

Infantile Rectal Prolapse

Inês F. Viegas¹, Sofia Ferrito², Maria Cabral², Manuela Braga²

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A 4-month-old infant, with a history of hospitalization up to 24 days of age - due to 33 weeks prematurity - and an adequate psychomotor development, presents to the emergency room with a protrusion of a reddish mass in the anus with one hour of evolution, after exerting effort to defecate. He had mixed feeding until 1 month old and started weaning at 4 months, one week before presentation. There was no constipation, vomiting, or diarrhea.

At admission, he presented with tachycardia, poor peripheral perfusion, and extensive rectosigmoid prolapse with mild bleeding (Fig. 1). Normal saline bolus was administered with hemodynamic improvement and manual reduction performed (Fig. 2), under sedoanalgesia, followed by containment with tape. Post-reduction ultrasonography showed circumferential thickening of the colon wall up to the distal sigmoid (Fig. 3). In the first 48 hours, the prolapse recurred twice. After three days, he resumed his normal diet.



Figure 1. Exuberant rectosigmoid prolapse.

During the five-month follow-up, he did not present any recurrences. The introduction of complimentary foods was resumed, with regular bowel movements and a normal stool consistency. The sweat chloride test was normal.

Rectal prolapse is more frequent in those up to 4 years old, especially in the first year of life.¹⁻³ Prevalence is similar for both sexes.^{1,2} The more upright position of the rectum, the greater mobility of the sigmoid, the underdeveloped Houston valves, and the weak attachment of the mucosa to the muscle favors its occurrence in the pediatric age.

Predisposing factors are increased intestinal mobility (e.g. intestinal parasitosis, diarrhea), increased intra-abdominal pressure (e.g. constipation, chronic cough) and congenital conditions (e.g. cystic fibrosis, Hirschprung disease).¹⁻⁴ In developed countries, the most frequent cause is constipation.^{2,5}

The diagnosis is clinical. Spontaneous resolution often occurs before medical observation.^{2,3,5} If it persists, a reduction should be performed shortly because edema will hinder the procedure.^{2,5}

Identifying and approaching predisposing factors is the best way to prevent recurrences.^{2,5} If the etiology is



Figure 2. Manual reduction at admission.

1. Medical Pediatrics Service, Department of Pediatrics, Santa Maria Hospital, North Lisbon Hospital Center, Lisbon, Portugal

2. Department of Pediatrics, Hospital Garcia de Orta, Almada, Portugal

Corresponding Author

Inês Viegas

<https://orcid.org/0000-0002-1133-532X>

ines.viegas@campus.ul.pt

Departamento de Pediatria, Hospital de Santa Maria, Centro Hospitalar Lisboa Norte, Av. Prof. Egas Moniz, 1649-028 Lisboa, Portugal

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unknown, cystic fibrosis must be excluded.^{2,3} Recurrent cases and prolapse after 4 years old are likelier to need surgical intervention (sclerotherapy or rectopexy).²⁻⁵ The prognosis is favorable, especially between 1 and 3 years of age as well as in the absence of associated conditions.^{2,3}

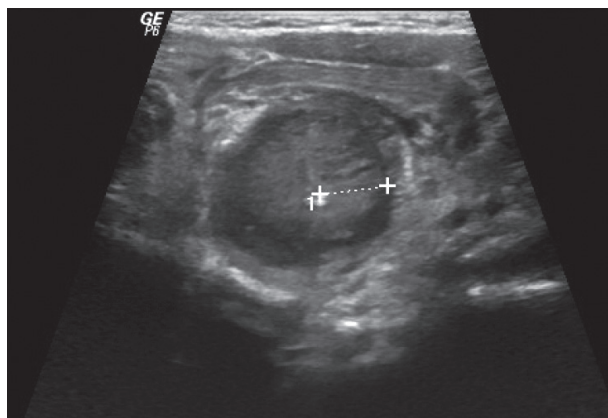


Figure 3. Post-reduction ultrasonography with parietal thickening of the rectum and distal sigmoid colon with a maximum of 9 mm.

Keywords: Infant; Rectal Prolapse/therapy

WHAT THIS REPORT ADDS

- Rectal prolapse is relatively frequent, especially in the first year of life.
- Manual reduction should be performed as soon as possible.
- Treatment is conservative and involves the investigation and treatment of the underlying causes.
- Surgical treatment should be considered if recurrence is frequent, when there is difficulty in manual reduction or in children over 4 years old.

Conflicts of Interest

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Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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