

ALTEMEIER FOR RECTAL PROLAPSE: A RARE CASE

Abstract: Rectal prolapse presents a challenging clinical scenario, particularly in cases of long-segment prolapse. This report discusses a case of a 56-year-old male with a 10cm long segment rectal prolapse and fecal incontinence. Despite failed manual reduction, surgical intervention via the Altemeier procedure was successful, leading to a smooth recovery without complications during the one-month follow-up. The case underscores the efficacy of the Altemeier technique in managing rectal prolapse, particularly for long-segment cases, with its low complication and recurrence rates.

Introduction: Rectal prolapse, characterized by the protrusion of the rectum through the anal canal, is a rare condition that predominantly affects females over 50 years old. Surgical interventions such as the Delorme and Altemeier procedures are commonly employed in its management. This report aims to highlight the efficacy of the Altemeier procedure in addressing associated anatomical anomalies and improving outcomes in rectal prolapse cases. The introduction provides an overview of the problem and the significance of surgical interventions in managing rectal prolapse.

Case Presentation:

Patient Description: The patient is a 56-year-old male presenting with a 10cm long segment rectal prolapse and fecal incontinence.

Case History: Despite unsuccessful attempts at manual reduction, surgical intervention became necessary.

Physical Examination Results: Prior to the operation, the patient underwent a comprehensive evaluation, including a normal total colonoscopy.

Treatment Plan: Under spinal anesthesia, meticulous resection of the prolapsed rectosigmoid and subsequent anastomosis were performed.

Expected Outcome: A smooth recovery with no discernible complications was anticipated during the one-month follow-up.

Actual Outcome: The surgical intervention was successful, with the patient experiencing no complications postoperatively.

Discussion: Rectal prolapse poses a significant clinical challenge, often necessitating surgical intervention for optimal management. Surgical strategies vary, with the Delorme

and Altemeier procedures being commonly employed. The Altemeier procedure, which emphasizes the reinforcement of pelvic floor musculature, is particularly advantageous for cases of long-segment prolapse. This case report underscores the efficacy of the Altemeier technique in managing rectal prolapse, as evidenced by the successful outcome observed in the patient.

Existing literature supports the utilization of surgical interventions, such as the Delorme and Altemeier procedures, in rectal prolapse management. The Delorme procedure, involving mucosal peeling and muscular layer plication, is preferred for short-segment prolapse, while the Altemeier procedure is better suited for long-segment cases. However, the choice between these techniques should be based on individual patient factors, considering factors such as recurrence rates and postoperative complications.

In this case, the Altemeier procedure was selected due to the long-segment nature of the patient's rectal prolapse. The successful outcome observed highlights the effectiveness of this technique in addressing associated anatomical anomalies and improving fecal incontinence outcomes. The low complication and recurrence rates associated with the Altemeier procedure further support its role as the gold standard in rectal prolapse management.

Conclusion: In conclusion, rectal prolapse presents a complex clinical challenge that often requires surgical intervention for optimal management. The Altemeier procedure emerges as the preferred choice, particularly for long-segment cases, due to its efficacy in addressing associated anatomical anomalies and improving patient outcomes. With its low complication and recurrence rates, the Altemeier procedure stands out as the gold standard in rectal prolapse management, underscoring its importance in clinical practice.

References:

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