Management of Anorectal Malformation in Male Patients Alberto Peña, MD

> The 65th Workshop for the Surgical Treatment of Colorectal Problems in Children



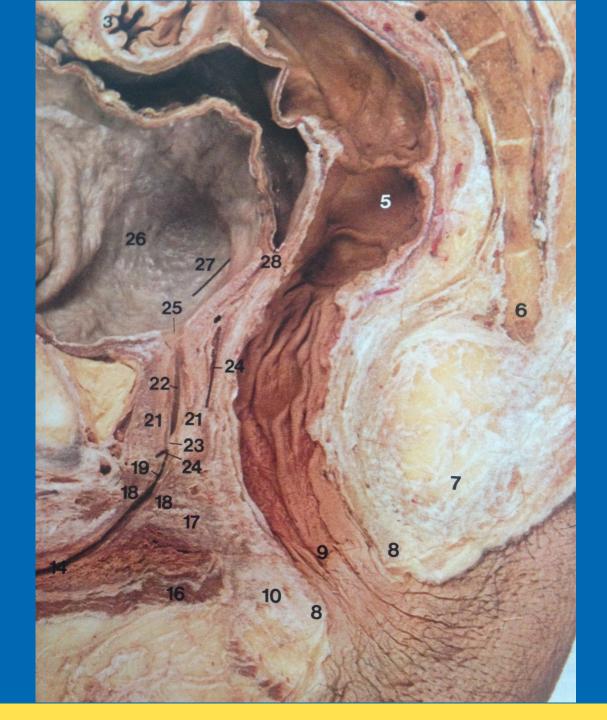
Can you see them?



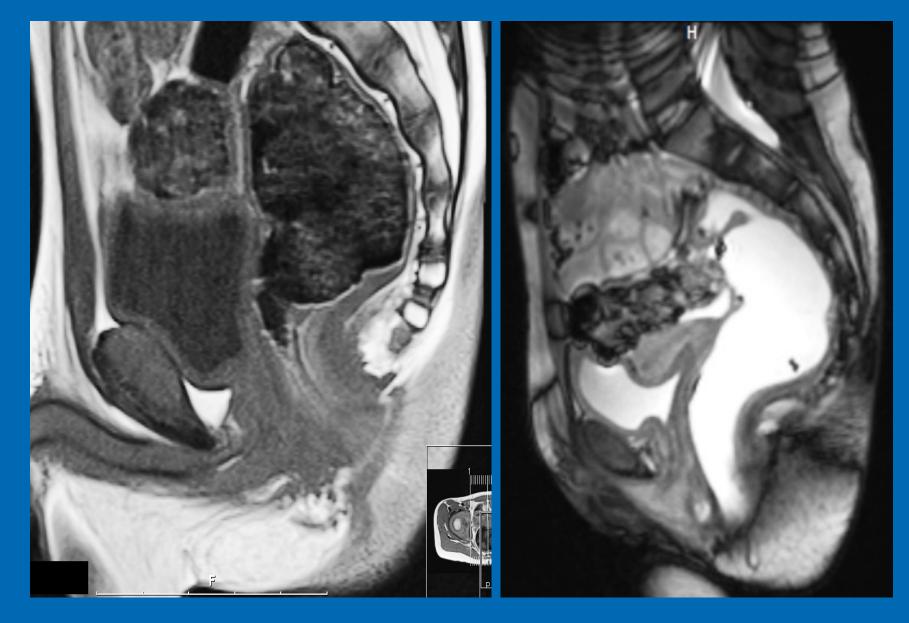
Anxious Medical Student



- Levator muscle
- Puborectalis
- Pubourethralis
- Pubococygeous
- Ileococcygeous
- Ischiococcygeal
- Deep external sphincter
- Superficial external sphincter











Normal Bowel Muscle Contraction

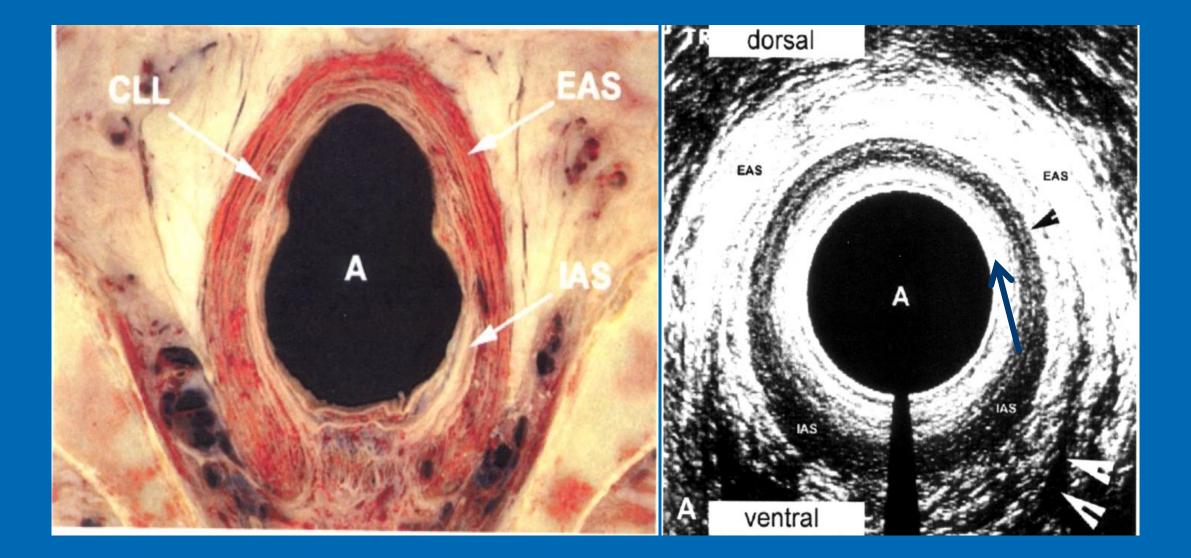
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 International Center for Colorectal Care

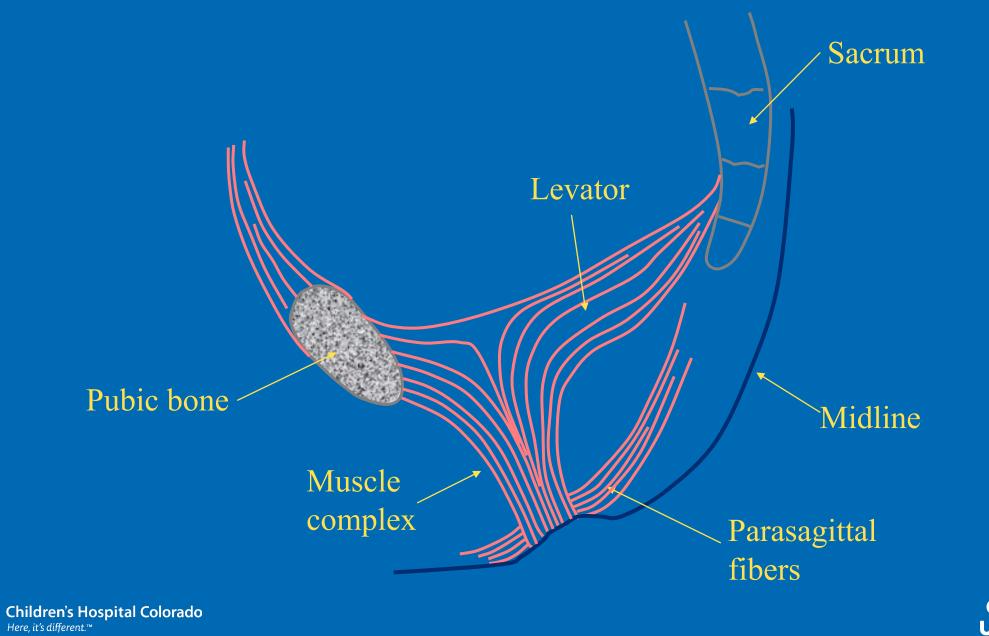
Internal Sphincter

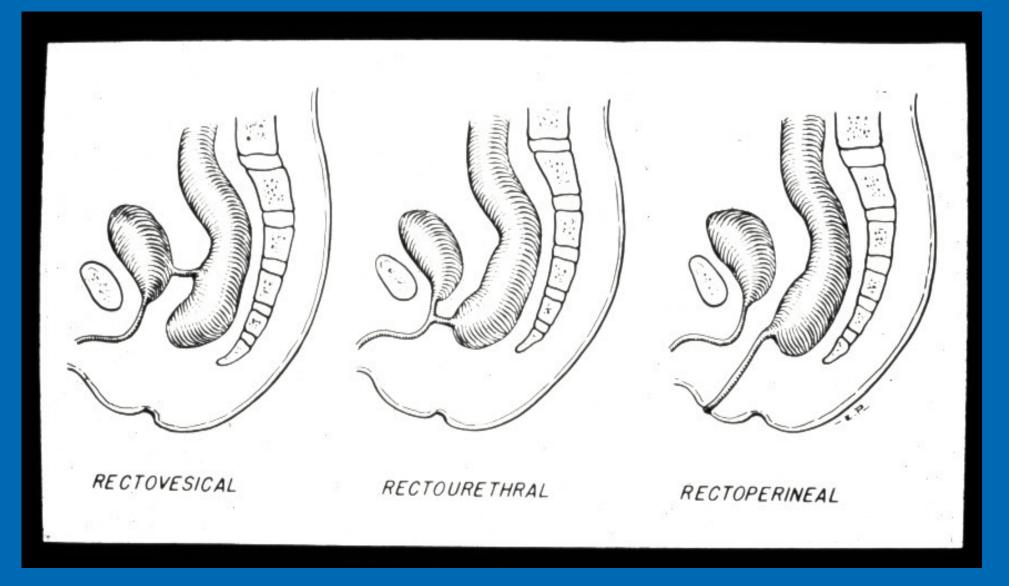
- Very few good quality pictures
- No precise description of size and limits
- Mainly manometric concept
- Some believe is important for bowel control
- Others believe it is not important
- Others believe it is responsible for idiopathic constipation





