Rectal Prolapse

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Background information
Rectal prolapse is an abnormal protrusion of full thickness rectal wall or mucosa through the anus. It is most common in children < 4 years with a peak incidence in 2 – 3 year olds.

Most common causes:

- Idiopathic - usually self limiting
- Chronic Constipation.

- Cystic fibrosis (5 - 20%) – should be considered in Caucasian population. Consider sweat test if concerns e.g. chronic respiratory symptoms / faltering growth.

Clinical Features

- Usually non tender mucosal mass (red rosette) seen protruding from anus, initially only on straining.
- Bleeding occasionally noted as the primary symptom.
- May become irreducible

Differential Diagnosis

1. Prolapsing rectal polyp
2. Prolapsing haemorrhoid
3. Intussusception (very rarely prolapses from anus)

NB. Prolapse can be associated with pelvic mass lesions

Initial Management

- If prolapse is present when the child attends hospital, **manual reduction with analgesia**. Firm pressure to reduce oedema and then reduction of innermost mucosal lead point first is usually successful.
- **Treat underlying condition** (e.g. diarrhoea or constipation) and avoidance of straining.
- Child should be restricted from spending prolonged periods of time on commode and a step stool in front of adult commode will assist child in toilet training and may eliminate straining behaviours. Use of a small child-sized toilet seat on top of the normal seat may also be helpful.

Surgery

- Surgical treatment is rarely necessary
- Manual reduction under anaesthesia is occasionally required for very large prolapses.

Follow up

Refer all rectal prolapses to Paediatric Surgical out-patients.