

Rectal pocket syndrome following PPH and rectosigmoid resection

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A 55-year-old woman had a PPH performed for rectal internal mucosal prolapse and rectocele. After surgery she continued to suffer from mucosal prolapse and obstructed defecation. In an attempt to remove the prolapse a second PPH was performed 2 years later. This was complicated by rectal lumen obliteration which was treated by a low anterior resection. Four years later she continued to have evacuatory disorders and proctalgia. On exam she was found to have a 5 cm deep rectal diverticulum with entrapped fecaliths at what appeared to be the site of the first PPH (Fig. 1). She underwent laying open and

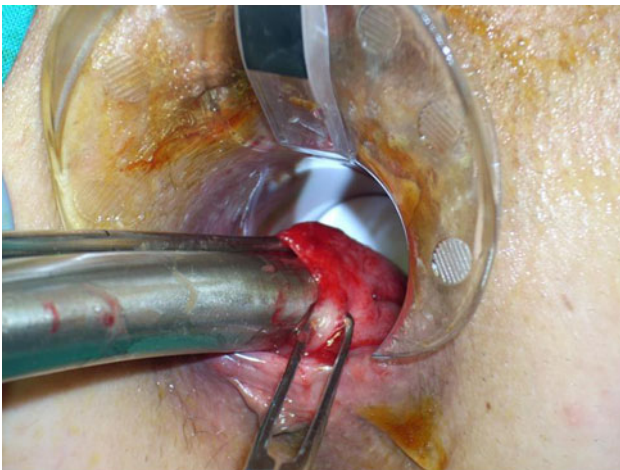


Fig. 1 The rectal diverticulum probed by a 16 mm Hegar dilator

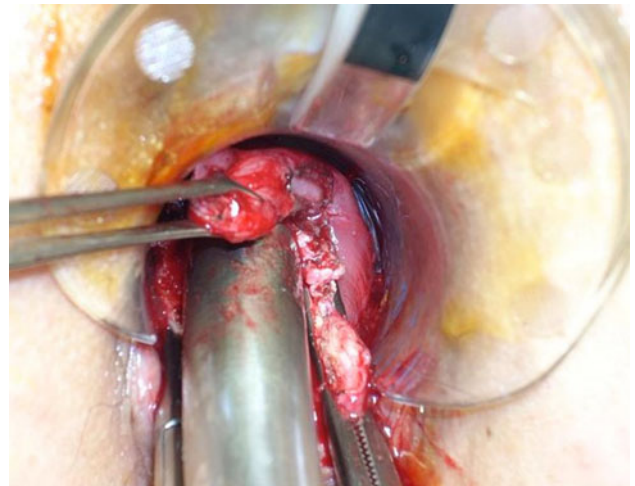


Fig. 2 The pocket is being laid open

marsupialization of the diverticulum with removal of several retained staples (Fig. 2). The patient is symptom-free 6 months after surgery.

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