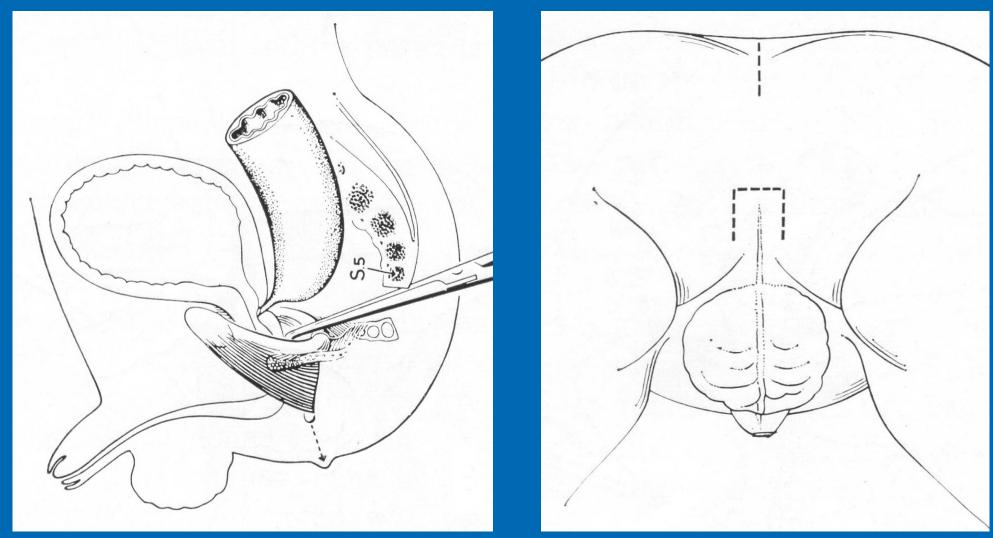
Children's Hospital Colorado Here, it's different.™



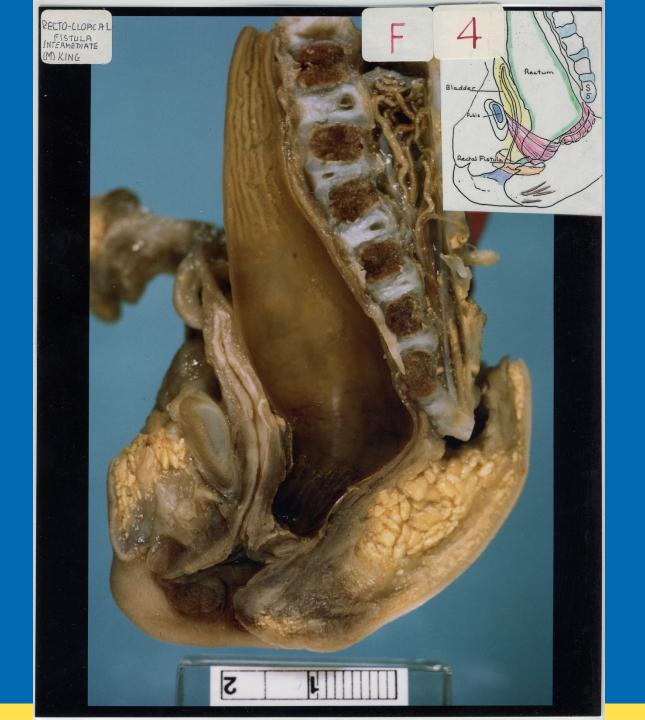




Stephens Repair: Sacroperineal, 1953



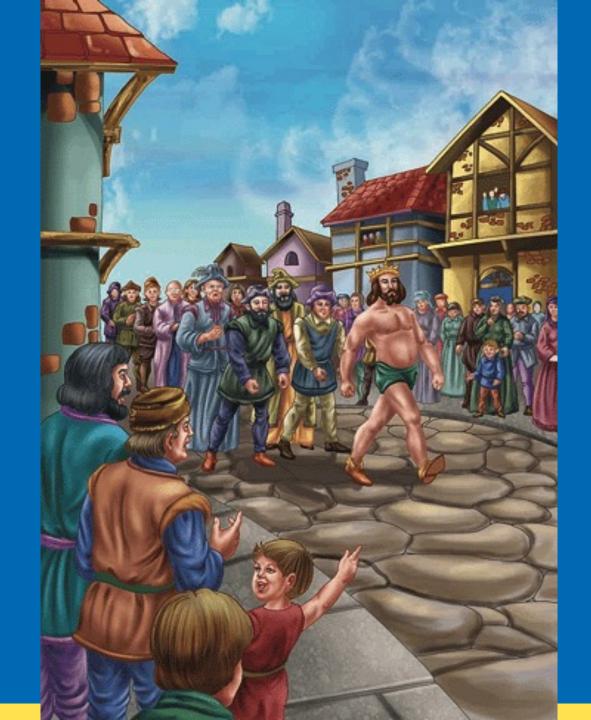






We were all blind believers











First Posterior Sagittal Exploration August 10, 1980

March 2021 – more than 3500 cases

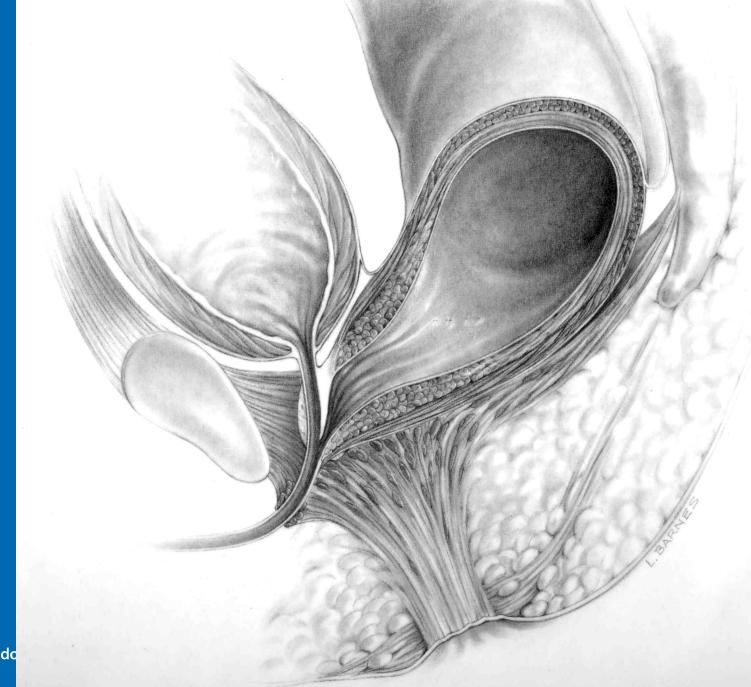
...Many lessons learned



National Institute of Pediatrics - INP - Mexico DF

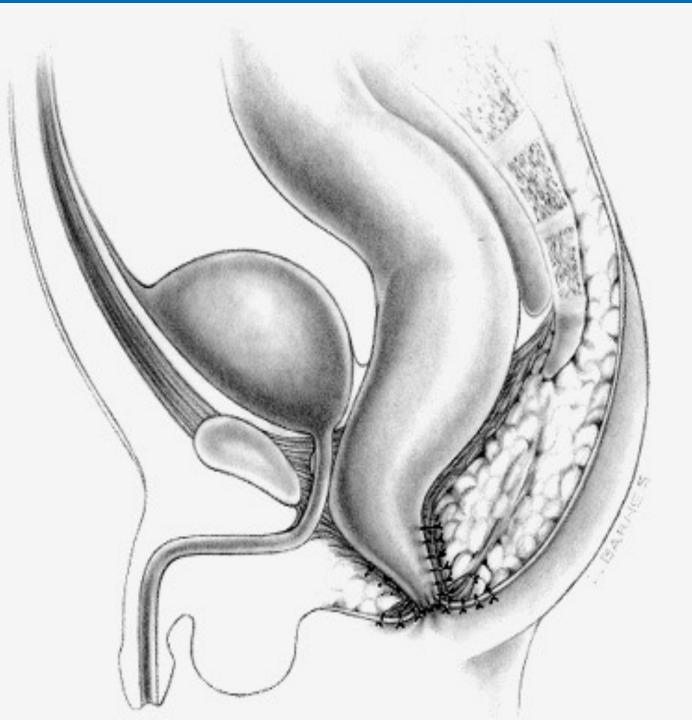


















Low defect or Perineal fistula





The frequency of associated defects in patients with perineal fistula is:

A. 70%
B. 50%
C. 25%
D. <15%
E. 1%



The most common and feared intraoperative complication in the repair of a perineal fistula in a male patient is:

A. Devascularization of the bowelB. Urethral injuryC. BleedingD. Bladder injury



A radiologic evaluation of a male newborn within the 1st 6 hours of life will most likely indicate that the baby has:

A. A high anorectal malformation
B. An intermediate anorectal malformation
C. A low anorectal malformation
D. A rectourethral fistula
E. A perineal fistula



The prognosis for bowel control in a patient with perineal fistula and normal sacrum is:

A. 10%
B. 20%
C. 50%
D. 75%
E. 100%



The chance that a patient suffers from postoperative constipation is:

- A. The same, regardless of the type of malformation
- B. More severe the higher the malformation
- C. More severe the lower the malformation
- D. More severe when repaired laparoscopically
- E. More severe when repaired posterior sagittally





