

## IMAGES IN CLINICAL MEDICINE

## Sugar to Reduce a Prolapsed Ileostomy



**A** 62-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH a prolapsed ileostomy (Panel A). He had undergone ileostomy 25 months earlier for the treatment of mesenteric ischemia requiring an extended right hemicolectomy. The prolapse had occurred 12 hours before presentation, with no known cause. An attempt at manual reduction of the prolapse was unsuccessful. The patient's severe coexisting cardiovascular and respiratory conditions made the use of general anesthesia and surgical reduction a risky therapeutic option. As has been previously described in the management of anal prolapse, bovine uterine prolapse, and (rarely) ileostomal prolapse, plain granulated sugar was applied to the mucosa of the prolapsed ileum to promote the osmotic shift of fluid out of the edematous tissue (Panel B). Within 2 minutes, the edema had diminished sufficiently to allow spontaneous reduction of the prolapsed ileum (Panel C). Twenty-four hours later, endoscopic evaluation revealed mild ischemia of the lower portion of the ileum, which required no treatment. The patient was discharged the following day. Ileostomal prolapse did not recur during 6 months of follow-up.

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