Experimental Study No. 2: A direct test for the role of the pubourethral ligament in anorectal closure

PETER PETROS(*) - MICHAEL SWASH(**)

(*) Royal Perth Hospital, University of Western Australia
(**) Dept of Neurology, The Royal London Hospital, London, UK

Abstract: Midurethral anchoring controlled solid feces loss during coughing in a patient with a history of stress fecal and urinary incontinence. This experiment demonstrated the importance of an intact pubourethral ligament when both conditions occur simultaneously.

Key words: Stress fecal incontinence; 'Simulated operation'; Pubourethral ligament; Integral theory.

INTRODUCTION

The series of video X-ray photographs (Study No. 1), appeared to support the Theory’s prediction of a major role for the pubourethral ligaments in the control of fecal incontinence. A serendipitous presentation of a patient with a history of stress induced fecal incontinence at Royal Perth Hospital Outpatients Gynaecology Clinic allowed this part of the Theory to be tested directly.

METHODS AND RESULTS

A 54 year old patient, para 3, presented with a long history of leaking solid feces on coughing or straining. She discharged a bolus of feces on being asked to cough. This was replaced in her anus, and a sponge-holding forceps was gently pushed upwards onto the vaginal wall, on one side, at the level of the middle part of the urethra ('simulated operation'). Leakage of solid feces during coughing and straining was controlled immediately. On removing the forceps, leakage was noted again on straining. This procedure was repeated several times, and the same results reproduced on each occasion. Subsequently the patient had a midurethral sling operation, and reported total cure of this problem.

CONCLUSION

Only the Integral Theory’s hypothesis, that the pubourethral ligament has an important role in continence control, can explain this observed sequence of events.

REFERENCES


Correspondence to:
PETER PETROS
E-mail: kvinno@highway1.com.au