

Received: 2006.06.08
Accepted: 2006.08.22
Published: 2006.09.27

Rectal perforation following anal intercourse in a sixteen -year-old young married woman

Ahmet Kale, Umur Kuyumcuoglu, Mahmut Erdemoglu, Nurten Akdeniz, Ahmet Yalinkaya

Dicle University School of Medicine, Department of Obstetrics and Gynecology, Diyarbakir, Turkey

Summary

Background:

Many men and women practice a broad range of voluntary sexual activities. Most of which are harmless. Many minor injuries of the genital, and anal areas do occur but most require only symptomatic therapy. Rectal perforations and sphincter injuries are uncommon but have important medicolegal implications.

Case Report:

A-16-year-old nullipara presented with vaginal bleeding after sexual intercourse. Pelvic examination revealed full-thickness longitudinal perforation of the rectum. Full-thickness perforation of the rectum was sutured primarily under general anesthesia. The patient was discharged 2 days later.

Conclusions:

Rectal perforation due to sexual intercourse in a 16-year-old married woman has not been previously reported.

Key words:

Rectal perforation • Sexual intercourse

Full-text PDF:

http://www.crcpr-online.com/pdf/vol_7/9401.pdf

Word count:

853

Tables:

-

Figures:

1

References:

5

Author's address:

Ahmet Kale, Dicle University School of Medicine, Department of Obstetrics and Gynecology, 21280 Diyarbakir, Turkey, e-mail: drakale@dicle.edu.tr

BACKGROUND

Many men and women practice a broad range of voluntary sexual activities. Most of which are harmless. Many minor injuries of the genital, and anal areas do occur but most require only symptomatic therapy. Following anal sex, minor rectal bleeding from anal fissures or small mucosal tears is neither uncommon nor serious. Rectal perforations and sphincter injuries are uncommon but have important medicolegal implications [1].

We want to report a case rectal perforation following anal intercourse in a sixteen -year-old young married woman.

CASE REPORT

A-16-year-old nullipara presented to the Dicle University School of Medicine Obstetrics and Gynecology Service with vaginal bleeding after sexual intercourse. Intercourse had been vigorous and caused severe dyspareunia. On examination the patient looked well. Her vital signs, including temperature, pulse and blood pressure, were normal. Pelvic examination revealed multiple, severe, superficial lacerations of both labia minora surrounded by marked bruising and oedema and a full-thickness longitudinal perforation of the rectum was found (Figure 1). These findings were so striking that the possibility that any foreign body was introduced into to vagina or rectum, but the patient denied this, saying that any foreign body was not introduced into her vagina or rectum. Laboratory values were within normal limits. Ultrasound investigation of the pelvis was normal. A plain abdominal x-ray showed no obvious dilatation of bowel loops and no sign of free intraabdominal gas. The patient was taken to the operating room and full-thickness



Figure 1. Full-thickness longitudinal perforation of the rectum.

perforation of the rectum was sutured primarily under general anesthesia. The patient was discharged 2 days later.

DISCUSSION

Rectal trauma is a relatively uncommon problem that may results from sexual-social injuries. Little is written in medical literature about the incidence or management of rectal sexual trauma. Circumstantial evidence suggests that this rare problem is becoming more common. Penetration of the vagina, anus, or oral cavity can occur with the penis, foreign objects, or fingers [2].

Anal-rectal sex is dangerous. During rectal intercourse the rectum becomes a mixing bowl with germs, infections or substances the penis has on it, and the seminal fluid of the inserter. Since sperm readily penetrate the rectal wall causing immunologic damage, and tearing or bruising of the anal wall is very common during anal/penile sex [3].

Anal penetration can be a source of physical discomfort. The muscle on the outside of the rectum, called the anal sphincter, ordinarily tightens if stimulated, which means that attempts at insertion of the penis may be uncomfortable even if done slowly and gently. If penetration into the anus is forced, injury is possible. The anus and rectum are specifically designed for expelling waste from the body. The tissue in those areas is designed for things passing out of the body, not vice versa. Also, since there is no natural lubrication in the anus or rectum, intercourse can cause perforation, fissures in the wall of the rectum.

When the rectal trauma was suspected due to sexual intercourse; inspection, digital rectal examination, and proctoscopy should be performed in all patients suspected of having rectal injuries. Further to this, diagnostic roentgenograms should be obtained to identify the extent of rectal injuries. Appropriate medical care can be provided for sexually related injuries or infections and referrals can be made for emotional problems that are identified [4,5].

CONCLUSIONS

We report the case of a sixteen -year-old married woman with rectal perforation. To the best of our knowledge, such a young married woman with rectal perforation due to sexual intercourse has not been previously reported.

REFERENCES:

1. Geist RF. Sexually related trauma. *Emerg Med Clin North Am.* 1988; 6: 439-66.
2. Rectal perforation following manual-anal intercourse. *Acad Emerg Med* 1995; 2: 852-3.
3. Mavligit GM, Talpaz M, Hsia FT, Wong W, Lichtiger B, et al. Chronic immune stimulation by sperm alloantigens. Support for the hypothesis that spermatozoa induce immune dysregulation in homosexual males. *JAMA.* 1984; 13; 251: 237-411.
4. Sugar NF, Fine DN, Eckert LO. Physical injury after sexual assault: findings of a large case series. *Am J Obstet Gynecol.* 2004; 190: 71-6.
5. Falcone RE, Carey LC. Colorectal trauma. *Surg Clin North Am.* 1988; 68: 1307-18.