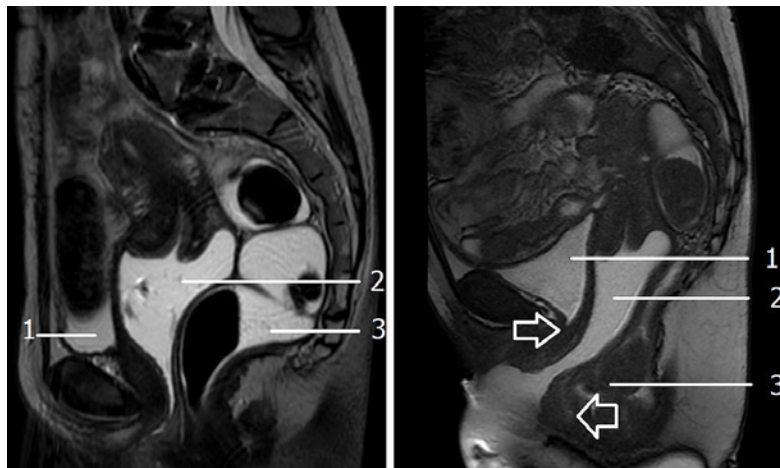


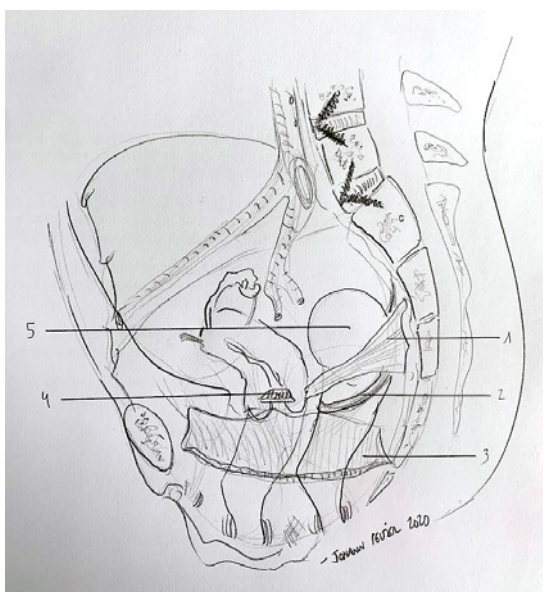




**Figure 1.** Postoperative sagittal CT view (left) and coronal CT view (right) showing a double anterior interbody fusion with cages at L4-L5 and L5-S1.



**Figure 2.** Postoperative dynamic pelvic MRI: midsagittal T2-weighted image in restraint (left) and in thrust (right) showing a rectocele with cystoptosis.



**Figure 3.** Illustration showing female pelvic ligaments (lateral view).

cur when the superior hypogastric plexus is damaged during an anterior approach to the lumbosacral spine<sup>9</sup>). Mustain et al.<sup>10</sup>) described that pelvic surgery and conditions that chronically increase intra-abdominal pressure such as constipation can contribute to rectocele development. Lastly, the uterosacral ligaments of the cervix seem to reinforce not only fixation of the genital system but also of the pelvic rectum.

Therefore, it is important to report this unusual complication immediately to the attention of spine surgeons. Few things should be taken into consideration to avoid this disadvantage. For one, reducing the time of surgery may lessen the time of pressure effects on the viscera. In addition, prevention of postoperative constipation with less use of narcotic substances in patients with a history of bowel dysfunction is also seen to prevent pelvic organ prolapse.

**Conflicts of Interest:** The authors declare that there are no relevant conflicts of interest.

**Ethical Approval:** This study does not require any approval from the relevant institutional ethical review board because it is not a clinical and biomedical research involving human subjects.

**Author Contributions:** Alberic F. Bocco, Djiby J. Okamon, and Pierre-Henri Launois have drafted this case report. Meanwhile, Louis Chenin, Michel Lefranc, and Johann Peltier took charge in the study design and the revision of the drafted paper. All authors gave their final approval of the version to be published.

**Informed Consent:** Informed consent was obtained in this study.

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