

SUCCESSFUL TREATMENT OF PARADOXICAL PUBORECTALIS CONTRACTION AND INTRACTABLE ANORECTAL PAIN WITH SACRAL NEUROMODULATION

Hypothesis / aims of study Paradoxical puborectalis contraction [PPC] is a syndrome of obstructed defecation that can be vexing for patients and particularly challenging for clinicians to treat. The prevalence of symptoms compatible with PPC in the general population is 6.6%, however there are no published data on the frequency with which PPC is encountered in medical practice. PPC is associated with a cluster of complaints including rectal pain, incomplete evacuatory sensation, prolonged repetitive straining with bowel movements, and the need for digital manipulation. Uncontrolled studies have evaluated a variety of treatments including biofeedback, rectal massage, electrical stimulation, and caudal blocks with unsatisfactory results. A recent RCT of intrasphincteric botulinum toxin showed no efficacy in PPC. Surgery is to be avoided.

Sacral neuromodulation [SNM] is an established therapy for OAB syndrome, urinary retention, and fecal incontinence. SNM has been used in patients with pelvic pain showing potential beneficial effects. There are limited but positive data for SNM in the treatment of functional anorectal pain.

Our thesis was that SNM may ameliorate the complaints associated with PPC in patients who had failed medical and other invasive therapy.

Study design, materials and methods We present a case of PPC in a female successfully treated with staged sacral neuromodulation [SNM] [Medtronic, Minneapolis, MN USA]. Her previous evaluation and diagnosis, medical regimen, and failed interventions are reviewed

Symptoms were analyzed using a visual analog scale pain score (0-10). Criteria to progress to implantation of the pulse generator included a pain score < 3 during test stimulation and/or > 50% decrease in the pain score compared to baseline. Because we were unsure as to how soon the therapy might lead to clinical improvement, rather than perform percutaneous nerve evaluation, we offered the patient a staged evaluation.

Results Our patient had a pain score of 0 [baseline 8] after stage 1 SNM. She had dramatic relief in her straining with bowel movements and need for digital manipulation. Her pulse generator was implanted after a 2 week trial and she has experienced a lasting improvement at her follow-up of 2 years.

Interpretation of results The patient was pain-free only after SNM. Although the exact mechanisms of action are not clear, SNM is an established method of managing other chronic neuropathic pain conditions.

Concluding message SNM can be offered to patients with PPC and functional anorectal pain who have failed other interventions. Recruitment of patients and further prospective studies are needed.

References

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Disclosures

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