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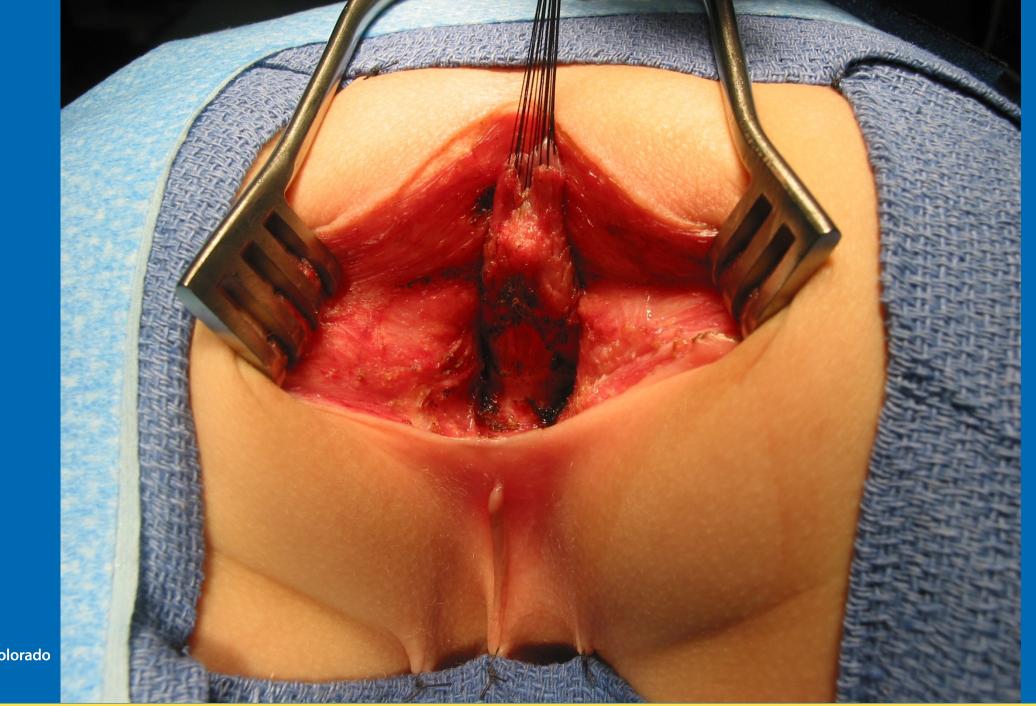


http://www.gpstep.org









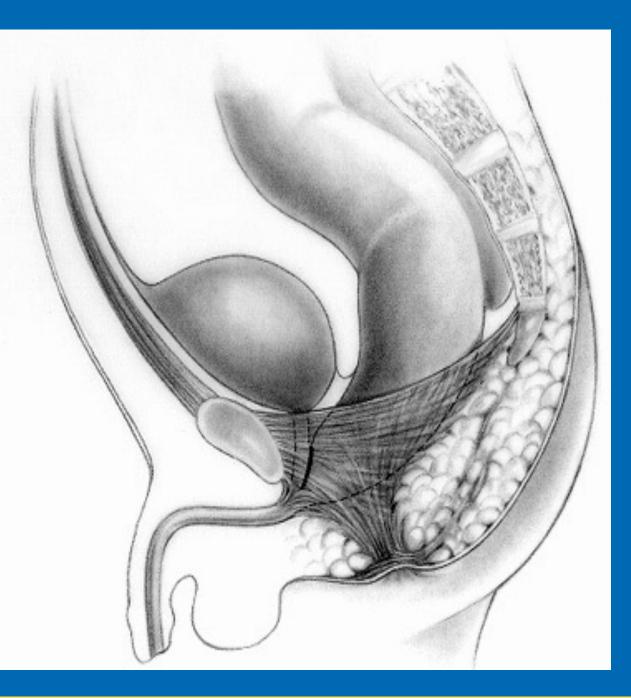
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Rectourethral bulbar fistula





The frequency of associated defects in patients with bulbar fistula is:

A. 5%
B. 30%
C. 75%
D. 90%



The prognosis for bowel control in bulbar fistula is:

A. 5%
B. 25%
C. 50%
D. 85%
E. 100%



The length of the common wall between rectum and urethra is :

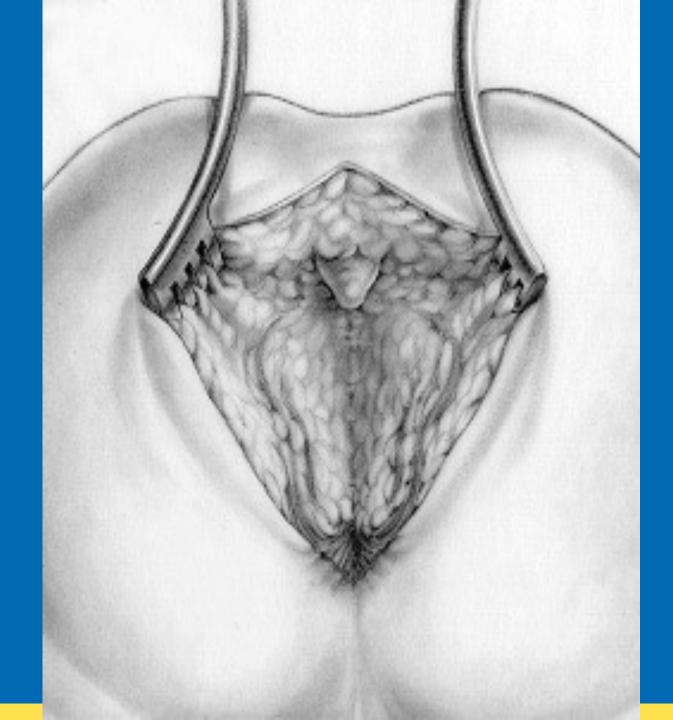
A. Longer the lower the malformation
B. Longer the higher the malformation
C. The same regardless of the height of malformation
D. There is no common wall



