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Delorme Surgery with Notaras Technique for Rectal Prolapse with Fecal Incontinence: a case report

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Introduction: Total prolapse of the rectum or rectal procidentia is a disorder characterized by the protrusion of all layers of the rectum through the anal orifice which leads to fecal incontinence. Treatment can be surgical by abdominal approach, perineal or combined. The choice is based on the patient's clinical conditions, as long-term results are similar. Prolapses often improves in the short term, but fecal incontinence remains to varying degrees, which would justify combined procedures.
This report aims to describe the Delorme perineal technique associated with the Notaras technique for the treatment of total rectal prolapse associated with fecal incontinence.

Case report: This is a 72-year-old woman, diabetic, hypertensive and with coronary artery disease, with rectal proccidence and fecal incontinence for one year. The proctological examination showed a half-open anus; on dynamic inspect (Figure 1)

Anorectal manometry showed severe hypotonia of the internal and external sphincters. Colonoscopy noted the rectum with normal morphology and mucosa, with edema and enanthema in its distal region.

The defecoresonography (Figure 2) identified signs of circumferential loss of the internal sphincter, diffuse thinning of the iliococcygeus muscles, mainly on the right, with loss of concavity, moderate enlargement of the elevator hiatus with slight pelvic descent at rest that increases during evacuation efforts. Multicompartmental pelvic descent

Due to the patient's comorbidities, we opted for the Delorme operation to reduce the procidentia, associated with the Notaras technique to reduce the diameter and increase the length of the anal canal and improve incontinence (Figures 3 and 4).

