

## Case Report: Cap Polyposis with Advanced Pelvic Floor Dysfunction: Stronger Evidence of Mechanical Prolapse-related Pathology

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**Abstract :** We describe a case of diffuse rectal involvement with cap polyposis, manifesting with a protein-losing colopathy and occurring in the setting of advanced mechanical pelvic floor dysfunction. A 59-year-old male with a 5-year history of persistent excessive flatulence, defecatory difficulties, and diarrhea. He had extensive cap polyposis of the entire rectum endoscopically. His symptoms progressed to severe fecal incontinence with mucus leakage, pelvic pain, weight loss, and hypoalbuminemia. Clinical examination exhibited severe perineal descent, a large rectocele, poor anal squeeze, and a poor defecatory technique. After a trial of nonoperative therapies addressing his defecatory dysfunction, and *Helicobacter pylori* eradication, surgical resection was offered due to severe symptoms with ongoing incontinence and protein loss with no other reasonable options. A robotic abdominoperineal resection with a permanent colostomy was performed, followed by an uncomplicated recovery. Our observation of coexisting mechanical pelvic floor changes in this patient lends weight to the concept of a prolapse-related phenomenon in the pathophysiology of this rare condition.

**Keywords :** cap polyposis, pelvic dysfunction, fecal incontinence, case report

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