



Image of the month

Proctalgia and obstructive defecation syndrome secondary to internal anal sphincter idiopathic hypertrophy[☆]



Hipertrofia idiopática del esfínter anal interno como causa de proctalgia y síndrome de defecación obstructiva

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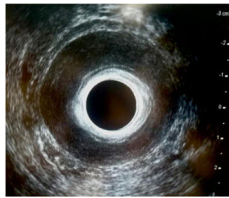


Fig. 1 – Axial view of the endoanal ultrasound.

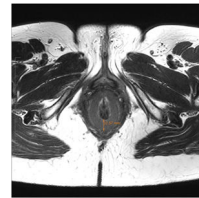


Fig. 2 – Axial view in T2 sequence with fat saturation.

Summary

We present the case of a 53-year-old woman, whose medical history of interest only included cesarean section for the delivery of twins. She reported symptoms of proctalgia and difficulty passing stool over the past 3 years. On physical examination, she presented with pain during digital rectal examination and anal hypertonia, with no associated fissure. We performed endoanal ultrasound and requested a dynamic pelvic MRI, which showed homogeneous circumferential thickening of the IAS, in addition to tricompartimental pelvic floor descent during defecation, with no relaxation of the IAS. The patient did not improve with oral muscle relaxants, topical nifedipine, or local infiltration of botulinum toxin, and she is awaiting internal lateral sphincterotomy (Figs. 1 and 2).

Funding

The study was not funded by any organization.

Conflict of interests

None of the authors present conflicts of interest.

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<http://dx.doi.org/10.1016/j.cireng.2022.10.002>

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