

## Post stapled hemorrhoidopexy bleeding-A rare cause

Raese Noor Khan<sup>1</sup>, Sajad Ahmad Salati<sup>2\*</sup>

<sup>1</sup> Senior Resident, SK Institute of Medical Sciences Srinagar, Jammu and Kashmir, India

<sup>2</sup> Associate Professor Department of Surgery, Unaizah College of Medicine, Qassim University, Saudi Arabia

### Abstract

Stapled hemorrhoidopexy (SH) is a widely accepted, safe and efficacious treatment option for hemorrhoids not responding to conservative measures. This report presents a case who reported with bleeding per rectum three years after SH and was found to have a polyp with an exposed staple as a cause. The patient was managed successfully.

**Keywords:** hemorrhoids, stapled hemorrhoidopexy, staples, bleeding per rectum

### Introduction

#### Case presentation

Stapled hemorrhoidopexy (SH ; also called the Procedure for Prolapse and Hemorrhoids - PPH) has emerged as a widely accepted, safe and efficacious alternative to conventional surgical operations (Milligan-Morgan technique, Ferguson haemorrhoidectomy) for the management of third and fourth-degree hemorrhoids, offering comparable outcome with significantly less postoperative pain , increased patient comfort and speedier return to normal activities, due to avoidance of wounds in the sensitive perianal area <sup>[1, 2]</sup>.

This procedure was first described by an Italian surgeon – Dr. Antonio Longo, Department of Surgery, University of Palermo, who presented his original results of SH in 144 patients during the 1998 World Endoscopic Meeting in Rome and since then, it has been widely adopted globally.

SH employs a unique circular stapler that excises a circumferential strip of mucosa from the proximal anal canal and thereby pulls the hemorrhoidal cushions back up into their normal

anatomical position. There is very scant information in the literature on the fate of the staples left in the anal canal after the procedure but it is generally assumed that they slough off like rubber bands or become buried in the mucosa. Complications from these staples are rarely reported in literature. In one such report, Kakez et al. <sup>[3]</sup> presented a male homosexual patient whose active partner had complained of an unpleasant ridge in his anal canal, and that they noticed a tear in the condom after the anal intercourse. On digital rectal examination (DRE) and anoscopy, the stapler line was palpable as a circular hardening and the metal clips were partially visible at two months post-SH.

We also encountered a 36 year-old male patient who had reported three years after SH with episodes of bleeding with stools. DRE and sigmoidoscopy revealed polypoid lesion 2 cm from dentate line, about 1 cm x 1 cm, with partially exposed metallic staples at the base and mucosal erosion, as a cause of bleeding (Figure 1). The staples were removed and the symptoms resolved. At two months follow up, the patient was asymptomatic and satisfied.



**Fig 1:** Polypoid lesion with the partially exposed metallic staples (arrow head) with mucosal erosion

This report indicates that the retained staples can lead to symptoms even after lapse of a significant period of time and

hence such possibility need to be kept in mind when post -SH patients report with anorectal symptoms.

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**Conflict of Interest**

None.

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