

OUTCOMES FOLLOWING SCLEROTHERAPY FOR MUCOSAL RECTAL PROLAPSE WITH OILY PHENOL INJECTION - SINGLE CENTRE REVIEW

Rohini Sahay, Richard Lindley, Govind Murthi
Sheffield Children's Hospital, Sheffield Children's Hospital, UK

Aim of the study: To review the outcomes following treatment of mucosal rectal prolapse treated by injection sclerotherapy with oily phenol in our centre.

Methods: Retrospective case-note review of all children who underwent sclerotherapy with oily phenol injection as primary surgical intervention for mucosal rectal prolapse, from January 2007 – December 2015, was conducted.

Main Results: A total of 31 patients were identified. Mean age at presentation was 4.8 years (range 5 months - 12 years). 23 patients underwent injection sclerotherapy with oily phenol as primary procedure following failure of medical management. Patients with full-thickness rectal prolapse (n=8) were excluded from the study. Of these, 1 was treated previously at another centre and was found to have rectal atresia, 3 patients underwent Delorme's procedure and one patient each was treated with Altmeier's procedure, laparoscopic rectopexy, Thiersch stitch and defunctioning colostomy. The cause for rectal prolapse was considered to be due to: constipation (n=15), idiopathic (n=7), spina bifida (n=1).

Follow-up was for minimum 6 months, mean = 2 years; range 6 months – 17 years. Recurrence following injection sclerotherapy with oily phenol requiring further procedures was 30.4% (7/23). Results treatment and outcomes following recurrence are illustrated in Fig 1.

Conclusions: Injection sclerotherapy with oily phenol is a safe, effective and minimally invasive primary treatment option for mucosal rectal prolapse not responding to conservative management. Its failure in a third of patients is similar to other agents¹; it can be repeated with good results. In case of recurrence a cautious re-examination under anaesthesia should be undertaken to exclude a missed full thickness rectal prolapse before re-injecting.

1. Shah A, Parikh D, Jawaheer G, Gornall P. Persistent rectal prolapse in children: sclerotherapy and surgical management. *Paediatric surgery International* (2005) 21: 270-273.

