

Exploring the Role of Sugar in Relieving Rectal Prolapse: A case of complete rectal prolapse

Nur Fadzlina Binti Abu Seman

Emergency & Trauma Department, Hospital Kuala Lumpur, Malaysia

Introduction

Rectal prolapse is a relatively common, usually self-limiting condition in children, with peak incidence is between 1 and 3 years of age^{1,3}. Prolapse can be either partial or complete, and it is controversial³. In this case, we highlight a case of complete rectal prolapse in a male infant.

Case description

10 months old Chinese boy with no known medical illness, born term and thriving up to age, brought in to our centre for medical attention with swelling per ano early in the morning. It is also associated with minimal bleeding and inconsolable crying. Granule sugar was sprinkled over the swelling, followed by gauze soaked with diluted sugar and dextrose 50% (D50%) solution. Patient was subsequently referred to Paediatrics Surgery team and operated on. Post-operation child was well.

Discussion

Application of sugar or sucrose has benefit of reducing oedema where it soaked up moisture; as high solute concentration of sugar water helps in pulling water from swollen tissues. It will later facilitate and assist in reducing the rectal prolapse^{1,3}. Nevertheless, it failed in this case and thus, surgical intervention was needed.

Conclusion

Rectal prolapse in children is uncommon. However, long segment intussusception must be excluded. Occasionally, the intussusception passes quite far distally and can be palpated on rectal examination (5%)³. Prolapse of the intussusceptum out the rectum may be a grave sign and can be mistaken for a rectal prolapse³.

Dextrose 50% (D50%) solution or granule sugar could help to shrink the prolapse². Complications may arise if no interventions being done as it may cause ulceration, bleeding, strangulation, ischemia, and gangrene. Surgical intervention is required when such intervention fails.

Keywords

“Prolapse”, “sugar”, “dextrose solution”

References

1. Jun Tashiro, Cathy A. Burnweit, Rectal prolapse unreduced for 4 months in a premature neonate, *Journal of Pediatric Surgery Case Reports*, Volume 2, Issue 1, 2014, Pages 28-29, ISSN 2213-5766
2. Liliana Bordeianou, M.D., M.P.H. • Ian Paquette, M.D. • Eric Johnson, M.D. Stefan D. Holubar, M.D. • Wolfgang Gaertner, M.D. • Daniel L. Feingold, M.D. Scott R. Steele, M.D. *Clinical Practice Guidelines for the Treatment of Rectal Prolapse, Diseases of The Colon & Rectum Volume 60: 11 (2017)*
3. Risto J. Rintala, Mikko P. Pakarinen, Chapter 104 - Other Disorders of the Anus and Rectum, *Anorectal Function*, Editor(s): Arnold G. Coran, *Pediatric Surgery (Seventh Edition)*, Mosby, 2012, Pages 1311-1320, ISBN 9780323072557