

Anorectal Malformations in Females (Part 1)

Dr. Andrea Bischoff

The 66th Workshop for the Surgical Treatment
of Colorectal Problems in Children



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The incidence of ectopic anus defined as an anteriorly located anal opening, with dentate line, non strictured, and surrounded 360° by sphincter is:

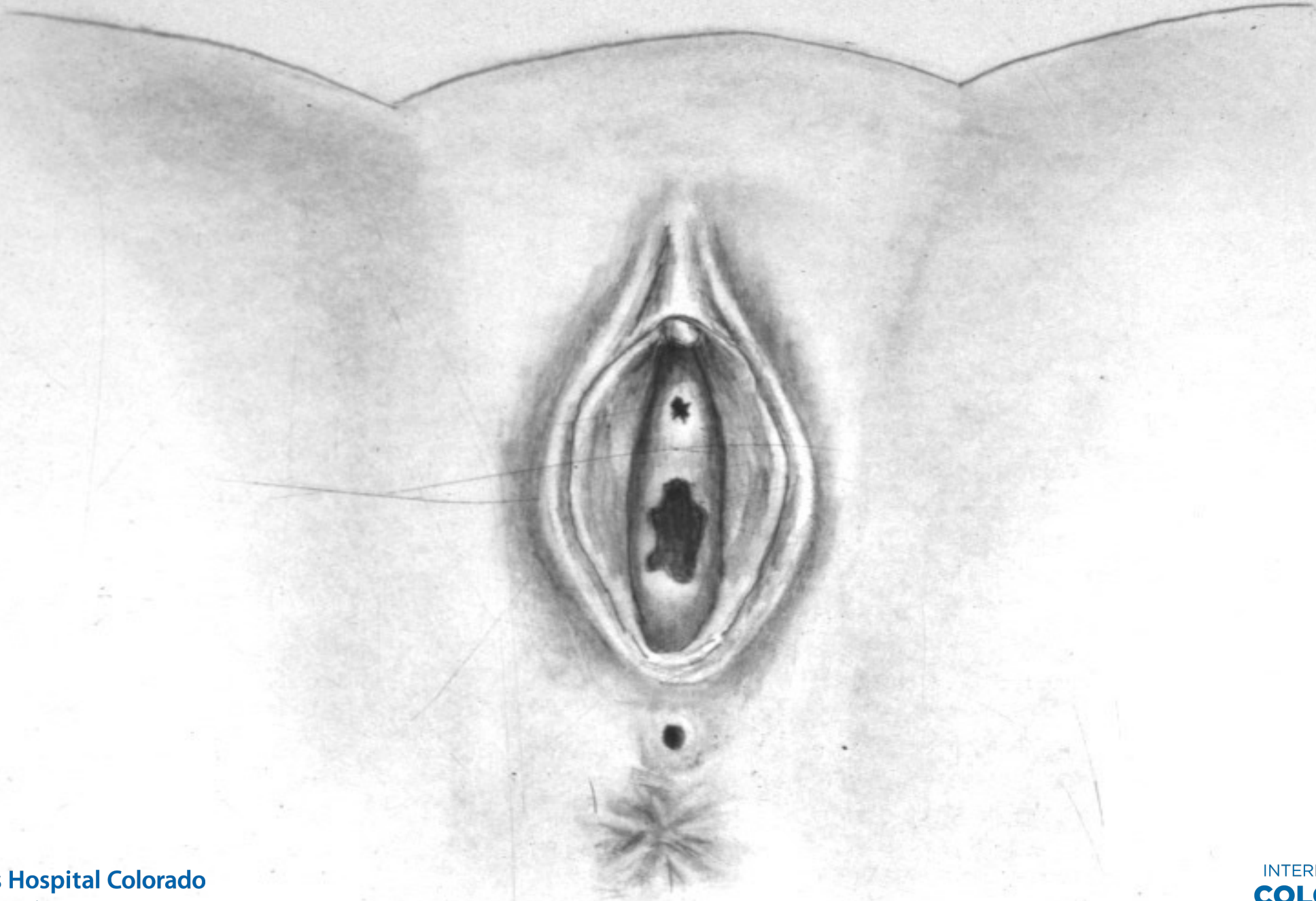
A. Zero

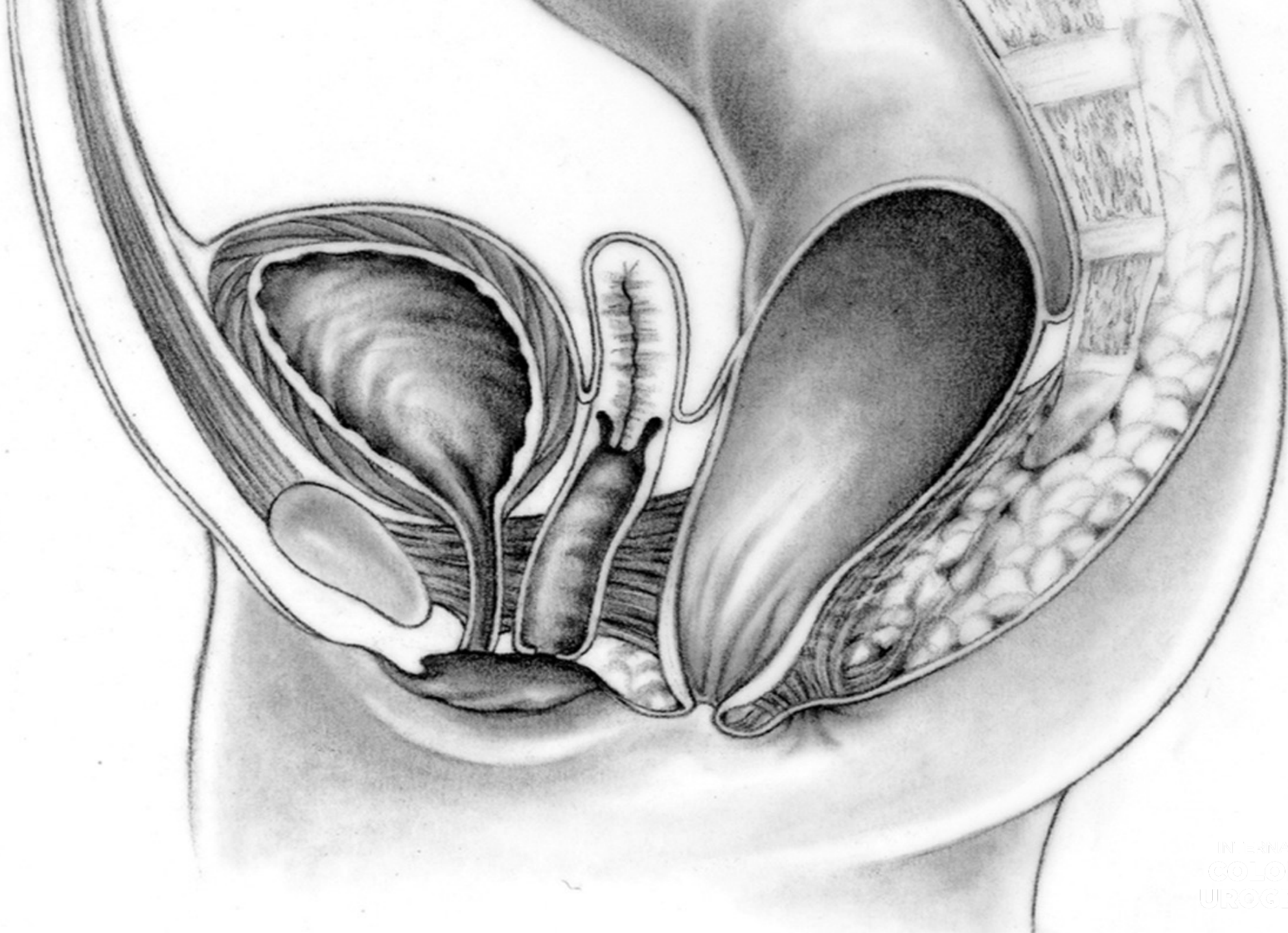
B. 1 in 1000

C. 10 in 1000

D. 25 in 1000







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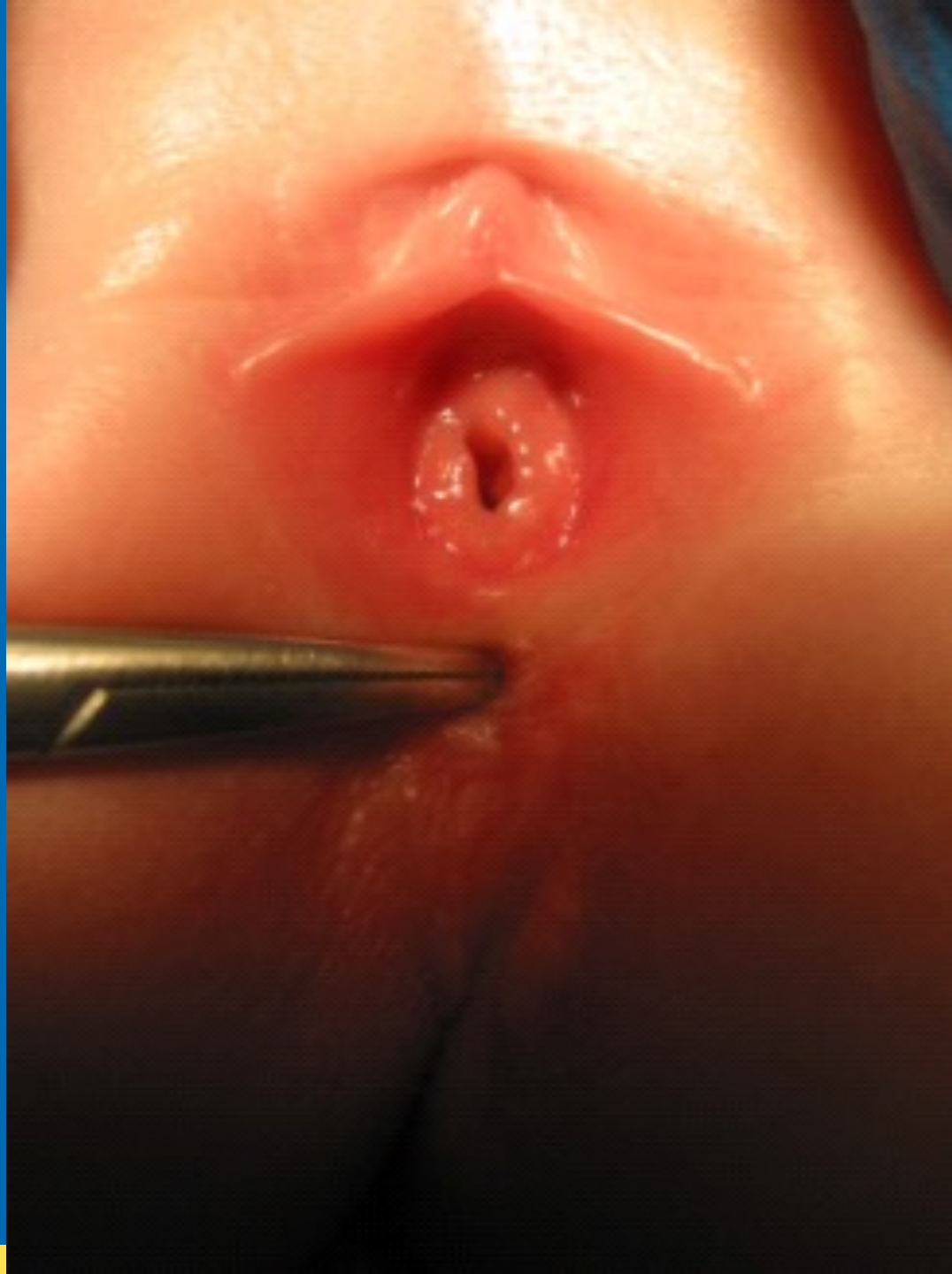
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The chance of bowel control in a patient with perineal fistula that was not operated is:

