# Anorectal anomalies: Genitourinary problems

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# Spectrum of anomalies







# Why worry about Urology

Prevent renal damage 6%

Reduce UTI's 22%

• Improve continence 10-35%

Help with sexual dysfunction



# Role of Urology

- Pre reconstruction
  - Evaluation of whole genitourinary tract
  - Pre reconstruction UTI's
- During reconstruction
  - Understanding anatomy
  - Combining GU reconstruction
- Post reconstruction
  - Protecting renal function
  - Continence
  - Genital problems



### **Urological Abnormalities**

- 53 patients (83%) had an abnormality of the urinary tract
  - renal structural abnormalities
  - abnormal renal position
  - ectopic ureters
  - VUR
  - Bladder abnormality



### Renal anomalies N= 50

<ul> <li>Renal dysplasia</li> </ul>	8
<ul> <li>Solitary kidney</li> </ul>	4
• MCDK	4
<ul> <li>Hydronephrosis</li> </ul>	4
<ul><li>Duplex</li></ul>	3
<ul> <li>Fused kidney</li> </ul>	2



### UTI's Pre reconstruction

- Consider
  - Feces in the distal colonic loop
  - Not emptying bladder
  - VUR
  - Options
    - Ensure no overflow from the proximal stoma
    - Washout distal loop
    - Maximize bladder drainage



# Pre op Investigations

- Renal ultrasound scan
- Renal scan
- VCUG
- Spinal imaging



### Cystoscopy





# Combing GU reconstruction

- Undescended Testicle
- Hypospadias
- Vaginal Septum



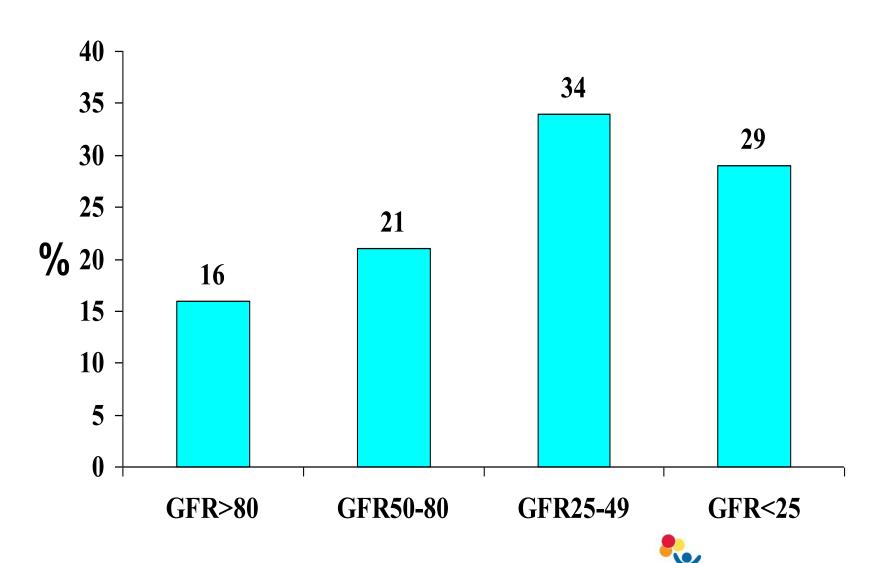


#### Post reconstruction

- Protection of renal function
- Managing continence
- Genital issues
  - Testicular pain
  - Menstrual problems
  - Sexual dysfunction



### Last GFR measurements



**Children's Hospital Colorado** 

# Protecting renal function

- Minimizing UTI's
  - Bladder emptying
  - Constipation
  - Antibiotics
  - Reflux
- Managing hydronephrosis
- Improving bladder mechanics



### Continence rate -Intermediate term

Fistula site	Voiding Dry	Wet	CIC
Cloaca (14)	4 (29%)	1 (7%)	9 (64%)
Bladder neck (5)	0	1 (20%)	4 (80%)
No fistula (3)	1 (33%)	2 (67%)	0
Low (28)	25 (89%)	3 (11%)	0



### Adult rate of Urinary Incontinence

	Total n = 74	Low ARM n = 23	High ARM n = 25	Cloaca n=15	Unclassifiable ARM n=11
None	44 (59%)	14 (61%)	18 (72%)	3 (20%)	9 (82%)
Monthly	1 (1%)	0	0	1 (7%)	0
Weekly	16 (22%)	8 (35%)	3 (12%)	4 (27%)	1 (9%)
Daily	9 (12%)	1 (4%)	3 (12%)	4 (27%)	1 (9%)
All of the time	4 (5%)	0	1 (4%)	3 (20%)	0