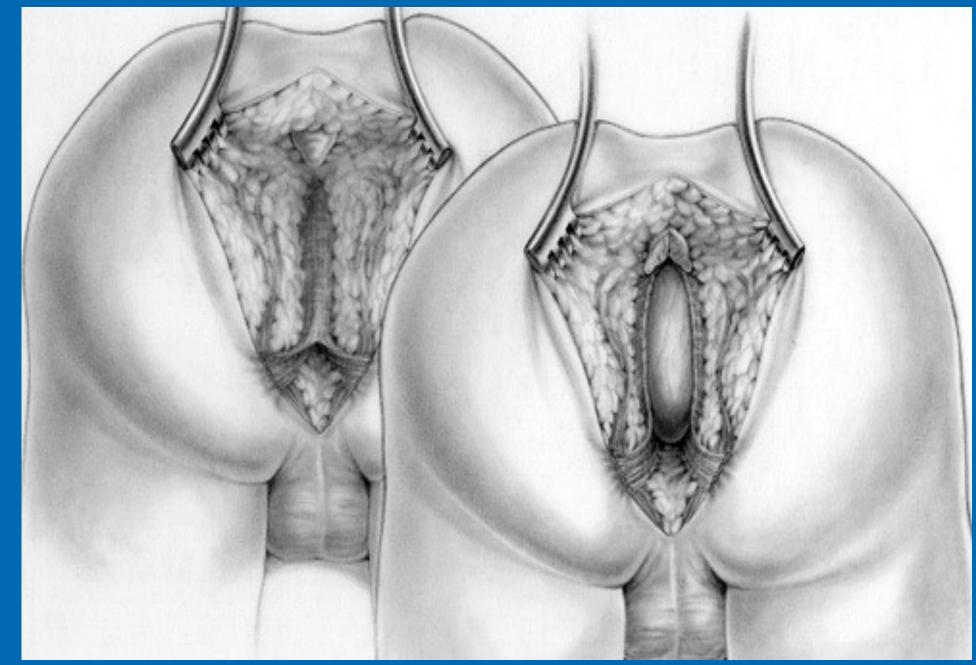
Video

Posterior Sagittal Repair of Rectal Urethral Bulbar Fistula

 Children's Hospital Colorado
 International Center for Colorectal Care

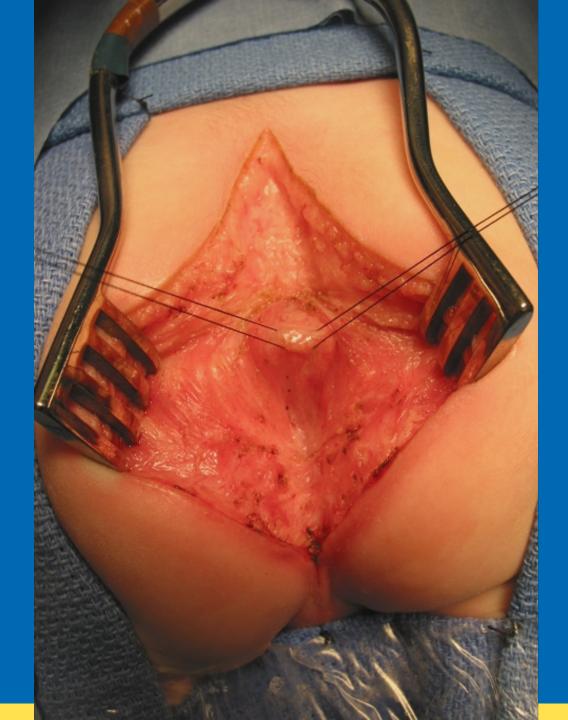


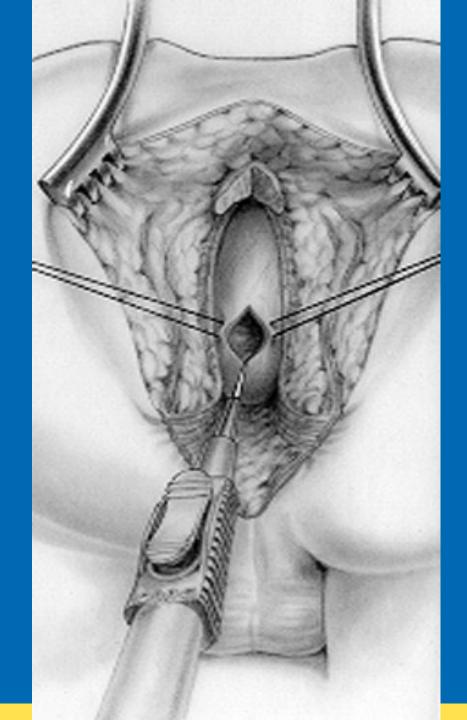




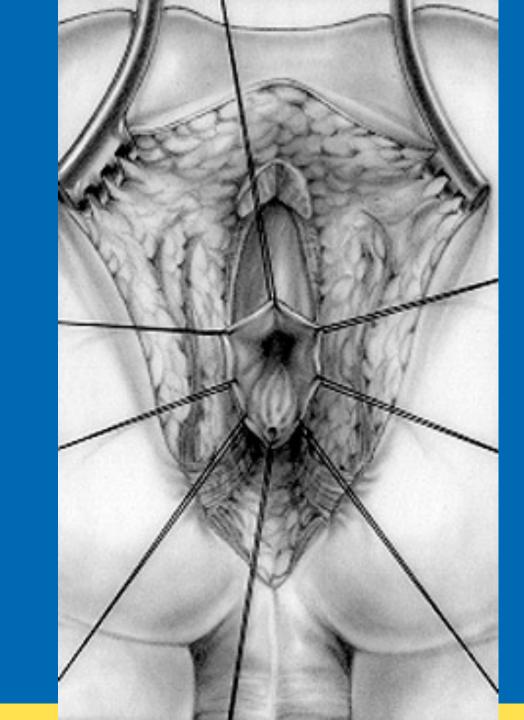
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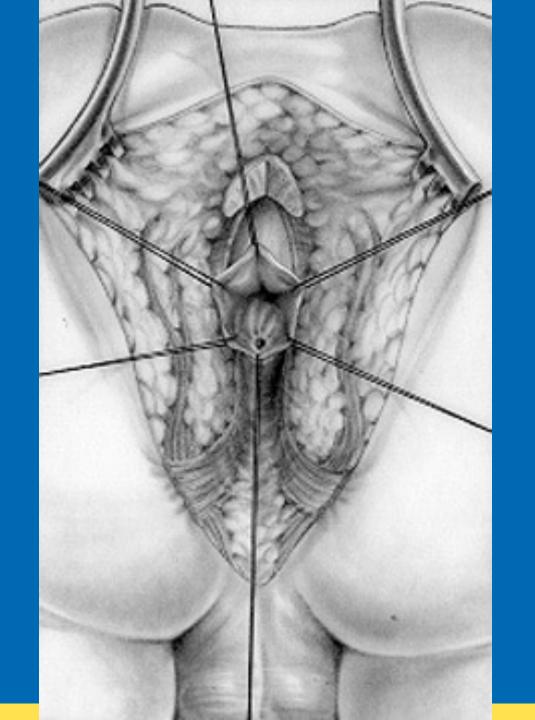




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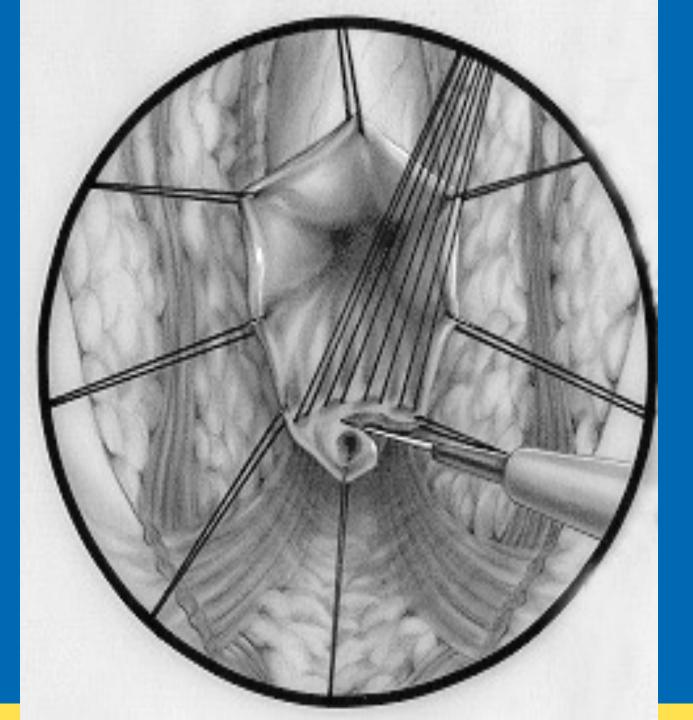








