

# Gut Prolapse into the Perineum in a Case of Sexual Assault

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## ABSTRACT

A six-year-old female victim of sexual assault, with grade IV perineal injury with massive intestinal prolapse out of the perineum, is reported to highlight the severity of injury during sexual assaults. [Indian J Pediatr 2009; 76 (6) : 653-654]  
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**Key words :** Sexual assault; Children; Anorectal injury; Perineal injury; Intestinal prolapse

Child sexual abuse is very common. According to western literature, it is estimated that 1 out of every 5 women is sexually assaulted before the age of 21yr.<sup>1</sup> Incidence of genital injuries varies from 10-87% with overall incidence being less than 30%.<sup>2</sup> Most of these are minor. We report a case of sexual assault in a 6 year girl who presented with grade four perineal injury with intestine prolapsing out of the perineum.

## CASE REPORT

A 6-year-old girl was brought with history of sexual assault by her uncle following which she was hidden into a dry well. She was rescued after 14 hours from the well and rushed to our hospital. On examination, patient was unconscious, her blood pressure was unrecordable. Her rectum and vagina were torn and approximately three feet of gangrenous small intestine was prolapsing through the perineum (Fig.1). There was lacerated wound of approximately 7cm on left frontal region and multiple bruises were present all over the body. Patient was resuscitated and taken up for surgery.

Intra-operatively, posterior wall of vagina was completely avulsed and was communicating with rectum and anal canal. The tear was extending upto vaginal vault and involving the pouch of Douglas, through which gut was prolapsing outside. Urethral opening was bruised. About three feet of gangrenous



Fig. 1. Photograph showing grade IV perineal tear with gut prolapsing into the rectum.

ileum approximately one foot proximal to ileo-cecal junction was resected and end to end ileoileal anastomosis made. Rectum, vagina and perineum were repaired and a proximal diverting sigmoid colostomy was done. Post-operatively, CT head revealed subarachnoid hemorrhages in left frontal region which was managed conservatively. Patient had rapid and smooth recovery and was discharged on 11<sup>th</sup> post-operative day. Colostomy closure was two months later and patient is being followed up by pediatric psychologist.

## DISCUSSION

Sexual assault in females is not an uncommon crime in the present day society and in the recent times there has been a steady increase in the rate of sexual assault

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[DOI-10.1007/s12098-009-0103-4]

[Received January 2, 2008; Accepted June 20, 2008]

cases. There is little information on the prevalence and correlates of sexual abuse in children and adolescents in India, but anecdotal reports indicate that the incidence is no different than that reported in western literature. The incidence reported in India in children varies from 9% to 50%.<sup>3-6</sup> Child sexual abuse is technically any sexual activity or attempt to have forcible physical relationship. But the incidence of actual coercive sex is much less.<sup>5</sup> Only a minority of these victims have genital injuries.<sup>2,7</sup> Most of these are minor. At the time of initial examination, common findings include erythema of the tissues, edema of the skin folds, localized venous engorgement, dilatation of external anal sphincter and lacerations of various depths.<sup>8</sup> Most of these do not require surgical repair and heal rapidly.<sup>8</sup>

However, more severe rectal and perineal injuries are observed in sodomized young male children and prepubertal girls.<sup>1,7,9</sup> These severe injuries are more likely to occur with the use of large foreign body rather than simple digital or penile penetration as the anal sphincter and anal canal are capable of some degree of dilatation.<sup>7</sup> Other associated injuries may occur if offender is very violent.

Deeper rectal or perineal injuries with avulsion of vaginal vault with herniation of gut are extremely rare and have not been reported even in larger series except for some scattered reports.<sup>10</sup> The present case is reported to demonstrate the severity of violence that the victim may be subjected to during sexual assault.

However, if condition permits, injury should be repaired primarily as perineal injuries heal rapidly due to excellent blood supply to the perineum.

## REFERENCES

1. Ackerman DR, Sugar NF, Fine DN, Eckert LO. Sexual assault victims : Factors associated with follow-up care. *Am J Obstet Gynecol* 2006; 194 : 1653-1659.
2. Bowyer L, Dalton ME. Female victims of rape and their genital injuries. *Br J Obstet Gynaecol* 1997; 104 : 617-620.
3. Jaya J, Hindin MJ. Nonconsensual sexual experiences of adolescents in urban India. *J Adolesc Health* 2007; 40 : 573.e7-14.
4. Pagare D, Meena GS, Jiloha RC, Singh MM. Sexual abuse of street children brought to an observation home. *Indian Pediatr* 2005; 42 : 134-139.
5. Patel V, Andrew G. Gender, sexual abuse and risk behaviours in adolescents: a cross-sectional survey in schools in Goa. *Natl Med J India* 2001; 14 : 263-267.
6. Purewal J. Sexual violence and the girl child. *Soc Change* 1995; 25 : 154-160.
7. Muram D. Anal and perianal abnormalities in prepubertal victims of sexual abuse. *Am J Obstet Gynecol* 1989; 161:278-281.
8. McCann J, Voris J. Perianal injuries resulting from sexual abuse: a longitudinal study. *Pediatrics* 1993; 91:390-397.
9. Slaughter L, Brown CR, Crowley S, Peck R. Patterns of genital injury in female sexual assault victims. *Am J Obstet Gynaecol* 1997;176:609-616.
10. Pokorny SF, Pokorny WJ, Kramer W. Acute genital injury in the prepubertal girl. *Am J Obstet Gynecol* 1992;166: 1461-1466.