



“STARR, NOT ALWAYS THE STAR!”

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**ABSTRACT**

A case report of a 22 year old male patient with a proven diagnosis of obstructive defecation syndrome who was previously operated with stapled transanal resection of rectum presented with recurrence of symptoms. Laparoscopic ventral rectopexy was performed in this patient which led to relief from the complaints. Laparoscopic ventral rectopexy has emerged to be a promising mode of treatment in the patients with obstructive defecation syndrome.

**KEYWORDS :** obstructive defecation syndrome (ODS), Laparoscopic ventral rectopexy, Stapled transanal resection of rectum (STARR), pelvic dyssenergy, rectorectal intussusception.

**INTRODUCTION**

Obstructive defecation syndrome is a type of constipation characterised by fragmented stools, need for straining at defecation, sense of incomplete evacuation, tenesmus, urgency, pelvic heaviness and self-digitation<sup>[1,2]</sup>. Chronic constipation is a common problem that affects 2-30% of the people in western world. A significant proportion of these patients i.e. about 30-50% suffer from obstructive defecation syndrome<sup>[3,4]</sup>. We hereby present a case of obstructive defecation syndrome which responded better to laparoscopic ventral rectopexy than stapled transanal resection of rectum.

**CASEREPORT**

A 22 year old male patient presented with complaints of constipation, straining during defecation, feeling of incomplete evacuation since 1.5 years. He was operated with stapled transanal resection of rectum 2 years ago for similar complaints. But there was recurrence of symptoms after 6 months. The patient was thoroughly investigated. Colonoscopy revealed the stapler line of STARR procedure. CT scan ruled out any pelvic pathology. MR defecography indicated towards existing pelvic dyssenergy. The patient underwent Laparoscopic ventral rectopexy. Serial follow up of the patient every 2 monthly showed that the complaints of the patient have reduced significantly. There has been no recurrence of any symptom till date.



Stapler Line

**Fig 1. Colonoscopic Image**



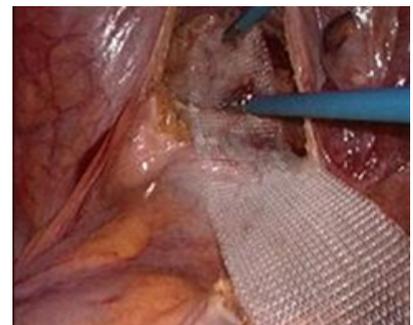
**Fig. 2**



**Fig. 3**



**Fig. 4**



**Fig. 5**

**Fig 2-5: Intraoperative Images**

**DISCUSSION**

Incidence of obstructive defecation syndrome is highly underestimated. It is one of the few functional disorders which can be treated surgically. Constipation caused by obstructed defecation is of two types : functional and mechanical. The functional types include idiopathic megarectum, pelvic dyssenergy and descending perineal syndrome whereas mechanical type includes rectocele,

enterocele, rectorectal intussusception and rectal prolapse<sup>[1,5]</sup>. Proper utilisation of investigations and wise decision making is pivotal in planning the line of treatment in the patient of obstructive defecation syndrome. MR defecography is the gold standard for diagnosing this condition. STARR is the procedure of choice for rectorectal intussusception. It's a day care procedure, less skill demanding and cost effective. Laparoscopic ventral rectopexy is performed for treating pelvic floor dyssenergy.

### CONCLUSION

Obstructive defecation syndrome is a relatively newer concept and needs awareness. It's a rare functional disorder that can be treated surgically. Aetiological determination is the key. Management is tailor made for each clinical scenario.

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