SPECIALITY - PAEDIATRICS
RECTAL EXAMINATION IN CHILDREN

DIGITAL RECTAL EXAMINATION

There are few indications for digital rectal examination in children.

NEONATAL PERIOD

Digital rectal examination is mandatory in the new-born with delay (greater than 48 hours) in passing meconium, which may be due to anal atresia or stenosis, Hirschsprung’s disease or cystic fibrosis. In Hirschsprung’s disease a squirt of faeces may occur after withdrawing the finger. Bilious vomiting, abdominal distension and at times, bloody diarrhoea may also be found.

Older children with Hirschsprung’s disease may have gross abdominal distension and failure to thrive. Constipated infants and children with symptoms since the neonatal period, should be referred for consideration for a rectal biopsy. A rectal examination is not necessary.

ACUTE ABDOMEN

Rectal examination is only required in the small sub group of children who may have a pelvic appendix. These children may have other signs of appendicitis (vomiting, fever and pain) but with unconvincing abdominal signs. The inflamed appendix can only be felt by rectal examination. These children need to be admitted and examined by the surgical/paediatric team.

INSPECTION OF THE PERIANAL AREA / PERINEUM

The perineum, in particular the perianal area, may be inspected in a co-operative child for fissures, skin disease, ectopia of the anus and sacral agenesis. In perianal streptococcal cellulitis the moist perianal skin will be bright red and should be swabbed for culture.

More detailed examination, for example when sexual abuse is suspected, should only be undertaken by an experienced paediatrician who has special training.

REFERENCES: Western Journal of Medicine; Sep 2000;173,3,3;pg207
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