

Summary

Perineal descent syndrome is a disease that affects the pelvic floor due to denervation of its muscles, leading to obstructed defecation.

Hints on the anatomy that might be related to the work were given, discussing anatomy of the levator ani, external anal sphincter and puborectalis muscles with special reference to their innervation. Also a comment on the anatomy of the rectum and anal canal was given, stressing on the anatomy of the internal anal sphincter as well as the longitudinal smooth muscles of the rectum and anal canal.

Physiology of the anorectum was explained, discussing factors leading to continence and mechanism of defecation was presented.

The different methods commonly used to study the pathophysiology of the anorectum namely anal manometry, anal electromyography and defecography, in addition to less commonly used methods were illustrated.

Then comes the chapter of perineal descent syndrome which is the core of this work and the aim of this study. Pathophysiology, symptomatology, physical signs and how to manage were discussed. As the end results of this syndrome are rectal prolapse and/or faecal incontinence, these two items were also discussed.

Obstructed defecation may be a symptom of perineal descent syndrome but also may be a cause leading to it. Other causes of obstructed defecation and that may lead to increased perineal descent were fully explained. According to the investigations results, the treatment is chosen, in which levatorplasty operation was constant and some further steps were added accordingly e.g. either anorectal myectomy or puborectalis division as needed. The conclusion of this work was that perineal descent syndrome is a syndrome with many different presentations and that when the treatment is selected to the patient according to the proper physiological investigations, the results are supposed to be promising.