Case Report: Post-Polio Syndrome with Bladder and Bowel Dysfunction

Al ramsi E[1], Alawadi R[2], Alghuzi N[3], Elredy M[2], Fadda M[2], Alkaabi S[3], Alharmi F[3]

1. NMC royal women hospital, 2. sheikh shakhbout medical city, 3. Cornich hospital

www.ics-eus.org/2025/abstract/813

Background

• **Post-polio syndrome (PPS)** is a late complication of poliomyelitis, presenting with progressive **muscle weakness**, **fatigue**, and **autonomic dysfunction**.

• Pelvic floor dysfunction in PPS is underrecognized, despite its major impact on quality of life.

• We present a complex case illustrating the interaction between neuromuscular disease and pelvic organ dysfunction.

Case Presentation

• **53-year-old woman**, childhood **poliomyelitis**, **foot drop**, severe **muscle weakness**.

• **Symptoms** (past year):

- Overflow and stress urinary **incontinence** (large-volume, 2x weekly).
- **Voiding** dysfunction: interrupted stream, post-void fullness.
- **Bowel**: constipation, fecal and flatus incontinence.
- Symptomatic pelvic organ **prolapse** with worsening vaginal pressure.

• **Findings** and **Investigations**:

- **Pelvic examination**: grade 1 cystocele, grade 4 rectocele, enterocele, hypermobile urethra, deficient perineum.
- **Anal** sphincter weakness and markedly reduced pelvic floor tone(Oxford 1–2).
- **Anorectal manometry**: low resting and squeeze pressures, impaired defecation, rectal hypersensitivity.
- **Imaging**: normal renal and pelvic ultrasound, tortuous colon on colonoscopy.

Management

• **Multidisciplinary** approach adopted.

• **Conservative** care:

- Pelvic floor rehabilitation, biofeedback
- Neuromuscular re-education
- Bladder and bowel program with timed voiding, diet, fiber, and laxatives.

• Planned **surgical** interventions:

- Tension-free vaginal tape obturator (**TVTO**) for stress incontinence
- Anterior and posterior **vaginal repair**.
- **Sphincteroplasty**.
- **Cystoscopy** and pre-operative urodynamics.

Discussion

• **Bladder dysfunction** is frequent in polio survivors, with higher prevalence and impact in **women**.

- 87.5% report bladder symptoms.
- 76.5% find them bothersome.
- Incontinence: 73.3% in women vs 40.9

• **Neurogenic** complications and **anesthetic** risks must be considered when planning treatment.

• This case demonstrates the need for tailored rehabilitation and surgical strategies.

Conclusion

• PPS can cause complex neurogenic bladder and bowel dysfunction, compounded by pelvic organ prolapse.

• **Early recognition** and **interdisciplinary** management are essential to maintain quality of life.

• Future research should define **standardized guidelines** for pelvic floor care in PPS patients.