

PROLAPSE Mucosal prolapse

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The mucosa and submucosa of the rectum may protrude outside the anus for approximately 1–4 cm. When the prolapsed mucosa is palpated between the finger and the thumb, it is evident that it is composed of no more than a double layer of mucosa. This distinguishes mucosal prolapse the rectum protrudes through the anal canal. In infants The direct downward course of the rectum, owing to the as-yet undeveloped sacral curve, predisposes infants to this condition. In children Mucosal prolapse often commences after an attack of diarrhoea or from loss of weight and consequent loss of fat in the ischiorectal fossa. It may also be associated with cystic fibrosis, neurological disorder, Hirschsprung's disease, rectal polyps and maldevelopment of the pelvis.

Summary box 79.5 Rectal prolapse

In adults Mucosal prolapse in adults is often associated with third-degree haemorrhoids, when it is referred to as mucohaemorrhoidal prolapse (Figure 79.6). In the female a perineum damaged at childbirth and in the male straining from urethral obstruction predispose to mucosal prolapse. In old age, both mucosal and full-thickness prolapse are associated with weakness of the pelvic floor and anal sphincters. Partial prolapse may follow in ano where a large portion of muscle an operation for fistula- has been divided. Here, the prolapse is usually localised to the damaged quadrant and is seldom progressive. Treatment In infants and young children Digital repositioning . The parents are taught to replace the protrusion, and any underlying causes are addressed. Submucosal injection or banding . If digital repositioning fails after a 6-week trial, injection of 5% phenol in almond oil or rubber band ligation under general anaesthetic can be tried (Figure 79.7). In adults Local treatments . Submucosal injections of phenol in almond oil or the application of rubber bands may be successful in cases of mucosal prolapse. Excision of the prolapsed mucosa . When the prolapse is unilateral, the redundant mucosa can be excised or, if circumferential, an endoluminal stapling technique or internal Delorme's procedure can be used.

It may be mucosal or full thickness If full thickness, the whole wall of the rectum is included It may begin as a rectal intussusception (internal rectal prolapse) In children, the prolapse is usually mucosal and should be treated conservatively In adults, the prolapse is often full thickness and is frequently associated with constipation and incontinence Surgery is almost always necessary for full-thickness rectal prolapse The operation is performed either via the perineum or via the abdomen Figure 79.6 Mucohaemorrhoidal prolapse of the anorectum. Figure 79.7 Through a proctoscope, a rubber band is applied to an area of mucohaemorrhoidal prolapse.

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