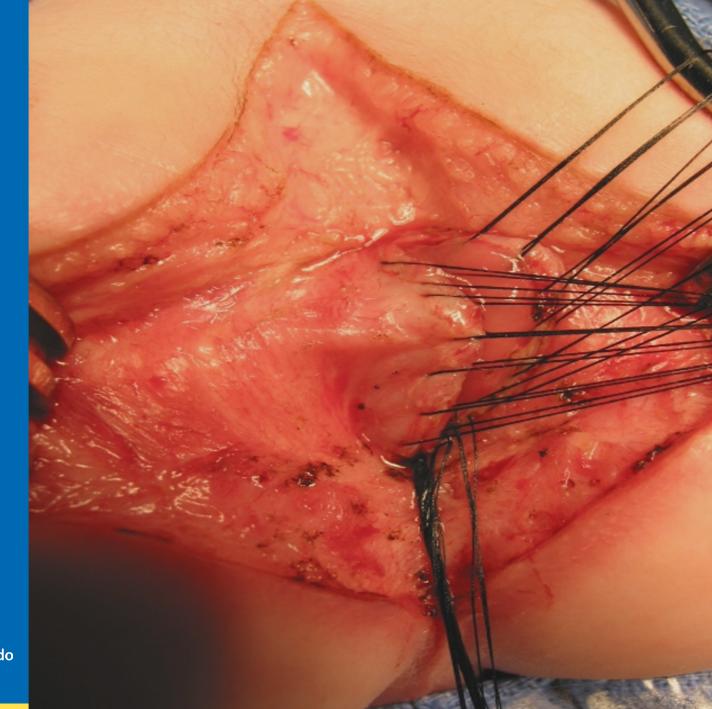






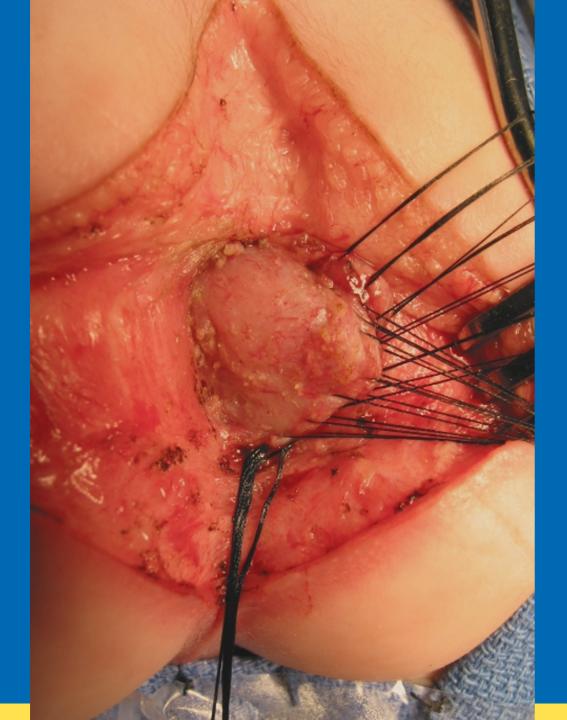


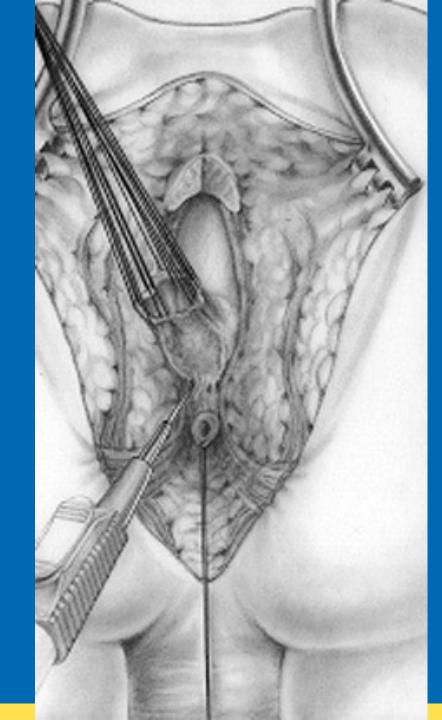








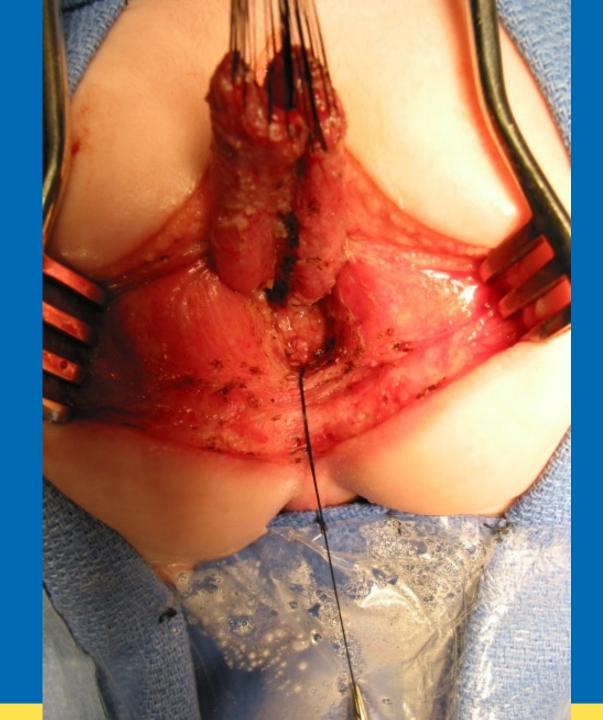








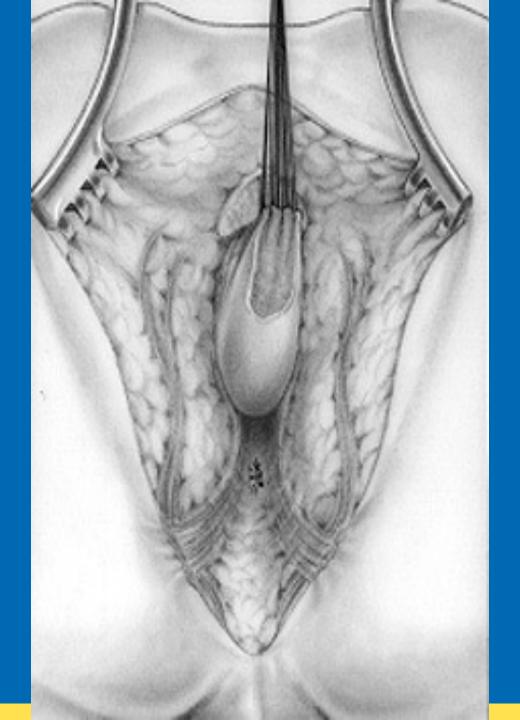






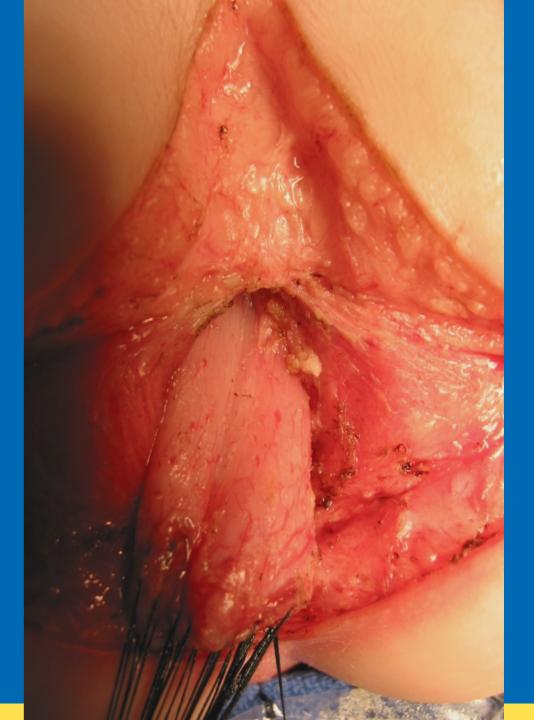




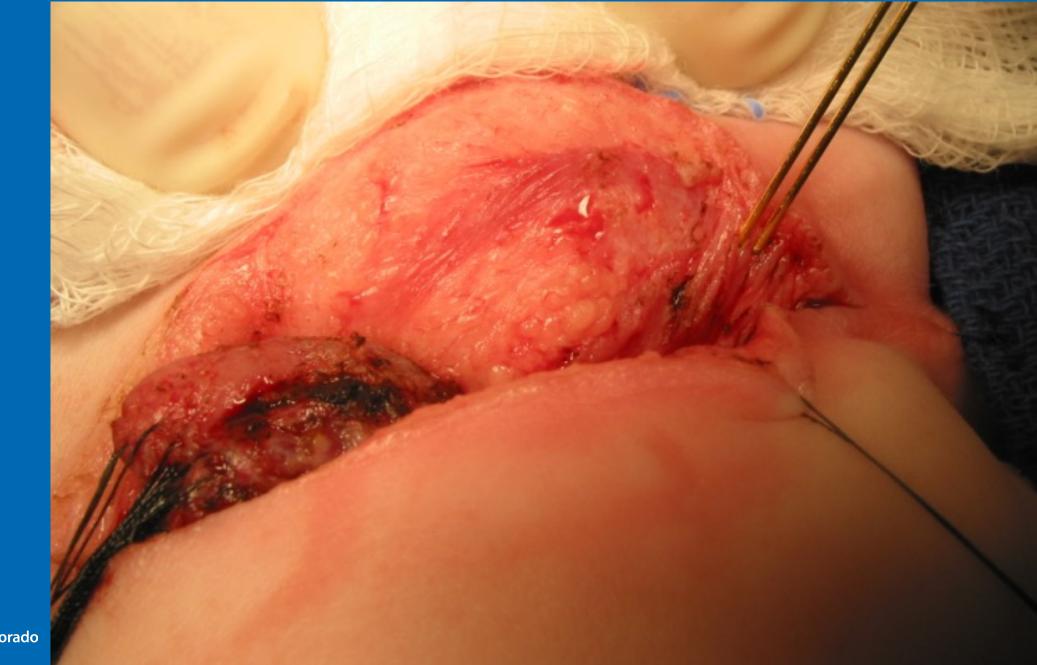










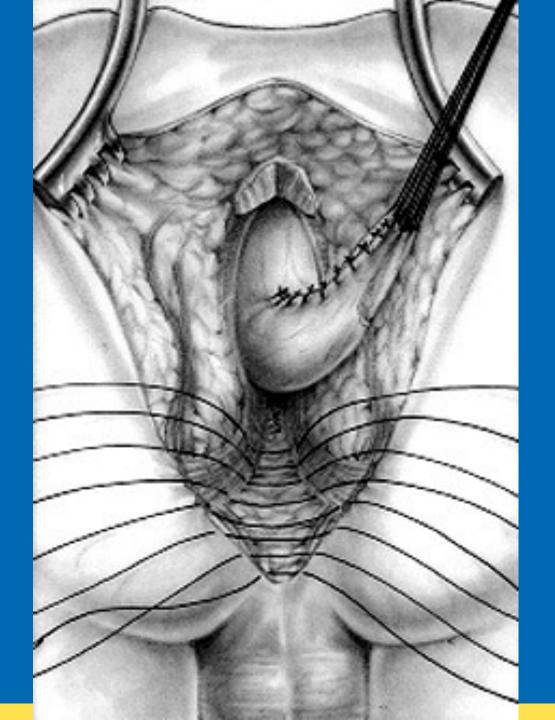


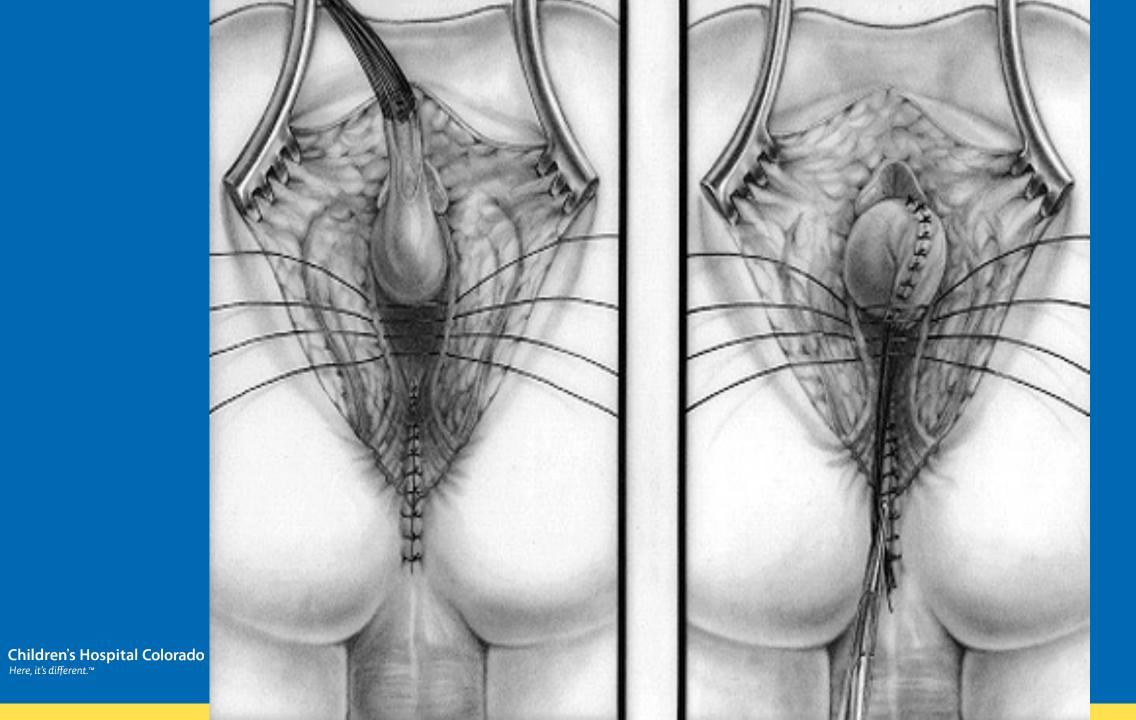


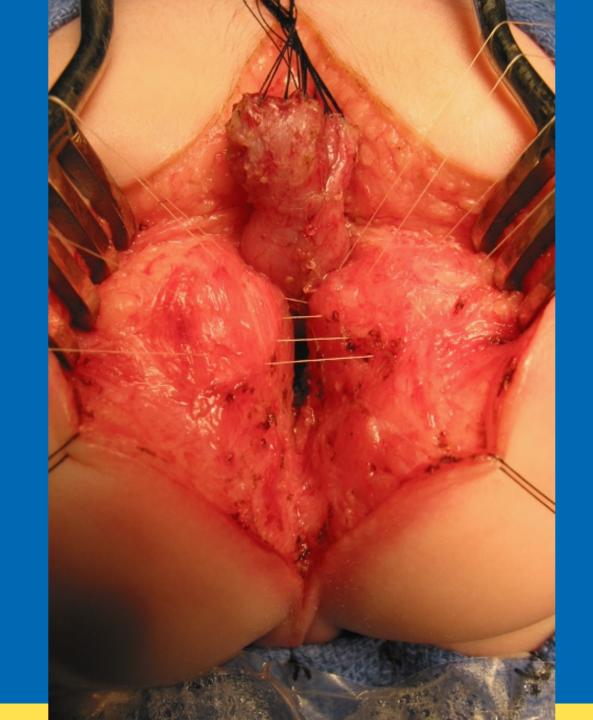








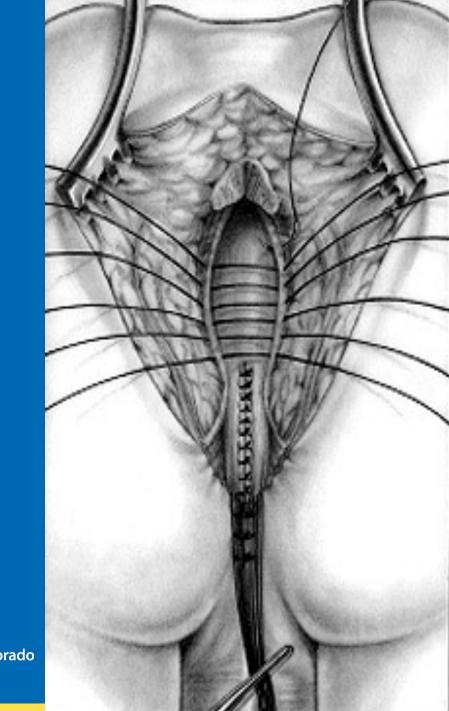


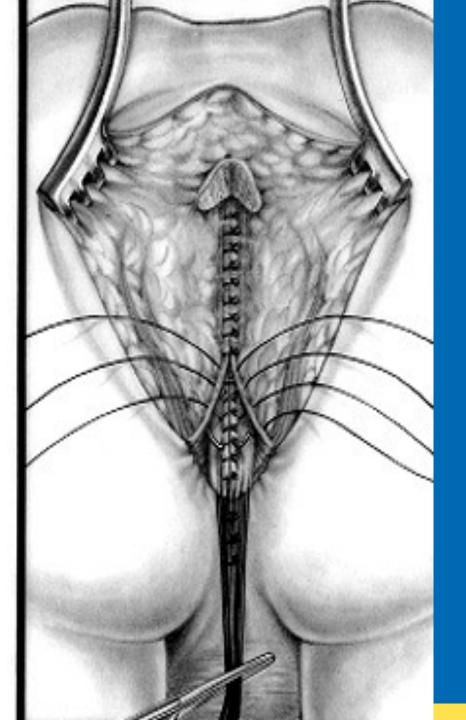




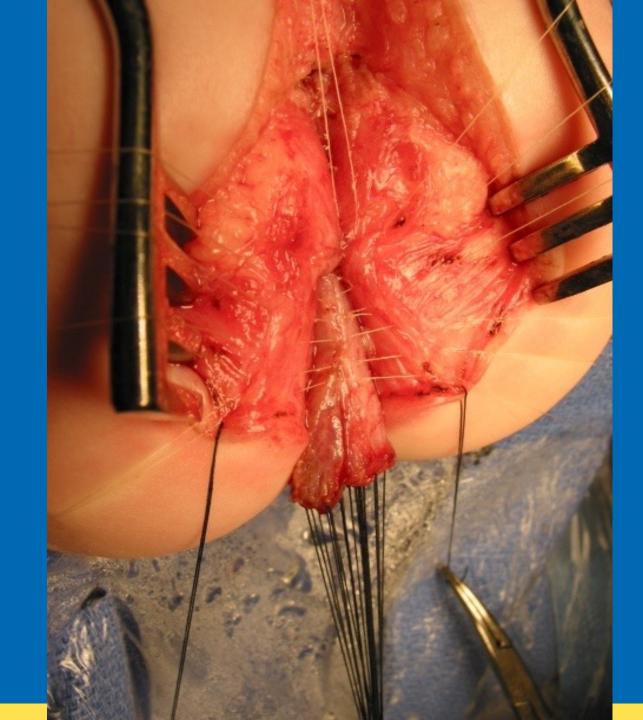


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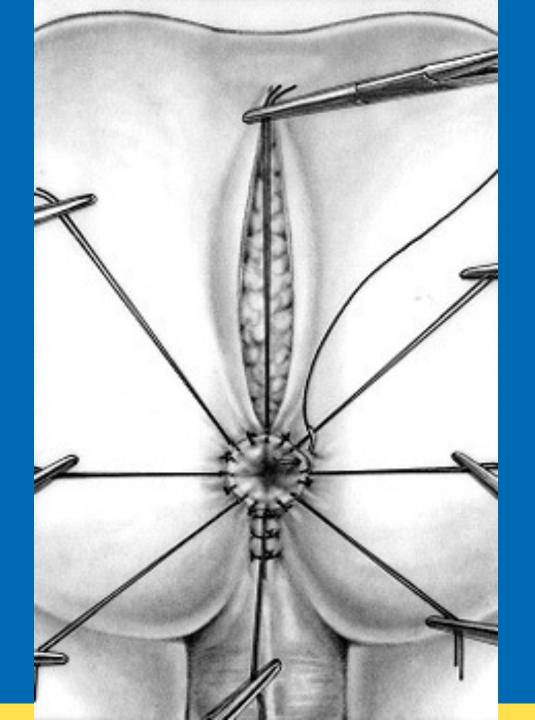


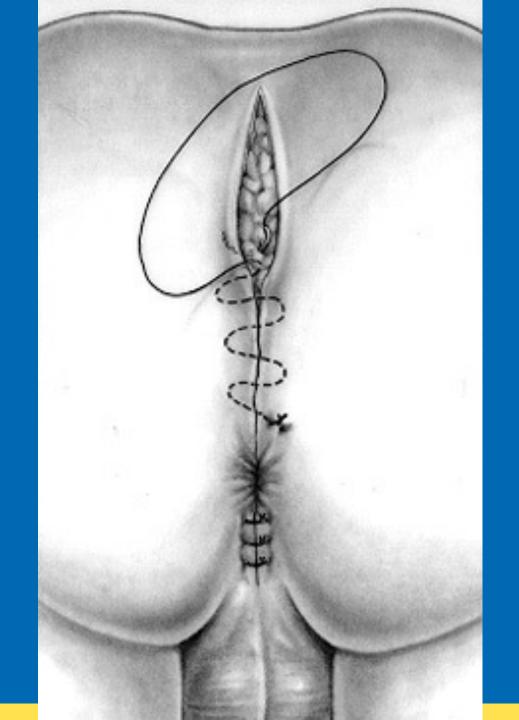




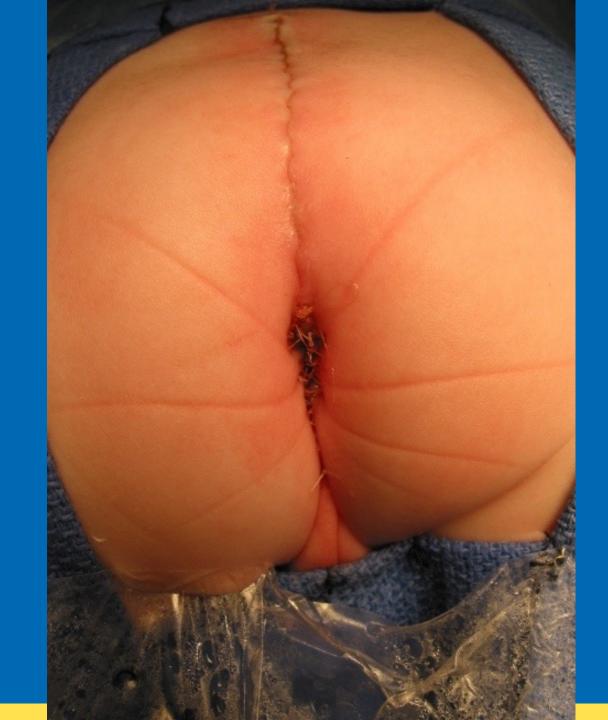








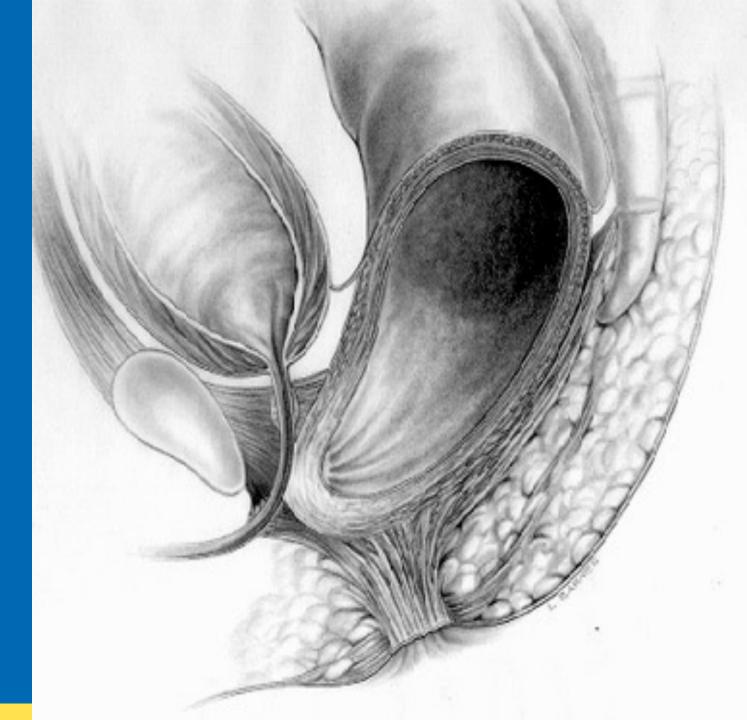






Imperforate anus without fistula





