

**CASE REPORT****Anal Incontinence in Chronic Total Perineal Rupture : A Case Report**Roby Putrama¹, Yulia Margaretta Sari^{2,*}, Bobby Indra Utama²¹ Resident of Obstetrics and Gynecology, Faculty of Medicine, Andalas University, Dr. M. Djamil Central General Hospital, Padang, West Sumatera, Indonesia² Urogynecology subdivision Obstetric and Gynecology Department, Dr. M. Djamil Hospital/ Universitas Andalas Hospital / Faculty of Medicine Andalas University, Padang, West Sumatera, Indonesia**Corresponding Author:** Yulia Margaretta Sari; yulia_kino@yahoo.com; +62 813-6346-2158**Received :** October 3, 2024; **Accepted:** December 17, 2024; **Published:** January 22, 2025**Doi :** <https://doi.org/10.25077/aoj.9.1.145-152.2025>**Abstract****Objective:** Obstetric anal sphincter injury is a complication of vaginal delivery that, if inadequately managed, can lead to total perineal rupture and fecal incontinence, significantly impacting a patient's quality of life. This case report aims to describe the management of long-standing total perineal rupture in a patient with fecal incontinence.**Method:** A 37-year-old woman with a 1-year history of fecal incontinence and 15-year history of uncontrolled flatus following an unattended perineal tear during her first delivery was referred for evaluation. Physical examination and transperineal ultrasound revealed a perineal defect involving the external and internal anal sphincter. The patient was managed with sphincteroplasty and perineorrhaphy. Postoperative care included cleansing, catheterization, and medications, along with dietary modifications.**Result:** The patient's Wexner score of 14 indicated moderate to severe fecal incontinence. After surgical management, the patient experienced improved control over bowel movements and enhanced quality of life.**Conclusion:** Vaginal lacerations can cause severe injuries to the perineal body and anal sphincters. Early identification and appropriate surgical intervention, such as sphincteroplasty and perineorrhaphy, are essential in improving outcomes and restoring quality of life in patients with obstetric anal sphincter injuries.**Keywords:** Obstetric anal sphincter injury, fecal incontinence, sphincteroplasty, perineorrhaphy, perineal rupture

INTRODUCTION

Obstetric anal sphincter injury is a complication that occurs during vaginal delivery. Inadequately managed, it can result in total perineal rupture, one of whose symptoms is fecal incontinence. This condition can significantly impact a patient's quality of life. Prompt identification of perineal laceration and management is crucial to prevent long-standing total perineal rupture. Management with sphincteroplasty and perineorrhaphy is an effective technique to correct this condition.¹

CASE REPORT

A 37-year-old woman was referred from a regional public hospital in Solok to the urogynecology clinic at Dr. M. Djamil Padang General Hospital with complaints of fecal incontinence for the past year and inability to control flatus for the past 15 years. Her first delivery with a traditional birth attendant in 2008 (16 years ago) resulted in an unattended perineal tear. The patient did not experience fecal discharge from the vagina, and feces consistency was normal. Urination habits were normal. The patient had two subsequent normal vaginal deliveries, the first assisted by a traditional birth attendant and the second by a midwife, with the second child weighing 3800 grams at birth. Due to the above complaints, the patient frequently uses pads. This condition significantly affects her quality of life and social interactions. Physical examination revealed vital signs within normal limits, no visible abdominal enlargement, and no tenderness, rebound pain, or muscular defense. Gynecological examination revealed a perineal defect extending to the anal mucosa, and a positive dovetail sign. Pill-rolling test was positive with defects at 11 and 1 o'clock. The impression indicated a chronic perineal rupture.



Figure 1. Speculum Examination



Figure 2. Pre Op documentation



Figure 3. Post Op Documentation

Transperineal ultrasound examination showed discontinuity in the external anal sphincter, internal anal sphincter, and anal mucosa. The uterus was anteflexed with dimensions of 4.5 x 2.5 x 2.8 cm, and both right and left adnexa were within normal limits.

