



International Journal of Case Reports (ISSN:2572-8776)



Idiopathic Sigmoid Intussusception Prolapse per Anus

Loay M. AlJaberi,MD¹, Alaa Eddin K. Salameh,MD², Rafiq M. Salhab,MD³,Hazem A. Ashhab,MD⁴

^{1,2} Al-Quds University School of Medicine, East Jerusalem, P.O. box 89

³ Surgery Department, Al-Ahli Hospital, Hebron, Palestinian Territories

⁴ Gastroenterology Department, Charleston Area Medical Center, West Virginia, USA

ABSTRACT

Sigmoidal intussusception protrusion through the anus is extremely rare and has only been reported a few times. The majority of cases of prolapsed sigmoid intussusception in adults have an underlying bowel pathology such as carcinoma, polyps, or benign neoplasms, which are usually discovered intra-operatively. Our case is a 25-year old male patient, previously healthy, with no history of constipation or straining, who presented with a painless prolapsed mass out of the anus. It is very unusual for a young healthy male to present suddenly with such a complaint. After failed attempts to reduce the prolapsed segment under general anesthesia, laparotomy was performed and the prolapsed mass was determined to be an intussuscepted sigmoid. Hartmann procedure was performed. 9 cm of the sigmoid was resected. Findings were consistent with a healthy but edematous prolapsed sigmoid colon.

Keywords: Idiopathic Sigmoid prolapse, Sigmoid Procidentia, Colonic Prolapse

*Correspondence to Author:

Loay M. Aljaberi, MD

Al-Quds Univeristy School of Medicine, Al-Ahli Hospital

Tel- 00970598015192

Fax- 0097022760961

How to cite this article:

Loay M. AlJaberi,Alaa K. Salameh, Rafiq M. Salhab,Hazem A. Ashhab. Idiopathic Sigmoid Intussusception Prolapse per Anus . International Journal of Case Reports, 2018 2:23

 eSciPub
eSciPub LLC, Houston, TX USA.
Website: <http://escipub.com/>

Case presentation

A 25-year-old male presented to the emergency department complaining of a painless persistent mass protruding from the anus of one day duration. The mass protruded spontaneously while he was having a normal bowel movement without straining. The mass was associated with intermittent bloody discharge. The patient is previously healthy with no significant past medical history. He had no history of constipation, straining, or prolapse prior to the protrusion of the mass. In addition, the patient had no history of changes in bowel habits, tenesmus or weight loss. On Physical examination, the patient's vitals were normal. He was afebrile, Blood pressure at 125/85 mmHg, and heart rate at 85. The patient had a soft, lax and non-tender abdomen, no organomegaly, and tympanic percussion throughout the abdomen. On rectal examination, a large bowel mass was protruding from the anus (Figure 1). The rest of the examination was normal. Under general anesthesia, multiple attempts to reduce the prolapsed segment were not successful,

thus a longitudinal incision was made on the prolapsed bowel to facilitate its reduction to the pelvis. Intraoperatively, a final diagnosis of an intussuscepted sigmoid prolapse through the anus was made. This was followed by resection of the prolapsed non-viable sigmoid tissue with the creation of a temporary colostomy. 9 cm of the sigmoid was resected. Inspection of the specimen did not reveal any diseases or structural abnormalities. Pathological examination showed only mucosal edema.

Discussion

Intussusception refers to the invagination of a part of the intestine into itself. It is the most common abdominal emergency in early childhood, particularly in children younger than two years of age [1]. The majority of cases in children are idiopathic, and pathologic lead points are identified in only 25 percent of cases involving children [2]. Intussusception is unusual in adults and the diagnosis is commonly overlooked. In the majority of cases in adults, a pathologic cause is identified [3].



Figure 1: shows the prolapsed sigmoid intussusception from anus.

Intussusception in adults is relatively rare and presentations are not typical, compared with the triad of symptoms described in pediatric cases (abdominal pain, mass and PR bleeding). In a retrospective review of 41 pediatric intussusception cases, 95.1% had abdominal pain, 26.8% had bloody stool and 34.1% had a palpable abdominal mass. However, the classic

triad presentation was only seen in 9.8% of the adult patients in the study [4].

Rectal procidentia, is a pelvic floor disorder that typically occurs in older females but can occur in both genders of all ages [5]. Rectal prolapse results in local symptoms including pain, bleeding, constipation, and incontinence.

Table 1: summarizes similar case reports of intussusception presenting as rectal prolapse published since 1998.