The frequency of Down's syndrome and anorectal malformations is:

- A. Higher the higher the malformation
- B. Higher the lower the malformation
- C. More common in females
- D. The highest in anorectal malformations with no fistula
- E. The highest in vestibular fistulas



The rectum in imperforate anus with no fistula is located:

A. At the level of the bladderneck
B. At the level of the prostate
C. At the level of the bulbar urethra
D. 2mm from perineal skin
E. All of the above are possible



The prognosis for bowel control in the no fistula defect without Down's syndrome is:

A. 5% **B.** 15% C. 40% D. 85% E. 100%



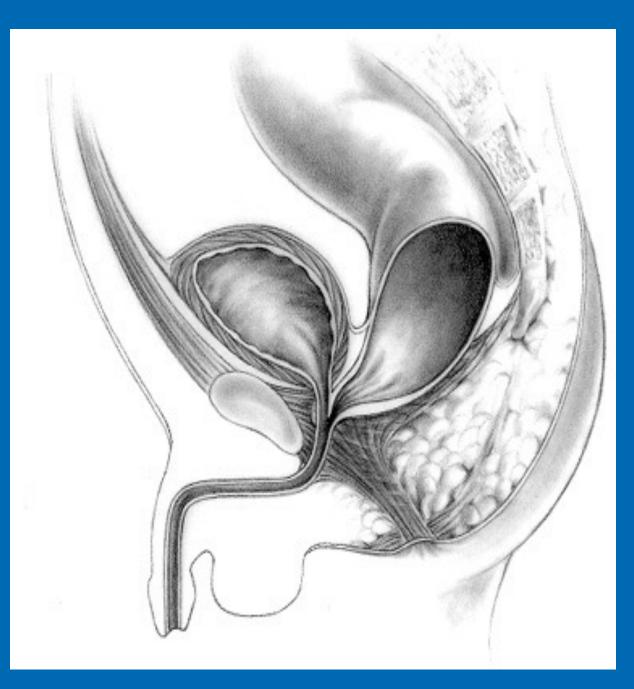
The prognosis for bowel control in the no fistula defect with Down's syndrome is:

A. 5%
B. 15%
C. 60%
D. 90%



Rectourethral prostatic fistula





The prognosis for bowel control in prostatic fistula is:

