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# Rectal bleeding due to rectal erosion of vaginal mesh

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A 68-year-old female presented to our Colorectal Surgery clinic with a 2-month history of tenesmus and discharge of mucus and blood per rectum. Her past medical history included dilatation and curettage for menorrhagia, Caesarian section, hysterectomy and vaginal wall prolapse repair 20 years previously. On examination there was a palpable mass in the rectum. A colonoscopy was performed and revealed anterior rectal mesh erosion in the lower rectum (Fig. 1). Rectal biopsies showed slightly inflamed mucosa with calcified debris and acute proctitis with benign mucosal ulceration. An MRI pelvis was performed which did not show any local complications, such as collections, abscess or fistula formation. The patient subsequently underwent trimming of the mesh (partial excision) which resulted in resolution of her symptoms.

Rectal mesh erosion is a recognized but very rare complication of pelvic organ prolapse repair (POP) with synthetic mesh and only a few cases have been reported in the literature [1,2]. The most common complaints of mesh erosion involving the lower gastrointestinal tract are fecal incontinence, tenesmus, painful defecation, and rectal bleeding. Vaginal mesh erosion is usually initially managed by trimming of the mesh, but often (up to 60% of cases) requires re-intervention [3]. In summary, it is important to consider rectal mesh erosion in women who have had previous POP repair and who present to gastroenterology or colorectal services with rectal symptoms such as bleeding.

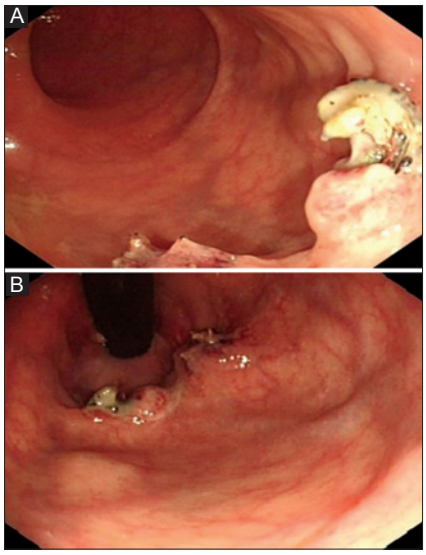


**Figure 1** Endoscopic view (at colonoscopy) of rectal erosion of vaginal mesh. (A) On insertion and (B) on retroflexion

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Conflict of Interest: None

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