Year of publication	Age	Symptoms and duration	Length	Pathological cause	Site
Younes, Johnson 1998	46 yrs	acute onset of rectal prolapse	10 cm	Large sigmoid lipoma	Sigmoid
Chen, Hsiao 2007	75 yrs	mass prolapsed from anus and severe abdominal distension	NA	Sigmoid CA	Sigmoid
Chen, Zhao 2008	36 yrs	prolapsed rectal mass and abdominal pain	NA	Large Submucosal Lipoma	Ileo-sigmoid
Park 2009	28 yrs	anal prolapse mass	NA	Large villous tubular adenoma	Sigmoid
Ochiai, Ohishi 2010	47 yrs	sudden severe abdominal pain	NA	Sigmoid colon cancer	Sigmoid
Roy, Gouda 2011	52 yrs	large mass protruding from anus	12 cm	None	Sigmoid
Teyha, Chandika 2011	66 yrs	large mass protruding from anus	>10 cm	None	Sigmoid
Paula, Pedro 2011	50 yrs	Hematochezia and anal mass	NA	Sigmoid colon cancer	Sigmoid
Hg, Vora 2013	73 yrs	Anal prolapsed mass	NA	Colon cancer	Sigmoid
Du, Chiu 2015	75 yrs	Rectal prolapse, hematochezia and lower abdominal pain	4 cm	Adenomatous polyp	Sigmoid

Sigmoidal intussusception presenting as a rectal prolapse is a rare entity. On literature review of reported cases since 1998, most of patients had a history of abdominal pain, change in bowel habits, or tenesmus besides the prolapsed part. The majority of cases of prolapsed sigmoid intussusception in adults had an underlying bowel pathology such as carcinoma, polyps, or benign neoplasms, which were discovered intra-operatively [6]. On two of the reported cases, no

identifiable cause was found, the age of both cases was above 50 years. In contrast, our patient is a healthy, previously asymptomatic 25-year-old male with a free medical and surgical history, who is only complaining of a mass protruding from anus. No structural or pathological cause was identified. (Table 1) summarizes the cases reported of sigmoid intussusception presenting with rectal prolapse since 1998.

Adult colonic intussusceptions are usually managed with resection without reduction due to fear of spillage or dissemination of malignant cells. In contrast, colo-anal intussusception is an exception, where reduction should be attempted initially to preserve sphincter [7]. In our patient, multiple attempts to reduce the prolapsed segment were not successful, thus a longitudinal incision on the prolapsed bowel segment was needed to facilitate its reduction to the pelvis.

Conclusion

Upon literature review above, this seems to represent a very rare case of spontaneous sigmoid colon prolapse in a previously young and healthy individual with no risk factors. Intussusception is a well-known condition, unlike children, adult's intussusception is mostly due to underlying pathology. Prolapsed mass from anus is mostly due to rectal prolapse, but keep in mind that a more proximal segments can be the prolapsed part. While the majority of the prolapsed sigmoid intussusception have an underlying pathology, Idiopathic prolapse may occur.

Reference

1. Lloyd DA, Kenny SE. The surgical abdomen. In: Pediatric Gastrointestinal Disease: Pathophysiology, Diagnosis, Management, 4th, Walker WA, Goulet O, Kleinman RE, et al (Eds), BC Decker, Ontario 2004. p.604.
2. Ntoulia A, Tharakan SJ, Reid JR, Mahboubi S. Failed Intussusception Reduction in Children: Correlation Between Radiologic, Surgical, and Pathologic Findings. *AJR Am J Roentgenol* 2016; 207:424.
3. Erkan N, Hacıyanlı M, Yildirim M, et al. Intussusception in adults: an unusual and challenging condition for surgeons. *Int J Colorectal Dis* 2005; 20:452.
4. Wang N, Cui XY, Liu Y, et al. Adult intussusception: a retrospective review of 41 cases. *World J Gastroenterol.* 2009;15:3303–8.
5. Kairaluoma MV, Kellokumpu IH. Epidemiologic aspects of complete rectal prolapse. *Scand J Surg* 2005; 94:207.
6. Felt-Bersma RJ, Tiersma ES, Cuesta MA. Rectal prolapse, rectal intussusception, rectocele, solitary rectal ulcer syndrome, and enterocele. *Gastroenterol Clin North Am* 2008; 37:645.

7. Hg, v., Vora, h. and bhavsar, M. (2013). Sigmoidorectal Intussusception Presenting as Prolapse Per Anus in an Adult. *World Journal of Colorectal Surgery*, 3(4), p.3.

