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Case Report on Management and Outcome of Rectal prolapse.

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Abstract:

Introduction: Prolapse is circumferential Descent of the rectum through the anus parcel prolapse the mucous membrane and submucosa of the rectum protrude outside the anus approximately 1 to 4 complete prolapse circumferential full-thickness protrusion of the rectum through the anus also called as first degree prolapse or procidentia Prolapse of the mucous membrane for the entire rectum outside the renal verges this condition is common in children and elderly patients. **present complaint and investigation:-** A unhealthy 36-year-old admitted in AVBRH on dated 30/6/21 presented to a local emergency room with 48 h. With chief complaint of Pain in anus or rectum, bleeding from the rectum, licking blood, mucus from the anus, feeling a bulged outside your anus , seeing a red mass outside your anal opening, **investigation:-** Anal electromyography , hemoglobin. 13gm, total RBC count 4.13cumm, granulocyte 70%, lymphocyte 25%, total platelet count 2.1lacs/cu mm . ultrasound, special x-rays, Digital rectal exam, Colonoscopy. doctor diagnosed a rectal prolapse. **Past history** :- no any past history of patients. **The main diagnosis therapeutic intervention and out come:-** after physical examination and investigation doctor diagnosed a case rectal prolapse. Inj. poise 500mg , inj. ceftriaxone 14ml. Inj. Tramadol 100ml, Tab. becosule 500mg ,Inj. Emset 4 mg , Inj Neomol 100ml, Tab. Limcee 500 mg, Inj .pantaprazole 40 mg , Inj. metrogyl 100ml, Inj. Amikacin 500 mg, syrup. Duphalac 30 ml Was given 10 days to health immune system fight to disease condition. **conclusion**:- He was response to all medication as well as doctor treatment and his recovery was good.

Keywords:- Rectal, Prolapse, Treatment, Surgery, Bleeding

Introduction:

Rectal prolapse, also known as procidentia, is a condition in which the rectum protrudes beyond the anus. It is most common at the ages of extremes. Rectal prolapse is frequently coupled with other pelvic floor problems, and patients with combined rectal and genital prolapse have symptoms. Understanding this illness has been difficult due to a scarcity of patients, randomized trials, and problems in interpreting anorectal physiology research.

Treatment methods: Surgical management aims to restore physiology by correcting the prolapse and improving continence and constipation, but an interdisciplinary surgical approach is required in patients with concurrent genital and rectal prolapse. Surgery should be reserved for individuals who have failed to respond to medicinal treatment and can be predicted to ease symptoms.

Rectal prolapse can be treated using a variety of surgical methods. According to the mode of access, they are classed as abdominal or perineal. However, because the scope of an uniform diagnostic assessment and the types of surgical operations have not been defined in published series, the debate over whether operation is appropriate cannot be resolved definitely.[1]

Patients information:- patients admitted in Aacharya Vinoba Bhave rural hospital with the complaint of bleeding from the rectum, leaking blood, mucus from the anus, feeling a bulged outside anus , seeing a red mass outside anal opening.

Primary concern and symptoms :- anus or rectum, bleeding from the rectum, licking blood, mucus from the anus, feeling a bulged outside your anus , seeing a red mass outside your anal opening. Those where the primary symptoms which was observed at the time of admission.

Medical family and psychological history :- patients had medical history of rectal prolapse he took treatment for that he belongs to nuclear family there are 5 members in his family all family members healthy accept the patients.

Relevant past intervention with outcomes :- rectal prolapse he was hospitalized for few days. After digital rectal exam , anorectal manometry. Was observed he took treatment for that and his outcomes was not good.

Physical examination and clinical findings:-

General examination:-

State of health was unhealthy, body build thin, the height of patient is 157 cm and weight is 49 kg. His vital parameters is abnormal.

Timeline:- currently patients was admitted for rectal prolapse diseases. Inj. poise 500mg , inj. ceftriaxone 14ml. Inj. Tramadol 10ml, Tab. Becosule 500mg. was given and investigation drug beings studies to treat rectal prolapse He was took all treatment and outcomes was good.[2]

Diagnostic assessment:-

After physical examination and investigation of digital rectal exam ,anorectal manometry. Show rectal prolapse. Laboratory tests elevated blood examination hemoglobin 13gm , total RBC count 4.13cumm , granulocyte 70% , lymphocyte 25% , total platelet count 2.1lacs/cu mm . Doctor diagnosed a case of rectal prolapse with digital rectal exam, anorectal manometry.

