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Case Report

A mother's management of rectal prolapse in a Nigerian toddler

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ABSTRACT

A 20 months old Nigerian girl who had rectal prolapse was subjected to sitting on a hot 'sitz'- like bath as a home management of the prolapse. Gluteal, perineal and upper thigh burns and sepsis; also, febrile convulsion and spontaneous passage of 5 ascaris worms were the sequellae.

Keywords: Burns, Convulsions, Home management, Hot bath, Sepsis

INTRODUCTION

Intentional burns in a child is a form of child abuse.[1] Burns are common in African children and they can arise from accidents or abuse. Rarely, scalds and burns may occur in children from the high-income countries, whereas most of the burns in children low and medium income countries(LMIC) are accidental or due to ignorance on the part of the care givers.[2-4] A peculiarity of burns in the LMIC is that they may be intentionally inflicted for treatment of some conditions as febrile convulsions.[5]

Irrespective of whether the burns injury sustained was intentional or not, the patient who has sustained it needs treatment. Knowledge of the background and circumstances leading to injury is important as this may provide vital information for management and effective preventive strategies.

CASE REPORT

A 20 months old girl was admitted to the Children's Emergency Unit of Sacred Heart Hospital, Lantoro, Abeokuta, Nigeria on account of rectal prolapse through the anus during defecation. The symptoms were noticed 2 weeks prior to presentation. Initially, the prolapsed tissue would reduce itself spontaneously following defecation. However, the protrusion got worse over a week and reduction could only be achieved by a manual effort after a week. The patient developed high intermittent fever two weeks prior to presentation and she was feeding poorly.

The mother used various oral herbal concoctions for treatment of this condition. Then, a day before presentation, the child was made to sit inside hot herbal concoction (a form of sitz bath) as a treatment for the protruded anal mass. This resulted in burns injury of both buttocks, perineal region, and proximal inner aspect of the thighs. The patient had an episode of convulsion on the day of admission. It was a generalised convulsion that lasted fifteen minutes before consciousness was regained prior to presentation at the hospital. There was no previous history of convulsion, or of other diseases.

The child had been exclusively breastfed for 2 weeks after birth which followed a normal pregnancy period of 40 weeks. Thereafter the mother fed her with infant formula. She added pap from 2 weeks of life, because of financial constraints. Breast feeds were given for an additional three months after the 2 weeks exclusive breastfeeding.

Mother is a 23 year old apprentice tailor who dropped out of senior secondary school. The father is a muslim cleric

with only Arabic education. The parents are unmarried. The man had denied paternity of the child and had made no form of contribution to the care or upkeep of the child. The maternal grandfather has however been responsible for the upkeep of both the mother and patient.

On examination, the patient was mildly dehydrated, pale and acutely ill looking with a temperature of 39^0C. The weight of 6.8 kg was 60.18% of the expected average weight for age while the length of 66.0 cm was 75.8% of the expected for age. The Mid upper arm circumference recorded was 12.2 cm. The hair was sparse and brownish in colour. No oedema was detected.

Full thickness, third degree burns of both buttocks, and upper quarter of the posterior aspect of the right upper thigh, partial thickness, second degree burns of the perineum and medial aspect of the thighs were seen. The burnt surfaces were covered by necrotic tissue (Figure 1). The estimated burnt body surface area was calculated to be 10%.

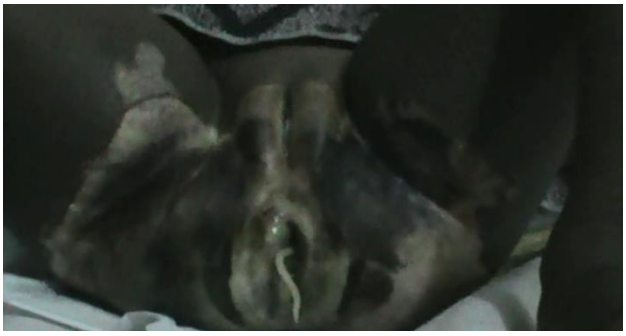

Figure 1: The burnt surfaces were covered by necrotic tissue.

No abnormalities were detected in the other systemic examination.

An assessment of burns due to sitting in a hot sitz like bath was made. Other diagnosis considered included wound sepsis and septicaemia. Protein energy malnutrition was also diagnosed as a co-morbidity.

A number of investigations were conducted. The full blood count revealed a haematocrit of 34% and a white blood cell count of 35,500/mm3 with a differential neutrophil and lymphocyte of 60 and 40 percent respectively. The blood was group A rhesus positive and haemoglobin genotype AA. Blood film for malaria parasites was reported as showing ring forms of Plasmodium falciparum. Electrolytes, urea and creatinine assays revealed no abnormalities. The retroviral screening was negative also, the results of cerebrospinal fluid chemistry and culture were reported normal. Blood and stool cultures were not conducted because of financial constraints.

The patient responded well to the intravenous normal saline and intravenous ceftriaxone and oral amodiaquine for the management of burns, sepsis and malaria respectively. Anti-tetanus serum was also administered intramuscularly and the wound was dressed daily with dermazine.