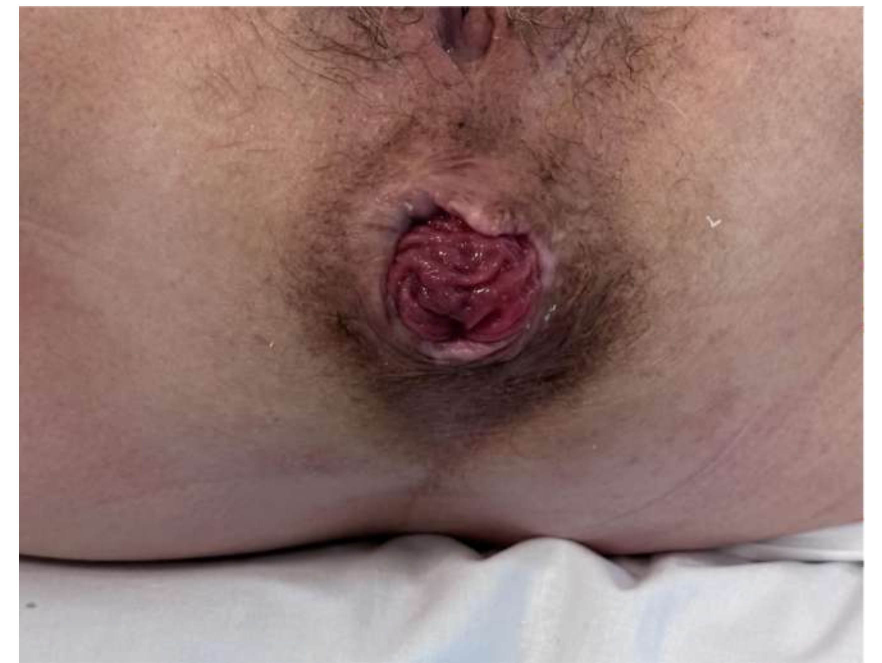

Figure 1: Proctological examination

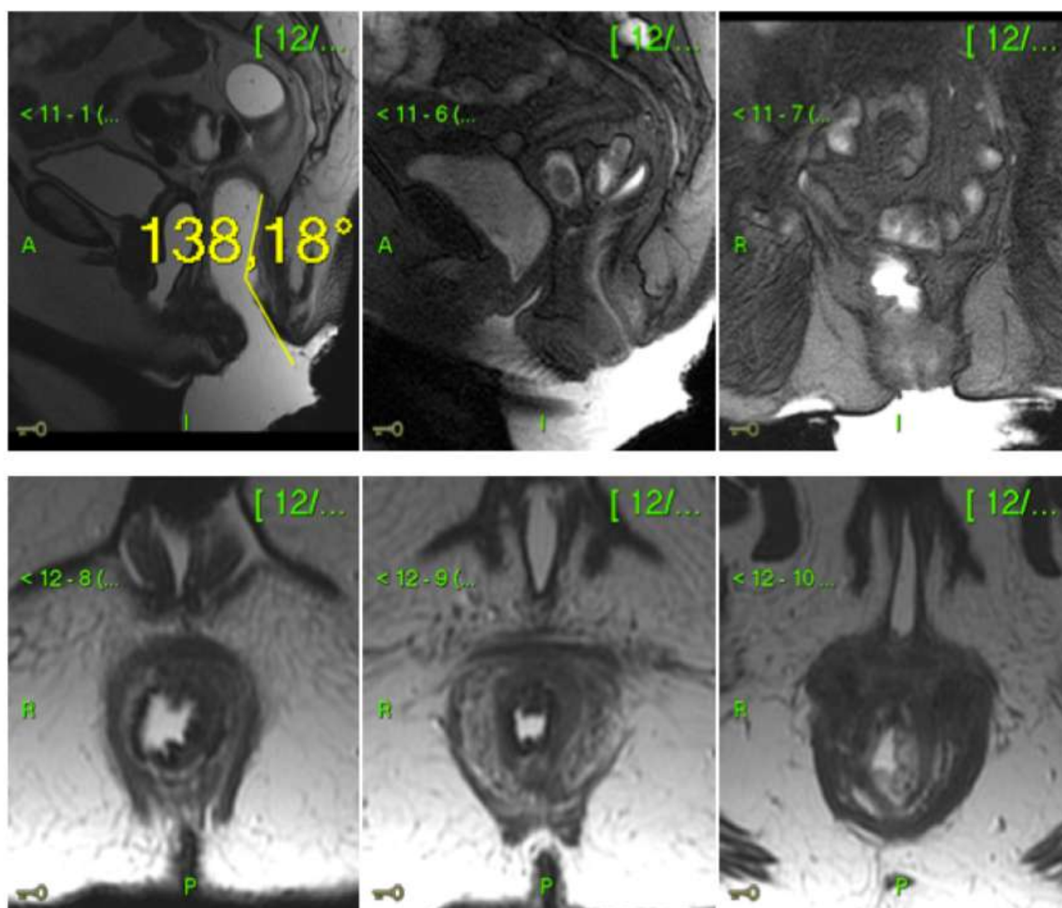

Figure 2: Important pelvic descent

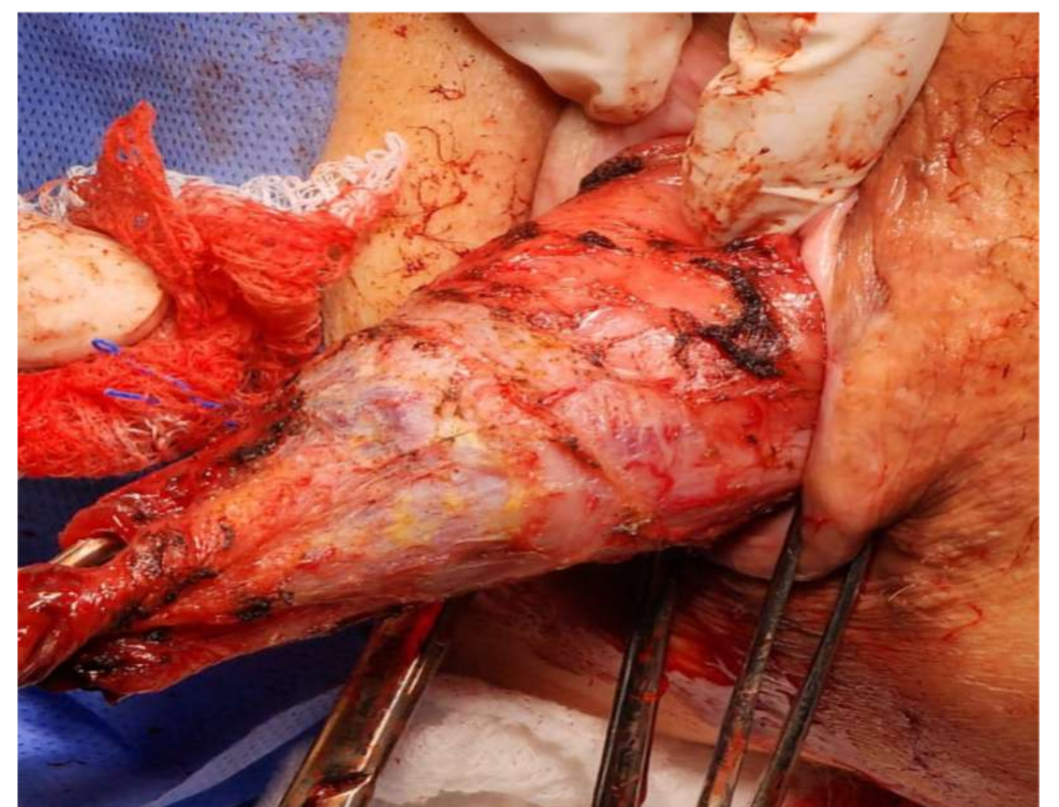

Figure 3: Mucous detachment

The patient reported no postoperative complaints and remains under outpatient follow-up, with symptoms improving.