Diagnosis assessment:-

Diagnostic challenging:- no any challenges during diagnostic evaluation.

Diagnosis:- After physical examination and investigation doctor diagnosed it as a case of rectal prolapse.

Prognosis:-

The patient was well oriented with her treatment and drug Administration. She was mentally stable and oriented with time, date and place. And she know to treat her diagnosis carefully. She take a drug proper time proper route.

Therapeutic intervention:-

Medical management was provided to the patients Inj. poise 500mg twice a day, inj. Cefriaxone 14ml twice a day, Inj. Tramadol 10ml if necessary in emergency, Tab. becosale 500mg Ones a day , Inj. Emset 4 mg if necessary in emergency, Inj Neomol 100ml if necessary in emergency , Tab. Limcee 500 mg ones a day, Inj . Pantoprazole 40 mg ones a day ,Inj. metrogyl 100ml three times a day, Inj. Amikacin 500 mg twice a day, syrup. Duphalac 30 ml at bed time was given he was took all treatment and outcomes was better. His sign symptoms was reduced he was able to do his own activities. No any changes in therapeutic intervention.[3]

The type of surgery for rectal prolapse is determined by the patient's condition, preoperative anatomic and physiologic tests, incontinence or constipation, previous prolapse repairs, and the surgeon's preference. Over 50 surgical methods for rectal prolapse correction have been described. The goals of surgical surgery are to control prolapse and restore the underlying anatomic support mechanisms. The rectum can be resected and/or fixed to the sacrum to achieve these goals. Perineal or transabdominal surgical methods can be used to repair full-thickness rectal prolapse.

Outcome and follow-up:-

There was an improvement of hemoglobin level and granulocytes, lymphocyte and the patients underwent surgical Important follow-up diagnostic and other test results to preventing the progression.

Clinical and patient assessment outcomes :- patient condition was not improved.

Important follow-up diagnostic and other test results:- To preventing of disease and trying to reserve any sign and symptoms that have appeared because of reduce. Doctor advised follow up after 1month and advice blood investigation to know the further disease progression .

Discussion:

Adult victims often cut off all contact with the outside world and live as social outcasts, thus the opportunity for the surgeon to help them is a gift from god, if a good treatment procedure is used. The following are the classifications for the disease[2]. Simple rectal mucous membrane prolapse as a ring with or without concomitant haemorrhoids, with a weak sphincter present most of the time but not always.[3] Complete prolapse occurs when the rectum turns inside out and pulls a piece of the peritoneal cavity down in front, resulting in a sliding hernia. Complete prolapse can be chronic and gradual, with a patulous sphincter, or acute and fast, with a tight sphincter and gangrene or near-gangrene of the extruded section.[4,5] Few of the related studies were reported[6-10].

Two major clinical concerns are addressed here: lap-LAR without rectopexy can be an effective treatment for RCRP, and the prolapsing approach can be beneficial in these patients. Only one patient received low anterior excision; the others were treated via a perineal approach, and none received laparoscopy. Ours

is the first report of RCRP treated with Lap-LAR that we are aware of. The etiology and treatment policy for this illness are still unknown due to its rarity.
Similar scenarios can benefit from the prolapsing strategy. The tumour that filled the rectum in our patient was enormous and soft, and because of its cauliflower shape, the friable edge protruded laterally from its base, covering part of the rectal wall. For traditional Lap-LAR, these conditions faced two issues.[5]

Conclusion:

the patients was admitted to hospital with chief complaint of Pain in anus or rectum, bleeding from the rectum, licking blood, mucus from the anus, feeling a bulged outside your anus , seeing a red mass outside your anal opening . after all investigation patient was diagnosed with a case of rectal prolapse . In our case stresses the need for good clinical assessment , good nursing care by trained nurse and the use of effective forensic studies is compulsory to secure patient from such a vital health condition.

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