On the second day of admission, the patient passed a total of five round worms (Ascaris lumbricoides), one after the other. She was given Albendazole orally. Nutritional rehabilitation was with high protein and carbohydrate diet. The patient was discharged to the out-patient clinic in a clinically stable condition after 19 days of admission following concession to parental request to continue wound dressing as an outpatient. Oral vitamins and minerals were prescribed at discharge and nutritional advice was given.

At follow up in two weeks the patient had gained 3.2 kg and the wound was healing satisfactorily.

DISCUSSION

Burns are among the injuries commonly seen in children and the majority of them are accidental.[1-5] The burns injury in the present reported case was a result of ignorance of the mother about the correct place to seek help from in management of rectal prolapse. Study note that the mother's social background was complex. She is a drop-out from formal secondary school education and she had no paid employment, being only an apprentice tailor. Lack of formal education and unemployment are factors known to hamper child care and survival.[6]

Social disadvantage is the major underlying factor in this child's illness. The parents are unmarried. The putative father of the child has denied paternity and he is playing no part in the upkeep of the child. One parent families face understandable problems. Children from socially disadvantaged background suffer the risk of higher rates of morbidity, including protein energy malnutrition, which was diagnosed in this patient. Furthermore, socially disadvantaged mothers have been shown to be worse care-givers than non-disadvantaged ones.[7,8] The quality of this mother's care-giving and parenting should be adjudged as poor.

Apart from the inappropriateness of the hot 'sitz' like bath treatment of the rectal prolapse, the mother was unable to correctly use her hand to test the temperature of the bath water so that when she sat the child in it, the latter sustained severe burns. Even after sitting the child in the bath, she should have observed signs of discomfort in the child.

However, no one is above the error of judgement and perhaps anyone can fall victim to the same error. A worker has previously shown that mothers,9 especially illiterate ones were unable, by feeling the body and skin

of their children with their hands to diagnose fever correctly.

The poor quality of parenting provided by this mother can be further inferred from her mismanagement of the child's feed. The baby was exclusively breastfed for only two weeks and received only three and half months total breastfeeding. Also, weaning food in form of pap was commenced at 2 weeks of age in the baby. These mistakes may explain the development of malnutrition in the child.

Sepsis and febrile convulsion were two of the complications encountered in the course of managing this child. Burns acquired from hot water in which herbs have been soaked can conceivably be infected. Yet the poverty of the mother prevented the infection from being properly investigated since patient have to pay for every laboratory test. This underscores the importance of health financing with a view to make health services accessible and affordable. The level of achievement of the Nigerian National Health Insurance Programme is still low and inadequate.

One previous worker reported the spontaneous exit of roundworms from a sick patient without the use any worm expellers (antihelmintics).[10] The worker's explanation was that worm had found the internal organs of the patient unconducive. Five worms were expelled in the present case and there seems to be no other acceptable explanation.

Children may suffer burns and other injuries during the home treatment of some childhood conditions like convulsions. Injuries like the one in the present reported case may be inflicted unintentionally or wilfully. When done intentionally, the aim is usually to achieve a control of some of the features of the disorder being managed.

To prevent the occurrence of the kind of unfortunate injuries suffered by this toddler and to promote child health, broad based and effective health education linked to primary health care should be more seriously undertaken. At the same time, government input into health services and health related matters should be considerably increased.

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REFERENCES

1. Toon MH, Maybauer DM, Arceneaux LL, Fraser JF, Meyer W, Runge A, et al. Children with burns injuries-assessment of trauma, neglect, violence and abuse. J Int Violence Res. 2011;3(2):98-110.
2. Ezeh OK, Agho KE, Dibley MJ, Hall JJ, Page AN. Risk factors for postneonatal, infant, child and under 5 mortaltiy in Nigeria: a pool cross-sectional analysis. BMJ. 2015;5(3):e006779.
3. Paul AR, Adamo MA. Non accidental trauma in pediatric patients: a review of epidemiology, pathophysiology, diagnosis and treatment. Transl Pediatr. 2014;3(3):195-207.
4. Outwater AH, Ismail H, Mgalilwa L, Temu MJ, Mbembati NA. Burns in Tanzania: morbidity and mortality, causes and risk factors: a review. Int J Burns Trauma. 2013;13(1):18-29.
5. Oladele AO, Olabanji JK. Burns in Nigeria: a review. Ann Burns Fire Disasters. 2010;23(3):120-7.
6. Oyedeji GA, Oyedeji OA, Ajibola AJ. The association between social disadvantage and morbidity in hospitalized children. Nig J Paediatr. 2002;29(1):5-10.
7. Oyedeji GA. The present day epidemiology of severe protein energy malnutrition in Nigeria. Clin Pediatr. 1984;23(11):623-8.
8. Oyedeji GA, Ajibola AJ, Oyedeji AO. Are the mothers of the hospitalised socially disadvantaged children worse caregivers than those of non-disadvantaged children? Nig J Paed. 2002;29(4):113-8.
9. Oyedeji GA. The community diagnosis of fever in children: fact and fancy. Nig Med Pract. 1984:8(4):73-6.
10. Oyedeji OA. Spontaneous expulsion through the anus of ascaris lumbricoides in a child with cerebral malaria. J Bacteriol Parasitol. 2014;5:5.

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