among the few indications for perineal rectosigmoidectomy irreducibility with gangrene remains one of them. Perineal rectosigmoidectomy was first advocated by miles in 1933 and was subsequently modified by altermeier in 1971. The over all mortality ranged from 0-5% and recurrence rates from 0-16%. Abdominal approach cannot be used this situation even in fit patients. The abdominal approaches carry an increased risk of impotence and infertility when comparing to perineal approach. In conclusion, strangulated rectal prolapse requiring emergency surgery is an uncommon condition and among various techniques, altermeier procedure is the most acceptable procedure dealing with this condition.

REFERENCES