- A. 5%
- B. 25%
- C. 60%
- D. 85%
- E. 100%



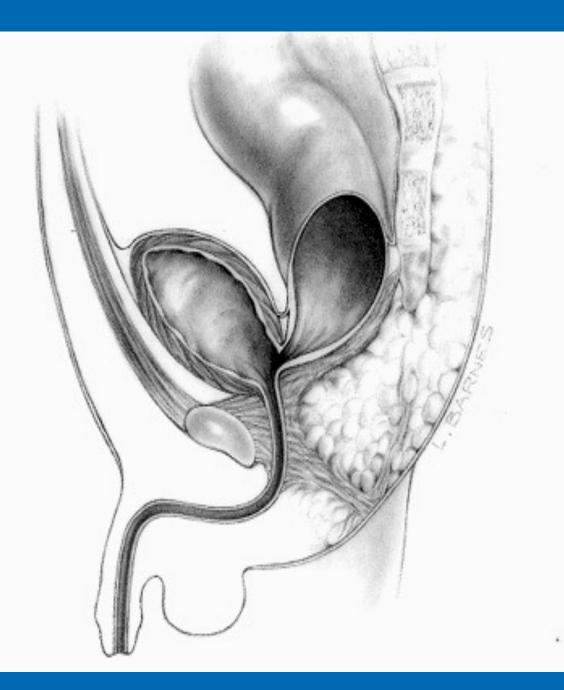
The frequency of associated malformations in prostatic fistula is

A. 5%
B. 25%
C. 60%
D. 90%



Rectobladderneck fistula





The percentage of male cases in which the rectum is only reachable transabdominally is:

A. 10%
B. 25%
C. 50%
D. 75%
E. 100%



The frequency of associated malformations in bladderneck fistula is:

A. 5%
B. 25%
C. 60%
D. 90%



The prognosis for bowel control in bladderneck fistula is:

