

## Role of the Delorme Procedure for Rectal Prolapse in Young Patients

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It is known that patients with a short, full-thickness rectal prolapse can be treated with a mucosal sleeve resection; however, for a longer prolapse, a mucosal sleeve resection is associated with a higher recurrence rate compared with abdominal approaches. Thus, the Delorme procedure has been advocated for those who are considered "high risk" for an abdominal procedure because of comorbidities or to avoid the risk of nerve damage [1]. However, the recurrence rates are significantly different between younger patients with good pelvic floor musculature and elderly patients with a weak pelvic floor, a gaping anus, and a sliding hernia of the cul-de-sac [2, 3]. Constipation and fecal Incontinence improve following a Delorme operation, but urgency and tenesmus do occur. Improved anal sphincter and rectal sensation is associated with a reduced incidence of defecatory problems after a Delorme's procedure [4]. The Delorme procedure has a role in the treatment of rectal prolapse in young patients.

### REFERENCES

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