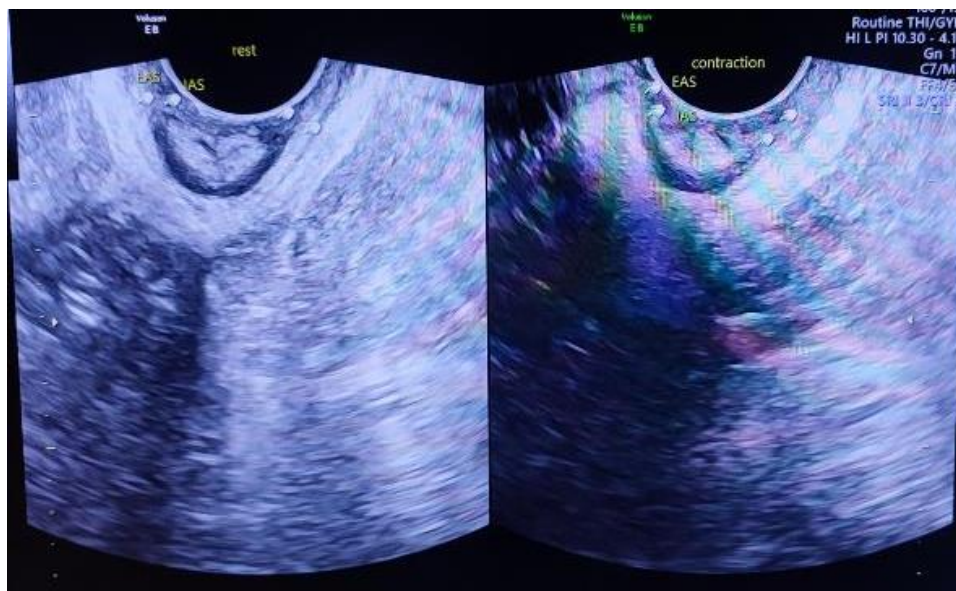


Figure 4. Transperineal ultrasound shows discontinuity in the external and internal anal sphincter and anal mucosa.

The patient's Wexner score was 14, indicating moderate to severe severity. The patient was diagnosed with fecal incontinence due to long-standing total perineal rupture. Management of the patient was carried out with Sphincteroplasty + Perineorrhaphy. Postoperative care included vulvovaginal cleansing with PK soak twice daily for 20 minutes, urinary catheterization, and vaginal sufratul. The patient was also given paracetamol 4 x 500 mg, cefixime 2 x 200 mg, and metronidazole 3 x 500 mg. A low-residue diet was prescribed for 7 days.

The follow-up plan for this patient involved regular assessments to monitor recovery and evaluate the success of the surgical intervention. Scheduled visits were set at 2 weeks, 6 weeks, 3 months, and then every 6 months for at least 1 year post-surgery, with extensions if symptoms persisted. At each follow-up, physical examinations were conducted to assess wound healing, perineal integrity, and sphincter function. The patient's Wexner score was reassessed during each visit to gauge any improvements in fecal incontinence severity. Additionally, transperineal ultrasound was considered at the 3- and 12-month marks to verify sphincter integrity and detect any structural complications. The patient was encouraged to maintain a symptom diary, tracking episodes of incontinence, urgency, or flatus, which provided valuable insights into her day-to-day progress.

The surgical repair yielded a positive outcome, with the patient reporting improved control over bowel movements and fewer incontinence episodes, significantly enhancing her quality of life. Her initial Wexner score of 14 decreased postoperatively, indicating substantial improvement in continence.¹ While some mild symptoms, such as occasional uncontrolled flatus, were noted, they lessened over time. These follow-up findings highlight the overall success of the treatment and can be included in the case report to provide a comprehensive view of the patient's recovery and long-term prognosis.

DISCUSSION

Anal incontinence is a debilitating condition that can severely impact a woman's quality of life, leading to social isolation and psychological distress. In the case of the 37-year-old woman referred to our urogynecology clinic, her history of fecal incontinence for one year, coupled with an inability to control flatus for 15 years, underscores the long-term consequences of untreated perineal injuries sustained during childbirth.^{1,2} Such injuries often result from obstetric anal sphincter injuries (OASIS), which can occur during vaginal deliveries, especially in high-risk situations such as large birth weight or prolonged labor.^{3,4}

The woman's obstetric history reveals a significant risk profile for perineal injury, including her first delivery with a traditional birth attendant in 2008, which likely lacked the medical oversight needed to properly manage a perineal tear.⁵ Studies indicate that a lack of skilled birth attendance can lead to higher rates of severe perineal injuries, highlighting the need for trained healthcare professionals during deliveries.⁶ Furthermore, her second child's birth weight of 3800 grams may have contributed to her condition, as high birth weight is a known risk factor for perineal trauma.⁷