Conclusion: The choice of surgical technique to be used in cases of rectal prolapse is variable. We suggest that these techniques can be associated, in selected cases of rectal procidentia with fecal incontinence, with good results.

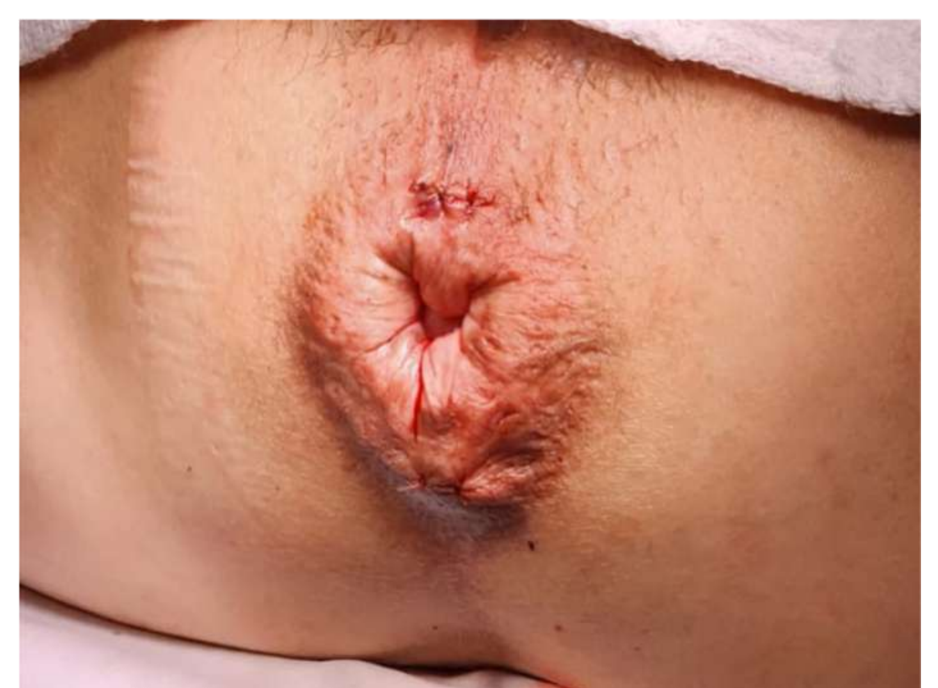

Figure 4: immediate post-operative final appearance