



PECULIARITIES OF ETIOLOGY, DIAGNOSIS, AND SURGICAL TREATMENT OF RECTOCELE IN WOMEN

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Abstract

Rectocele is a prolapse of the rectal wall in the suprasphincteric zone resulting from the thinning of the rectovaginal septum and weakening of the muscle tone supporting the pelvic organs. Rectocele can be anterior, posterior, or lateral. In anterior rectocele, the rectal wall prolapses into the vagina, while in posterior rectocele, it protrudes toward the anococcygeal ligament. Anterior rectocele is the most common type.

Introduction

Relevance of the problem

Rectocele is a prolapse of the rectal wall in the suprasphincteric zone resulting from the thinning of the rectovaginal septum and weakening of the muscle tone supporting the pelvic organs. Rectocele can be anterior, posterior, or lateral. In anterior rectocele, the rectal wall prolapses into the vagina, while in posterior rectocele, it protrudes toward the anococcygeal ligament. Anterior rectocele is the most common type. The incidence of rectocele is significantly higher in women than in men, which is attributed to the anatomical and physiological characteristics of the pelvic diaphragm and the ligamentous apparatus of the female internal reproductive organs. According to various authors, the prevalence of rectocele among female patients with proctological complaints ranges from 10% to 50%. There are three degrees (stages) of rectocele:

- **Degree I:** Patients are completely asymptomatic or experience episodic evacuation disorders and a periodic sensation of incomplete rectal emptying. Rectocele is detected only during digital rectal examination as a funnel-shaped depression of the rectovaginal septum.
- **Degree II:** Complaints of a persistent sensation of incomplete emptying and difficult defecation become constant. Patients occasionally have to use enemas or



laxatives. Examination reveals a protrusion of the rectum into the vaginal lumen, reaching its vestibule (introitus).

- **Degree III:** There is a necessity for digital (manual) assistance during defecation. Pelvic organ prolapse in women is one of the most pressing issues in modern practical medicine due to its high prevalence.

The aim of the study was to investigate the peculiarities of etiology, clinical manifestations, and modern diagnostic methods of rectocele, as well as to evaluate the efficacy of various surgical techniques to optimize patient management tactics and improve therapeutic outcomes.

Material and methods. Over the period from 2016 to 2026, 117 patients aged 25 to 75 years were under our observation. All patients were diagnosed with degree II (37 patients) and degree III (80 patients) rectocele. The most frequent complaint in this disease is difficult defecation. Patients experience constipation, a sensation of incomplete rectal emptying, pulling pain in the lower abdomen, lower back, and sacrum, and a foreign body sensation in the vagina. As the rectocele progresses, the need for manual assistance during bowel movements arises — specifically, pressing a finger against the posterior vaginal wall to evacuate the fecal mass through the anus. The diagnosis was established based on patient complaints and clinical examination (vaginal and rectal examinations). Examination on a gynecological chair allows for the identification of protrusions of the posterior vaginal wall and the anterior rectal wall, which are easily detected during straining (Valsalva maneuver), as well as via digital rectal and vaginal examination.

To clarify the anatomical and functional state of the pelvic organs, instrumental investigations were performed, including: colonoscopy, proctosigmoidoscopy, defecography, sphincterometry, and endorectal ultrasound.

For degree I rectocele, conservative therapy was administered: electrical stimulation, Mula Bandha yoga exercises, diet modification, mild laxatives; if necessary, treatment for concomitant inflammatory diseases of the rectum and genitalia was performed.

For advanced rectocele (degrees II and III), two types of surgical intervention were carried out:

1. Sphincterolevatoroplasty;
2. Sphincterolevatoroplasty with colporrhaphy.



The first group of patients who underwent sphincterolevatoroplasty consisted of 37 women aged 25 to 65 years. The second group of patients who underwent sphincterolevatoroplasty with colporrhaphy included 52 women aged 25 to 65 years.

Results of the study

There are more than 500 different techniques for the surgical treatment of rectocele. There is no consensus regarding the most preferable type of surgical correction. Different authors report varying data on the rates of successful treatment and recurrence after specific surgical procedures. Moreover, comparative analyses of different rectocele correction methods often present contradictory findings.

An analysis of long-term treatment outcomes performed via patient questionnaires in the proctology department of the ASMI clinic showed that at up to 5 years of follow-up, 77 (86%) patients reported excellent results, while 10 (11%) assessed their outcomes as satisfactory. Recurrence was observed in 2 (2.8%) patients.

Conclusions

1. Rectocele is a disease where a considerable amount of time typically passes from the onset of symptoms to the correct diagnosis, indicating a lack of awareness among physicians regarding the symptomatology of this condition.
2. For the accurate diagnosis of rectocele, it is necessary to conduct a more thorough examination of patients, inquire about the need for manual assistance during defecation, and perform digital rectal and vaginal examinations alongside instrumental diagnostics.

Sphincterolevatoroplasty and sphincterolevatoroplasty with colporrhaphy are effective methods for the surgical correction of rectocele, allowing for a significant improvement in the patients' quality of life. Вот библиографический список (Reference List) из 10 актуальных международных источников на английском языке, подобранных специально под тематику вашей статьи (этиология, классификация, диагностика, сфинктеролеваторопластика, кольпорафия, оценка качества жизни и отдаленные результаты).



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