The immediate consequences of perineal lacerations can often go unrecognized, especially if the injuries are not appropriately assessed and repaired during the postpartum period.⁸ The patient's reported history of using pads frequently due to her incontinence illustrates how untreated perineal injuries can lead to chronic symptoms that persist for years, affecting daily activities and overall well-being.^{9,2}

On physical examination, the patient presented with significant findings: a perineal defect extending to the anal mucosa, accompanied by a positive dovetail sign and pill-rolling test results

indicating defects at the 11 and 1 o'clock positions.¹⁰ These findings are consistent with total perineal rupture, which can compromise both the anal sphincters and the surrounding support structures.¹¹ The confirmation of discontinuity in the external and internal anal sphincters via transperineal ultrasound was crucial for diagnosing the extent of the injury, as imaging has become an important tool in evaluating anal sphincter integrity.^{12,3}

The use of the Wexner score, which the patient scored at 14, provided a quantitative measure of her anal incontinence severity, categorizing her condition as moderate to severe.¹³ This scoring system is widely used in clinical practice to assess the impact of anal incontinence on patients and guide treatment decisions.¹⁴ Studies have demonstrated that a higher Wexner score correlates with a greater degree of sphincter injury and poorer functional outcomes.¹⁵

Given the diagnosis of fecal incontinence secondary to long-standing total perineal rupture, the patient underwent sphincteroplasty and perineorrhaphy. These surgical interventions aim to restore the continuity and function of the anal sphincters, which is essential for improving continence outcomes.¹⁶ Research indicates that surgical repair can lead to significant improvements in fecal incontinence, with many studies reporting favorable long-term outcomes.¹⁷

Postoperative care is critical in ensuring successful recovery and minimizing complications. The patient's regimen included vulvovaginal cleansing, urinary catheterization, and the use of analgesics and antibiotics to prevent infection and manage pain.¹⁸ Administering a low-residue diet for seven days post-surgery further minimizes the risk of bowel movements that could exert pressure on the surgical site, thereby reducing the likelihood of repair failure.¹⁹ This dietary approach is supported by evidence suggesting that proper dietary management can enhance postoperative recovery in patients with anal sphincter injuries.²⁰

The psychosocial impact of fecal incontinence cannot be overstated. Many women with this condition experience feelings of embarrassment and social stigma, which can lead to significant emotional distress and affect their relationships and daily functioning.^{21,22} This patient's reliance on pads due to her incontinence issues reflects a broader trend observed in women suffering from anal incontinence, who often face challenges in social interactions and personal relationships.²³ Addressing these aspects of care is vital, as mental health support and counseling may be necessary components of comprehensive treatment for these patients.²⁴

Postoperative follow-up intervals are critical for assessing wound healing, perineal integrity, and functional recovery. Initial visits within the first few weeks allow for early detection of any surgical complications, while extended follow-up (up to a year or more) helps track long-term outcomes in anal continence.²⁵ Regular assessments at 6 weeks, 3 months, and biannually thereafter help gauge sphincter function and quality-of-life improvements, particularly in cases involving anal sphincteroplasty, where healing and full function can take several months to stabilize. Studies have shown that long-term follow-up is necessary for capturing sustained improvements and managing any late-onset symptom. The Wexner score is widely used to quantify the severity of fecal incontinence and assess changes over time.²⁶ A high preoperative score indicates severe incontinence, while reductions postoperatively reflect improvements in sphincter control and

symptom severity. According to research, patients undergoing sphincteroplasty typically experience a decrease in their Wexner scores within months after surgery, correlating with their subjective improvements in continence and quality of life.

CONCLUSION

This case highlights the intricate relationship between obstetric practices, perineal injuries, and long-term outcomes such as fecal incontinence. Timely recognition and management of perineal lacerations are crucial to preventing chronic complications. The case underscores the importance of skilled birth attendance, thorough postpartum assessments, and effective surgical interventions to restore function and improve the quality of life for women affected by anal sphincter injuries. As research continues to evolve, ongoing education for healthcare providers regarding the management of perineal injuries will be essential in minimizing the incidence and impact of fecal incontinence in postpartum women.

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