Dear Sir,

Blunt abdominal trauma is a common occurrence in pediatric age group. Its consequence varies from mild morbidity to mortality. Rectal perforation resulting from blunt abdominal trauma is a rare event in children. Moreover, herniation of small bowel through rectal perforation and evisceration through anus is even rarer. Most of the reported injuries are the result of strong suction on rectum, while playing in swimming pool. These children are often misdiagnosed for other pathological conditions, especially when the history is not accurate.

Recently, we have received two such cases and thought it worth sharing.

**Case 1:** A 5 years old female presented 6 hours after blunt lower abdominal trauma, resulting from run over injury due to motor vehicle accident. On examination, gangrenous bowel loop was found prolapsing out from anus. At laparotomy, small bowel loops were found in pouch of Douglas, which were delivered back, following which a 2 x 2 cm perforation was found on anterior surface of extraperitoneal part of rectum. Perforation was repaired, resection of gangrenous bowel was done and proximal end ileostomy made. Patient is on regular follow-up and doing well.

**Case 2:** A 7 years old male had a history of something coming out of anus, 5 days prior to admission. Patient who otherwise was normal, while playing outside home with friends, developed pain in abdomen. He was brought home by his mother. Her mother noticed that his trouser was soaked with blood and something was coming out of anus. He was taken to local doctor who manually reduced it. Three days later, patient developed symptoms and signs of intestinal obstruction and was brought to us. Per rectal digital examination revealed soft mass in rectum, and finger stained with blood. Clinical impression was of intussusceptions. Per-operatively, a perforation was found in anterior wall of rectum just below the peritoneal reflection (Figure 1) through which bowel loops herniated. The gut was viable but friable. A covering ileostomy was made with repair of rectal perforation. Recovery was uneventful.

Traumatic perforation of rectum and herniation of small bowel is a unique presentation. It is, therefore, often misdiagnosed for other conditions as children might not give proper history. In our first case, history of trauma was present, therefore, suspicion of rectal perforation was made, while in second case, no history of trauma was given, but we did think of trauma and also had intussusception or rectal prolapse in our mind. In these cases, where no obvious history is present, possibility of sexual abuse should also be kept in differential diagnosis, while doing examination.

The purpose of reporting these cases is that treating physician should be alert if a patient present with sudden prolapse of gut through anus. It is not always the intussusception or rectal prolapse, especially when there is no previous history. Mere reduction under the impression of rectal prolapse may result in grave consequences.

**REFERENCES**


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