Introduction

A patient with perineal descent syndrome gives a history that after partial emptying of the rectum a sense of obstruction develops which he can not overcome except by ceasing all straining . He then makes similar attempts with similar results. This process is usually accompanied by passing mucous and blood (Hardcastle et al., 1969). The cause of obstruction may be anterior mucosal prolapse (Parks et al ., 1966) and the condition may be accompanied by rectocele (Bartolo et al., 1985) or rectal intussusception (Bartolo et al., 1988). The end result of this syndrome is either faecal incontinence (Bartolo et al., 1983,b) or rectal prolapse (Allen-Mersh et al.,1987) .The aetiology of this syndrome is denervation of the pelvic floor muscle caused by repeated vaginal deliveries (Ryhammer et al., 1996)and / or straining at stools due to chronic constipation (Snooks et al., 1985,a).

Obstructed defecation is a common anorectal symptom frecuently , but not invariably associated with increased perineal descent (Bartolo et al., 1986). The cause of this obstructed defecation may be paradoxical contraction of puborectalis muscle during defecation (Turnbull et al., 1986), internal sphincter hypertonia (Yoshioka et al., 1987), rectal intussusception (White et al.,1980) or rectocele (Kumar et al.,1992).

The treatment of perineal descent syndrome is mainly conservative

e.g. laxatives for constipation and physiotherapy . Surgical treatment is only indicated for a complication e.g., postanal repair in cases of faecal incontinence (Hardcastle et. al., 1969).

Aim of the Essay:

The aim of this work is to show the different presentations of this syndrome and to prove that when treatment is selected to the patient according to the proper physiological investigations , the results are supported to be promising .