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## Case Report

# Rectal prolapse in pregnancy: a case report

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### ABSTRACT

Rectal prolapse is complete or partial protrusion of rectal tissue through the anus to the exterior of the body. It generally occurs after 60 years of age and is more common in women than men. Here we present a case report of 30 years old G3P1L1A1 with 37 weeks gestation age with complaint of mass protruding per rectum and diagnosed as rectal prolapse which is uncommon during childbearing years. Its management during pregnancy is mostly conservative and definite treatment is deferred until delivery. Rectal prolapse is not a contraindication for vaginal delivery and low outlet forceps deliveries have been mentioned in literature. However, most obstetricians prefer caesarean section to prevent a difficult vaginal delivery and perineal trauma to the patient that could further aggravate rectal prolapse.

**Keywords:** Pregnancy, Rectal prolapse

### INTRODUCTION

Rectal prolapse is a condition where the rectal walls have prolapsed to a degree where they protrude out the anus and are visible outside the body.<sup>1</sup> It is generally more common in older women, but it may occur at any age and in both sexes. It may be asymptomatic, but there may be mucous discharge, bleeding per rectum, fecal incontinence and obstructive symptoms of defecation depending on the nature and degree of prolapse.<sup>2</sup>

Rectal prolapse can be complete, where all the layers of the rectal wall are involved, or partial involving the mucosal layer only.<sup>3</sup> This case was a case of partial rectal prolapse. The exact cause of rectal prolapse is not known but it is considered to be a pelvic fascial defect.<sup>4</sup> However, some associated abnormalities have been found. Most of the cases are caused by chronic straining during defecation and constipation.<sup>3</sup> Pregnancy is also considered a predisposing factor for rectal prolapse.

### CASE REPORT

A 30-year-old G3P1L1A, previous one cesarean 2 years back, a regular antenatal patient of this hospital presented at 37 weeks gestation age with complaints of a mass protruding per rectum along with pain in anal region and pain during defecation for 2 days.

On examination, it was partially prolapsed rectal mucosa with decubitus ulcers. She was managed conservatively by covering it with normal saline soaked wet gauze, local antibiotic ointment, Sitz bath, pain relievers and stool softeners.

She was also a case of gestation hypertension and was anemic with hemoglobin 6.2 gm%.

She underwent two blood transfusions and was operated by cesarean section at 38 weeks. She was operated for rectal prolapse by rectopexy 6 weeks postpartum.



**Figure 1: Picture showing prolapsed rectal mucosa through the anal opening suggestive of rectal prolapse**

## DISCUSSION

Rectal prolapse is a disease of the elderly and is rare during childbearing years. The precise cause is unknown, but many theories have been postulated. Excessive and repetitive straining during defecation is considered to be a risk factor.<sup>5</sup> Other predisposing factors include: pregnancy, previous surgery, pelvic neuropathies, cystic fibrosis and COPD.<sup>3,6</sup> The only definite treatment for rectal prolapse is surgery which can be done by abdominal, perineal or laparoscopic approach. The management of rectal prolapse during pregnancy is mainly conservative consisting of analgesics for pain relief, stool softeners to prevent constipation and to prevent aggravation of the prolapse and manual reduction for temporary relief of symptoms. The definite treatment has to be deferred until after delivery.

In this patient conservative approach was continued till delivery and patient underwent cesarean section for previous cesarean with gestational hypertension. Surgical repair of prolapse was done six weeks postpartum. Rectal prolapse per se is no contraindication for a vaginal delivery and cases have been reported of performing a low outlet forceps delivery under epidural analgesia.<sup>7</sup> However, a vaginal delivery may worsen the prolapse

and may be embarrassing for the patient so due consideration must also be given to the preference of the patient regarding mode of delivery.

## CONCLUSION

Very few cases of rectal prolapse during pregnancy have been cited in literature. Pregnancy may be an aggravating factor for rectal prolapse. Management during pregnancy is mainly conservative. Most obstetricians would opt for caesarean section as the preferred mode of delivery in order to avoid a difficult vaginal delivery and avoid further perineal trauma. Definitive surgical repair after delivery remains the cornerstone of treatment.

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