### Long term outcome – bladder emptying

	Total n = 74	Low ARM n = 23	High ARM n = 25	Cloaca n=15	Unclassifia ble ARM n=11
Normal	57 (77%)	23 (100%)	20 (80%)	5 (33%)	9 (82%)
Self-catheter	8 (11%)	0	3 (12%)	3 (20%)	2 (18%)
Mitroff	7 (9%)	0	0	7 (47%)	0
lleal con	1 (1%)	0	1 (4%)	0	0
Express bladder	1 (1%)	0	1 (4%)	0	0



### Functional Anomalies in ARM patients

#### Incontinence of Urine

<ul><li>Wiener '74</li></ul>	31%
	0.70

Hassink'83
 22%

Rintala '94 (Adult FU) 33%

• Boemers '95 24%

• Pena '95 10%



#### Risk factors for incontinence

- Spinal anomalies
- Severity of anomaly
- Bladder Neck
- Surgery



# Urinary incontinence

<ul> <li>Normal</li> </ul>	sacrum	11%
INCHILICI	Jaciani	11/0

Abnormal sacrum 56%

• Overall 24%



Incidence

### **Functional anomalies**

#### Effect of PSARP

- 32 patients
- Temporary anomaly
- Permanent anomaly



### Male genital anomalies

Up to 52% have an anomaly

Undescended testicles 10 -40%

Bifid scrotum

Penile anomalies 14 -25%

- Hypospadias
- Chordee
- Epispadias
- Penile duplication



# Testicular pain

- Testicular torsion
- Epididymitis





# Long term outcome

- 30 males
- Fertility
  - 11 men had partners that conceived
  - 4 required IVF



### Female genital anomalies

- Internal genitalia
  - Up to 30 -45%
  - 60% of cloacal anomalies will have septation anomalies
- External genitalia
  - Hamartomas
  - Hemangiomas



## Long term outcome

- 44 women
- 40 menstruate normally
  - 2 hysterectomy
- Fertility
  - 7 women reported 16 pregnancies
  - 1 is undergoing IVF
  - 36 have not tried to conceive



### Cloacal Outcome at Puberty

<ul> <li>Normal Menstruation</li> </ul>	13	32%
<ul> <li>Hematometra</li> </ul>	15	36%
<ul> <li>Vestigial uterus</li> </ul>	8	20%
<ul> <li>Early puberty</li> </ul>	3	7%
<ul> <li>Under investigation</li> </ul>	2	5%



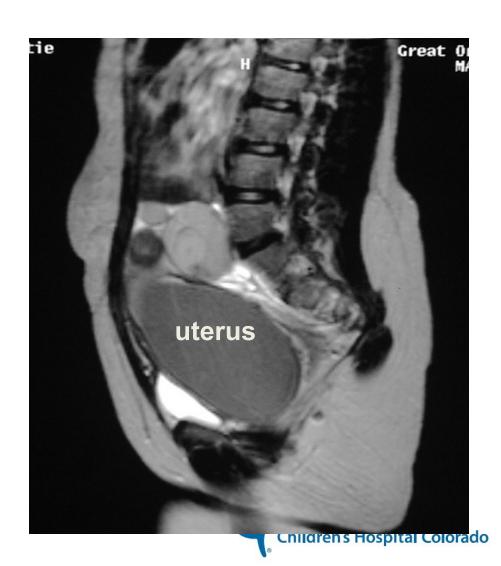
<sup>\* 6/10</sup> diagnosed absent uterus at laparotomy developed uterine function

# **Etiology of Obstructed Uterus**

Vaginal Stenosis 3 post surgery

Urogenital sinus 11 (no previous surgery)

Cervical Stenosis 1



#### Adult Outcome - Cloaca

21 women aged 17-32 (mean 24) years

Sexually active12 (57%)

Adequate Vagina6 (29%)

(6/18 additional adult vaginal surgery)

No pregnancies to date



### Follow up

- At least until potty trained or socially continent
- Renal function
- Bladder function
- Menstruating normally



# Why worry about Urology

- Incontinence
- Chronic Kidney Disease
- Genital anomalies
- Sexual dysfunction



# Finally when to call Urology

- Pre reconstruction
  - Any thing but a simple anomaly
  - Sacral anomalies (tethered cord)
  - Upper tract anomalies
  - GU anomalies
  - UTI's
- Post reconstruction
  - UTI's
  - Incontinence
- When in doubt

