Spontaneous perforation of the rectum

A case report

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Summary

A case of spontaneous perforation of the rectum is reported. The incidence, clinical picture, diagnosis and treatment of this rare condition is briefly discussed.

Perforation of the rectum usually occurs as a complication of disease such as carcinoma, colitis, diverticular disease, simple ulcer or penetrating abdominal trauma. Less frequently it is the result of stercoral ulceration, trauma by enemas, foreign bodies, faulty instrumentation or homosexual activities. Severe muscular strain, such as lifting a heavy load, and blunt trauma to the lower abdomen which cause sudden increase in intraluminal pressure are rare causes of rectosigmoid rupture.

Acute rectal rupture may also complicate rectal prolapse with protrusion of small bowel through the rectal tear and the anus. Very rarely, rupture of the rectum occurs spontaneously in a normal bowel without an apparent underlying cause.

Case report

A 33-year-old man was admitted to hospital with diffuse abdominal pain, nausea and vomiting after an alcoholic binge. On examination the patient was shocked and his abdomen was rigid and tender. A chest radiograph showed no air under the diaphragm and the serum amylase level was not elevated.

After resuscitation, laparotomy through an upper midline incision was performed. Diffuse peritonitis was encountered for which no cause could be found after thorough exploration. The peritoneal cavity was irrigated and a drain was left in the upper abdomen. Postoperatively the patient remained toxic, and 24 hours after the first laparotomy septic shock developed and faecal material was seen coming out of the drain.

Careful re-laparotomy through the same incision failed to detect the source of peritoneal contamination. The incision was extended down to the pubis and a 13 mm vertical tear was found in the anterior rectal wall just above the peritoneal reflection. Apart from acute inflammation surrounding this tear no abnormality could be seen or palpated. A terminal sigmoid colostomy, distal mucous fistula and extensive drainage of the peritoneal cavity were performed.

During a stormy postoperative course the patient developed the adult respiratory distress syndrome and underwent 4 further laparotomies in which subphrenic, pelvic and interloop abscesses were drained. He was discharged after 7 weeks of hospitalization.

Spontaneous perforation of the rectum is a rare cause of the acute abdomen. Careful inspection of the rectum at the time of laparotomy is essential, when no other cause for an acute abdomen can be found.

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Curiosa paediatrica X: precocious sternebral fusion

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Summary

The few reported cases of precocious sternebral fusion occurring in early childhood appear always to have been associated with other congenital physical abnormalities. The instance presented here was clinically without such association and its precocious appearance cannot be attributed to an aberrant embryological polyvalent induction.

In 1936 Kewesch reported the unusual development or rather failure of normal maturation of the sternum of a 45-year-old Russian, in that there was a total absence of fusion of all the segments comprising the sternum, which is the absolute contrary condition to the case presented here, of precocious sternebral fusion and ossification (Fig. 1).

Fig. 1. Reproduction of Kewesch's illustration (see text).

In the normal development of the sternum a cartilaginous sternal bar forms on each side of the thorax, connecting the growing ends of the costal cartilages with one another. The bars are brought into contact at the cephalic end of the thorax (as the body wall is completed there) and fuse, forming first rectosigmoid with small bowel evisceration through the anus. Dis Colon Rectum 1983; 26: 821-822.


REFERENCES


