

CASE REPORT: POSTPARTUM TRAUMATIC RECTAL TEAR AFTER NORMAL VAGINAL DELIVERY WITH AN INTACT ANAL SPHINCTER.

Introduction

A "buttonhole" tear is a type of perineal injury occurring during vaginal delivery which involves the rectal mucosa and an intact anal sphincter. This is considered to be a rather rare type of injury not classified in the standard perineal tear classification system. Currently there is lack of evidence for the optimal surgical management of such cases.

Design

We report a case of an anterior rectal wall tear, reportedly caused during early postpartum period following vaginal sexual intercourse. The accompanying video demonstrates the surgical repair.

Results

A 25-year old G1P1 with a history of a normal vaginal delivery 27 days earlier, presented in a tertiary Obstetrics and Gynecology Center complaining of sudden onset of pain at the genital area and severe vaginal bleeding following sexual intercourse. Gynecological and digital rectal examination revealed a 4cm midline laceration involving both the rectum and the posterior vaginal wall cranially to the anal sphincter. The anal sphincter itself was intact. No fecal contamination was noted in the vagina. The patient reported normal postpartum defecation, the most recent one being at the day of admission, with no fecal incontinence or soiling.

Following her admission she was scheduled to undergo an examination under anesthesia and repair of the tear as an emergency procedure. Under general anesthesia, the traumatic surfaces of the vagina were thoroughly cleaned with normal saline and povidone iodine solution. To reveal the full extension of the rectal mucosal tear the rectum was dissected off the posterior vaginal wall and the rectovaginal fascia. The rectal mucosa was repaired transvaginally with 5 interrupted absorbable, synthetic polyglactin 910 3/0 sutures. The rectal muscularis layer was sutured with single matrix absorbable polydioxanone 3/0 sutures. Finally, the vaginal wall with the rectovaginal septum was sutured using continuous, unlocked polyglactin 910 2/0 suture. No colostomy was performed.

Second generation cephalosporin and metronidazole were given i.v. intraoperatively and continued orally for a total of 7 days. Laxatives were commenced immediately after the procedure and continued for 10days. A low-residue diet was recommended for two weeks. The patient was discharged on the 3rd postoperative day and was instructed to avoid sexual intercourse for 2 months. She returned for the scheduled follow-up appointment a month later. Physical examination was satisfactory with no symptoms of bowel incontinence and no evidence of fistula formation or surgical wound disruption.

Conclusion

Careful examination of the vagina and the rectum should be performed in all of cases of perineal tears following a vaginal delivery. Buttonhole injuries, although rare, should be considered as severe traumas similar to 4th degree lacerations and managed promptly by experienced surgeons. An appropriate surgical technique and postoperative management ensures optimal results minimizing long term risks

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	none needed
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes