

Rectal prolapse: Diagnosis and clinical management

Randa Mohamed Mostafa

Randa Mohamed Mostafa, Department of Basic Medical Sciences, College of Medicine, Sharjah University, PO Box 27272, Sharjah, United Arab Emirates

Author contributions: Mostafa RM solely contributed to this book review.

Correspondence to: Randa Mohamed Mostafa, MD, PhD, Professor and Head, Department of Basic Medical Sciences, College of Medicine, Sharjah University, PO Box 27272, Sharjah, United Arab Emirates. mostafaranda@sharjah.ac.ae

Telephone: +971-6-5057204 Fax: +971-6-5585879

Received: January 27, 2010 Revised: March 1, 2010

Accepted: March 8, 2010

Published online: May 7, 2010

Abstract

The exact cause of rectal prolapse is not well addressed, but it is often associated with long standing constipation, advanced age, chronic obstructive pulmonary disease and some neurological disorders. Rectal prolapse is usually only a symptom, which needs a focus on discovery of the underlying pathology or disorder. Three different clinical presentations are often combined and called rectal prolapse. Rectal prolapse can be divided into full thickness rectal prolapse where the entire rectum protrudes beyond the anus, mucosal prolapse where only the rectal mucosa (not the entire wall) prolapses, and internal intussusception wherein the rectum collapses but does not exit the anus. Although constipation and straining may contribute to the development of rectal prolapse, simply correcting these problems may not improve the prolapse once it has developed. There are many different approaches to surgical correction of rectal prolapse.

© 2010 Baishideng. All rights reserved.

Key words: Rectal Prolapse; Procidentia; Complete prolapse

Peer reviewer: Luca Stocchi, MD, Department of Colorectal Surgery, Digestive Disease Institute, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States

Mostafa RM. Rectal prolapse: Diagnosis and clinical management. *World J Gastroenterol* 2010; 16(17): 2193-2194 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v16/i17/2193.htm> DOI: <http://dx.doi.org/10.3748/wjg.v16.i17.2193>

INTRODUCTION

Rectal prolapse, or procidentia or “complete prolapse”, defined as a protrusion of the rectum beyond the anus^[1], occurs at the extremes of age. In the pediatric population, the condition is usually diagnosed by the age of 3 years, with an equal sex distribution. In the adult population, the peak incidence is after the fifth decade and women are more commonly affected, representing 80%-90% of patients with rectal prolapse^[2].

Complete rectal prolapse is a disabling condition that has been reported even since the Egyptian and Greek civilizations^[3]. Throughout the history of medicine, multiple approaches to the treatment of rectal prolapse have been described. In the past century, its management has evolved a great deal due to accumulation of knowledge obtained from physiologic investigations and follow up of surgical series^[4].

The surgical landscape for rectal prolapse has expanded to include new treatment modalities such as the STARR and EXPRESS procedures. However, technical details, indications, and outcomes of these new techniques are not widely understood. The richness and variety of choices for treating rectal prolapse may become confusing, and controversial. These are some reasons why many surgeons feel the need for one articulate and comprehensive volume that present an all inclusive understanding of the pathophysiology of rectal prolapse and state of the art surgical treatment for it.

BOOK REVIEW

The book “Rectal Prolapse: Diagnosis and Clinical Management, edited by Altmomare and Filippo Pucciani (PP 206), illustrated, Springer Publisher (2008), ISBN:

978-88-470-0688-6” offers a body of information encompassing all aspects of rectal prolapse. It deals comprehensively with the various forms of prolapse, including external prolapse, rectal intussusception and genital prolapse. The chapters on etiology and investigation set out in detail the present position regarding the value of the advancements in clinical practice. Beside the classic operations, new treatment modalities such as the STARR and EXPRESS procedures are dealt with, and their indications are considered in relation to the clinical presentation and the various other options. Function following surgery receives considerable attention and the difficult problems that may be posed by recurrence after surgery are dealt with. Non surgical treatment and rehabilitation are also described in this book.

The book, is beautifully laid out with very clear illus-

trations including high quality operative color photographs and line drawings. It is important not only to surgeons but also to gastroenterologists, physiologists and radiologists.

REFERENCES

- 1 **Madiba TE**, Baig MK, Wexner SD. Surgical management of rectal prolapse. *Arch Surg* 2005; **140**: 63-73
- 2 **Jacobs LK**, Lin YJ, Orkin BA. The best operation for rectal prolapse. *Surg Clin North Am* 1997; **77**: 49-70
- 3 **Boutsis C**, Ellis H. The Ivalon-sponge-wrap operation for rectal prolapse: an experience with 26 patients. *Dis Colon Rectum* 1974; **17**: 21-37
- 4 **Sobrado CW**, Kiss DR, Nahas SC, Araújo SE, Seid VE, Cotti G, Habr-Gama A. Surgical treatment of rectal prolapse: experience and late results with 51 patients. *Rev Hosp Clin Fac Med Sao Paulo* 2004; **59**: 168-171

S- Editor Wang JL L- Editor Wang XL E- Editor Ma WH