Hospital Nacional Dr Prof Alejandro Posadas Buenos Aires, Argentina

Neonatal Rectal Prolapse

Neonatal Obstetric History

Female

GA: 26 weeks

APGAR: Depressed

BW: 820 grams

Resuscitation: Yes

Intubation: Yes

Controlled Pregnancy: Twin. Monochorionic Diamniotic

Normal Fetal Echocardiogram

Meconium Elimination: 1 DOL

Neonatal Complications

Hyaline membrane disease / respiratory distress(Surfactant x 1)

Bronchopulmonary Dysplasia

Grade II IVH (09/04)

Patent ductus arteriosus With Response to Indomethacin (INDOM 17/04) + atrial septal defect

Septic Shock / NAV to Klebsiella (22/04)

Cholestasis

Right Iguinal hernia

Patient Evolution

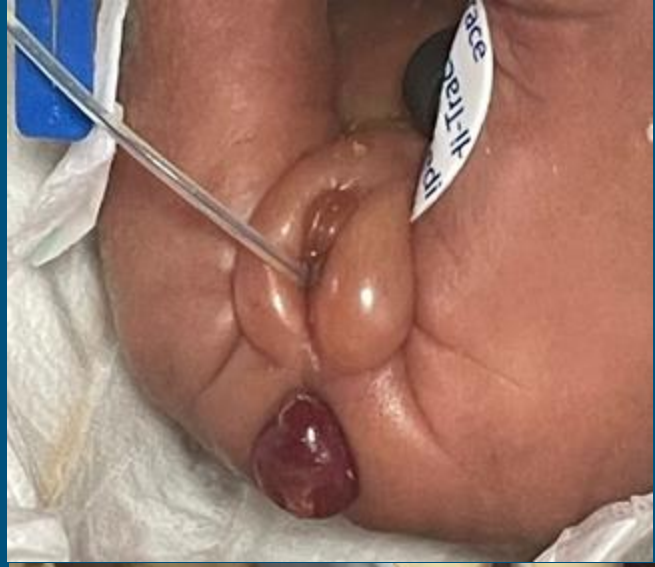
Age: 3 months. Current Weight: 1820 grams

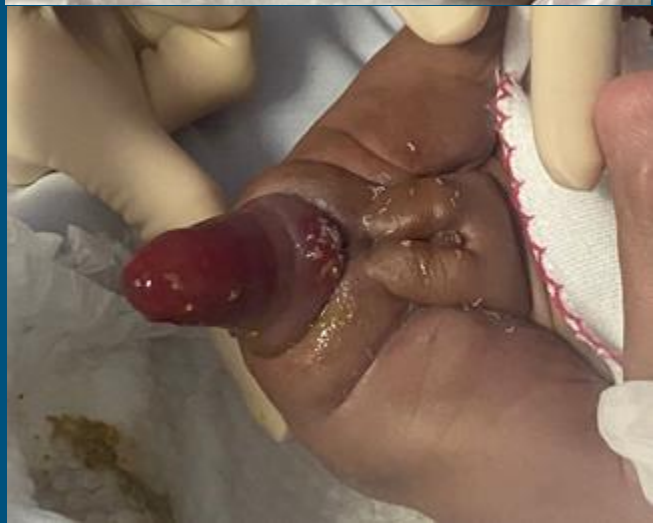
Started with reducible, incoercible rectal prolapse without compromising vitality or causing obstruction in the context of sepsis.

Evolved over the month with an increase in prolapse size, associated with erosions and mild bleeding.

Difficulty and pain during evacuation without associated abdominal distension.

Prolapse persists, being difficult to reduce and incoercible.





Additional studies

Abdominal Ultrasound (24/05): Homogeneous hepatosplenomegaly. Small amount of free fluid in LLQ. Loops with little peristalsis.

Renal Ultrasound (24/05): Slight increase in right renal echogenicity.

Echocardiogram (13/06): PFO 3 mm

Lumbosacral Ultrasound: normal

RMN: normal

Current diagnosis: Rectal Prolapse

Summary of Challenges

- Prematurity and Low Birth Weight: The patient was born at 26 weeks gestation and had a birth weight of 820 grams, increasing vulnerability to complications. **Actual weight: 1820g**
- Sepsis can exacerbate inflammation and hinder the healing process.
- Bronchopulmonary Dysplasia: This chronic lung condition can complicate overall management and delay surgical interventions if needed. **Actual oxigen support by high flow nasal cannula**
- Persistent Prolapse, increased in size over the month, became associated with erosions, mild bleeding, and pain during bowel movements, making it difficult to reduce, altering the anatomy and causing discomfort. **Patient in antitrendelembug position, with vaseline dressing.**
- Nutritional Challenges. Formula feeding by nasogastric tube.

Discussion of treatment Strategies

Non-Surgical Management:

- **Manual Reduction:** Regular and gentle manual reduction of the prolapse to avoid tissue damage and prevent complications.
- **Topical Treatments:** Application of topical treatments to reduce inflammation, protect the mucosa, and prevent infection.

Indications for Surgery:

- **Persistent Prolapse:** Surgery is considered if the prolapse is persistent, difficult to reduce, or incoercible despite conservative measures.
- **Complications:** Erosion, bleeding, or obstruction.
- **Failure of Non-Surgical Methods:** If non-surgical interventions fail to resolve the prolapse.

Types of Surgical Procedures:

- **Rectopexy:** Securing the rectum in its normal position to prevent recurrence of the prolapse. This can be done through a laparoscopic or open approach.
- **Sclerotherapy:** Injecting sclerosing agents to induce fibrosis and secure the rectum, suitable for mild to moderate cases.
- **Resection:** In severe cases, resecting redundant rectal tissue may be required.
- **Cerclage**: as a temporary solution
- **Colostomy:** to allow feeding in case of intestinal obstruction.

Survey questions

How effective do you think the non-surgical treatment options (manual reduction, topical treatments, and infection control) were in managing A.O. rectal prolapse?

- ( ) 1 - Not Effective
- ( ) 2 - Slightly Effective
- ( ) 3 - Moderately Effective
- ( ) 4 - Very Effective
- ( ) 5 - Extremely Effective

Preferred Surgical Approach: Given the case details, which surgical treatment strategy would you consider the most appropriate for A.O. rectal prolapse?

- Rectopexy (to secure the rectum and prevent recurrence)
- Sclerotherapy (for mild to moderate cases)
- Cerclage
- Resection (for severe cases with significant tissue issues)
- Ostomy

Questions

What Alternative Non-Surgical Treatment Strategies Would You Consider?

What Alternative Surgical Treatment Would You Choose?

When would you perform surgery?

What experience do you have regarding the treatment of rectal prolapse in the neonatal period?