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Breaking the Norms: Complete Rectal Prolapse in a Non-Geriatric Male – A Clinical Surprise

[1]Dr. Veena, Second Year Junior Resident, K.V.G Medical College, Sullia, Karnataka

[2]Dr. Gopinath Pai, HOD, K.V.G Medical College, Sullia, Karnataka

[3]Dr. Ranjith K.B, Professor K.V.G Medical College, Sullia, Karnataka

Corresponding Author: Dr. Veena, Second Year Junior Resident, K.V.G Medical College, Sullia, Karnataka

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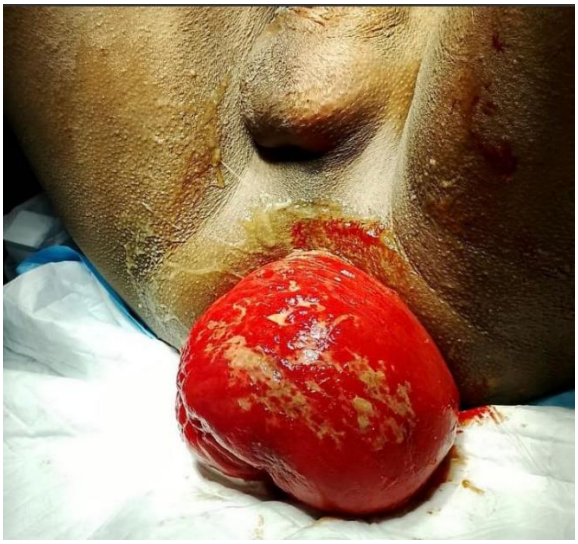
Introduction

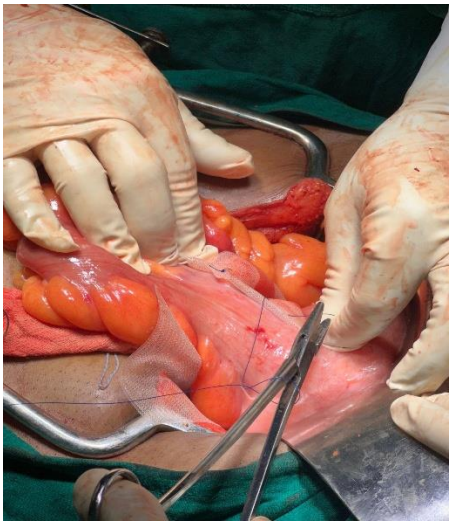
Rectal prolapse is a circumferential descent of rectum through the anal canal, most commonly seen in elderly females and is rarely reported in middle-aged males. Risk factors typically include chronic constipation, pelvic floor dysfunction and straining. Irreducible prolapse demands urgent evaluation due to risk of complications like ulceration, ischemia, strangulation and sepsis[1].

Case History

- A 46-year-old male presented with a history of mass per rectum for the past 10 years. Initially of small size and manually reducible, the mass has gradually increased in size over the past 1 year, becoming large and more prominent. Since the last 1 day, the mass has become irreducible. The condition is associated with chronic constipation and intermittent bleeding from the mass.
- Clinical examination revealed a complete, irreducible rectal prolapse of size 18x12 cm, soft and edematous, with superficial ulcerations and hemorrhagic spots distributed throughout the rectal surface. Mucoid discharge present, scanty in amount. Systemic examination was within normal limits.

Management





- **Surgical Management**: Ripstein Mesh Rectopexy under General Anesthesia.
- Intra- Operative Finding: An oedematous prolapsed rectum noted.

Discussion

- Rectal prolapse more common in females (6:1) and seen in infants, children, and the elderly. It can be partial, complete and concealed.
- It results from anatomical and neurological weakness, including pelvic floor laxity, pudendal nerve damage and decreased sacral support[2].
- Contributing factors vary by age and include chronic constipation, malnutrition, childbirth trauma and raised intra-abdominal pressure.
- Irreducible prolapse can lead to venous congestion, ulceration, ischemia or even perforation[3].
- Definitive treatment is surgical—via abdominal (Ripstein, Well's, Lahaut) or perineal (Delorme, Altemeier) approaches with laparoscopic/robotic options gaining popularity[4].
- In this case, chronicity and irreducibility prompted an urgent surgical plan.

Conclusion

- Rectal prolapse in middle-aged males, though rare, must be recognized early.
- Chronic constipation and straining are important contributors.
- Early diagnosis and timely surgical referral can prevent serious complications.
- This case advocates for high clinical suspicion in evaluating rectal complaints in males, regardless of age.

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