A. 3%
B. 15%
C. 50%
D. 75%
E. 90%



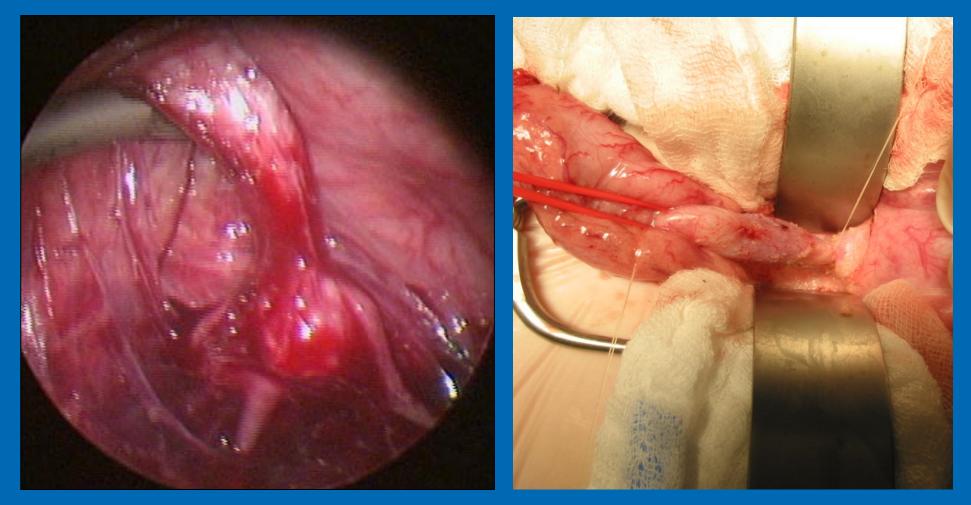








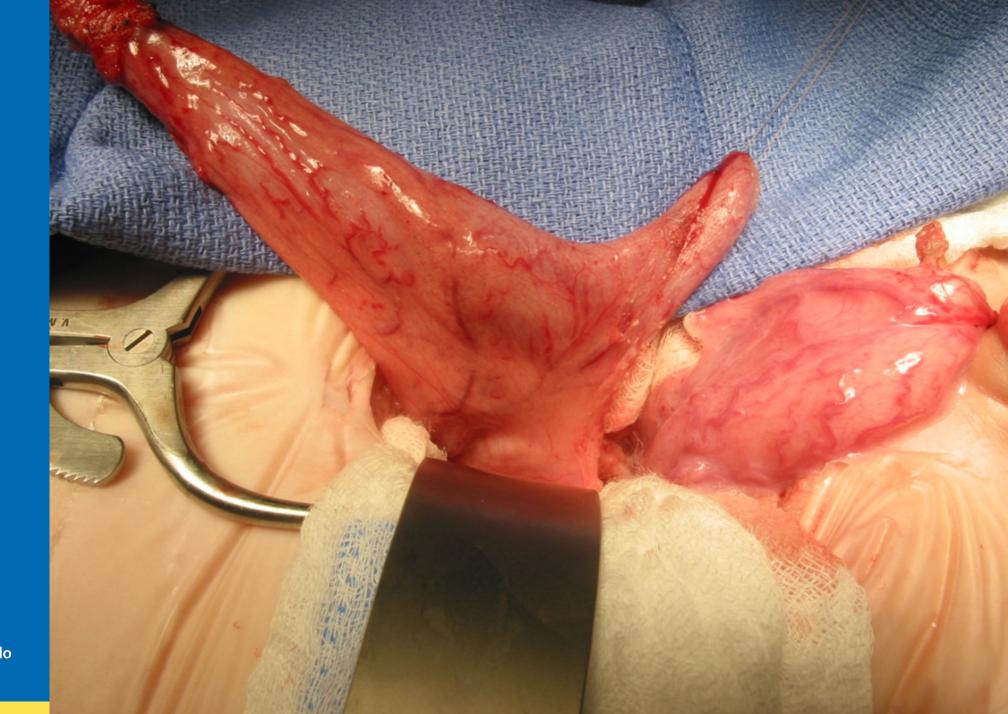
Ligation of a bladderneck fistula



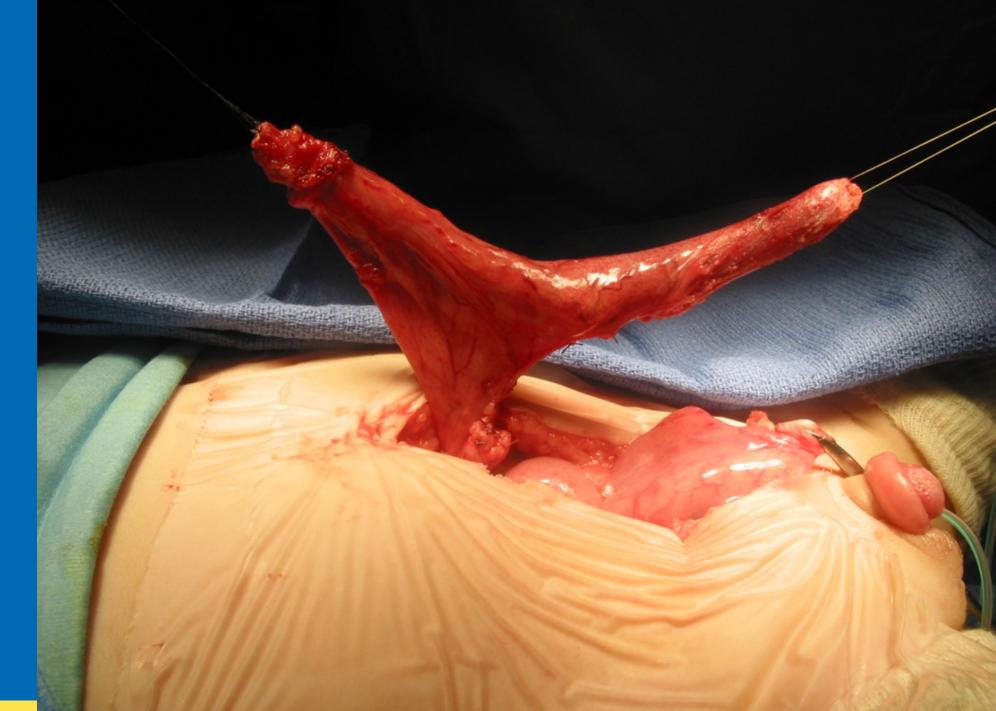


Laparoscopic view

Laparotomy view





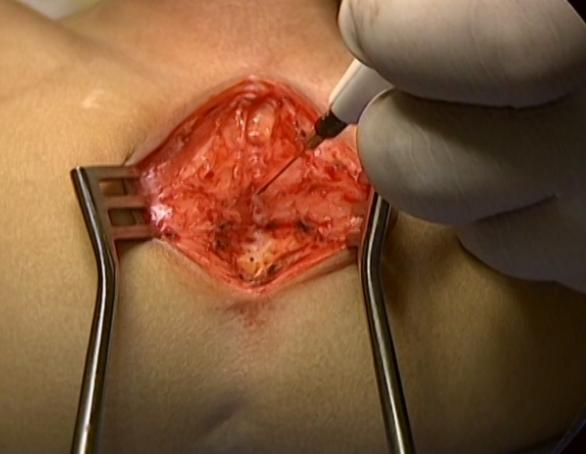




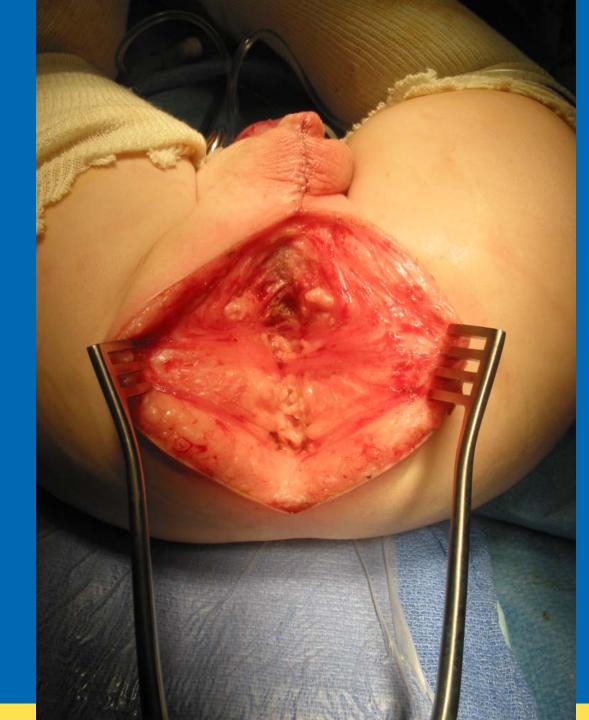




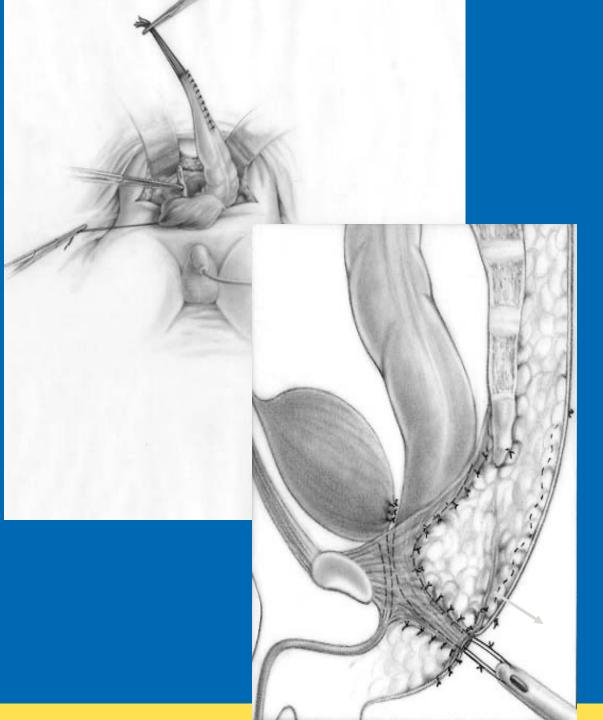






















Laparoscopy in Anorectal Malformations



Video

Posterior Urethral Diverticulum After Laparoscopic Repair of an Anorectal Malformation

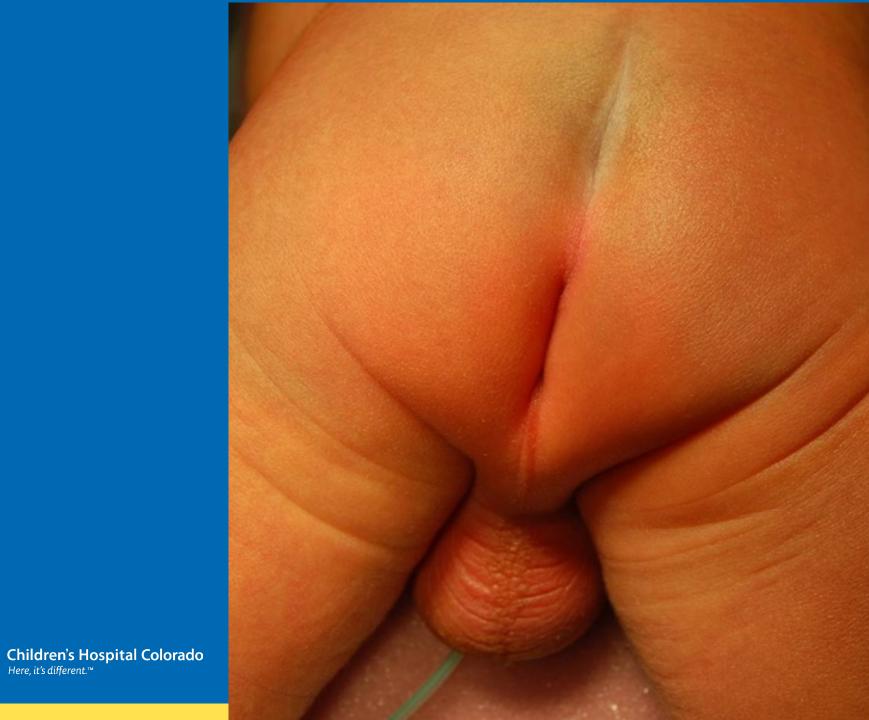
Children's Hospital Colorado International Center for Colorectal Care **Bowel Control** Sensation • Sphincters Recto-sigmoid motility (reservoir)

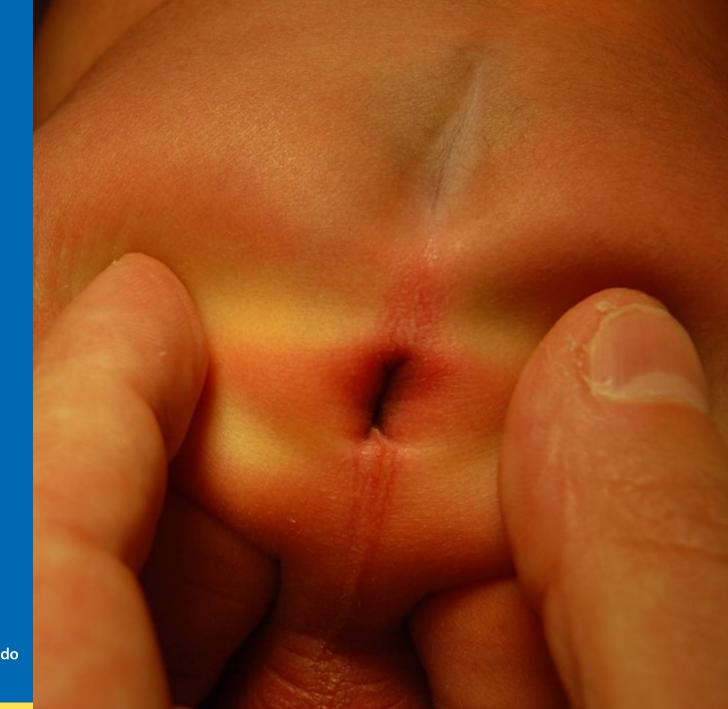


Postoperative anal stricture depends upon:

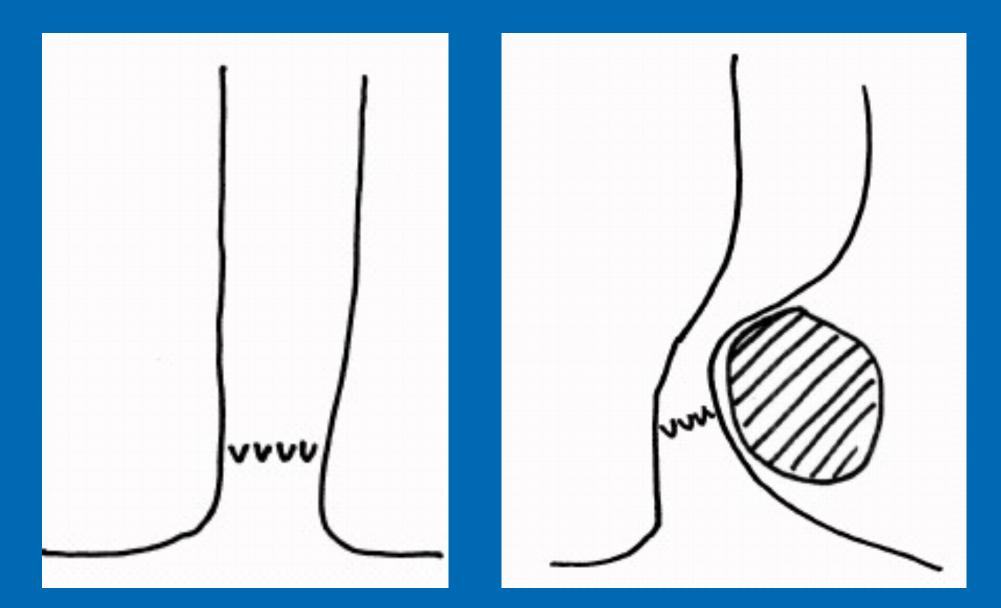
- A. How many sutures are used for anoplasty
- B. Tension of the distal rectum
- C. Whether the intramural blood supply was injured during the dissection
- D. The height of the malformation
- E. B and C











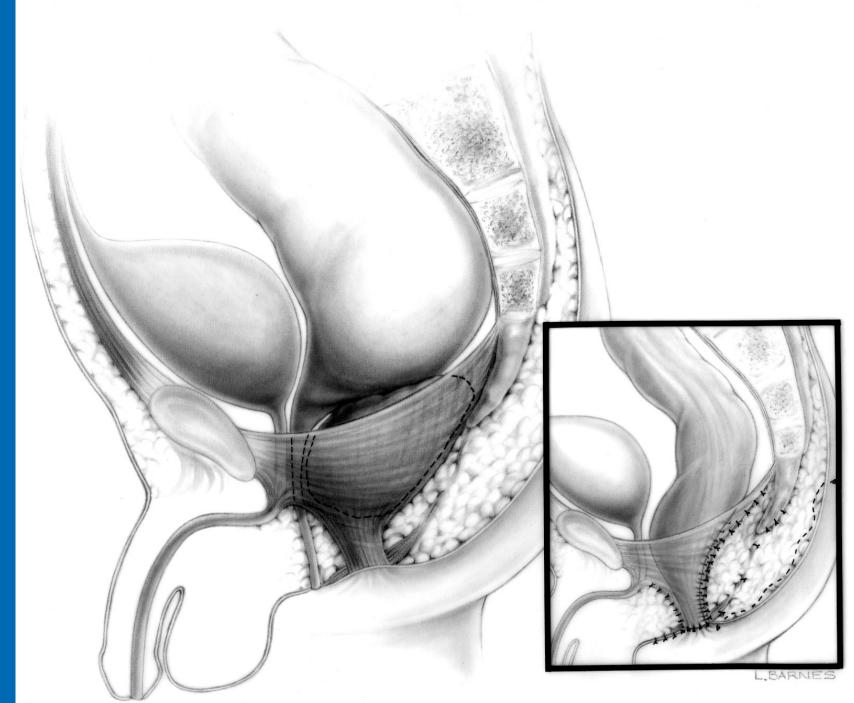














The association of presacral mass and anorectal malformation occurs most frequently in:

A. Bladderneck fistulasB. Perineal fistulaC. Rectovaginal fistulas







Schneider Children's Hospital, New Hyde Park, NY July 1985



Colorectal Center



June 2005



Colorectal Center and Transition of Care



February 2016





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PENABISCHOFF