A. 5%

B. 25%

C. 50%

D. 75%

E. 100%



The chance of bowel control in a patient with perineal fistula that was operated correctly is?

A. 5%

B. 25%

C. 50%

D. 75%

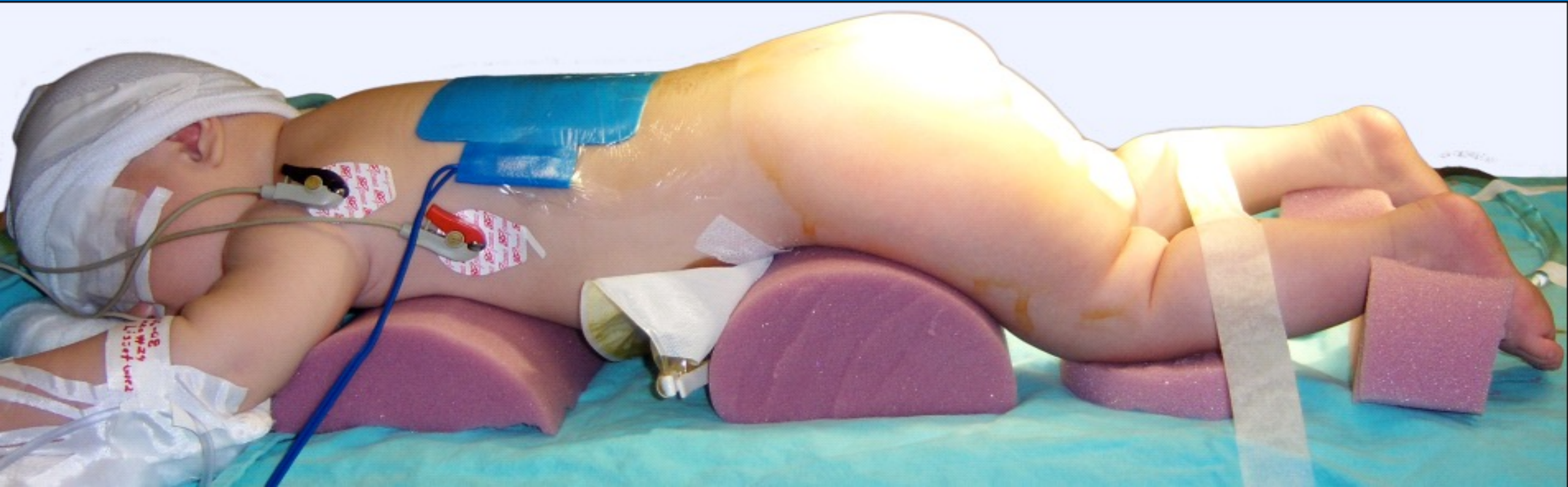
E. 100%



The indications for surgery in a female with a perineal fistula include:

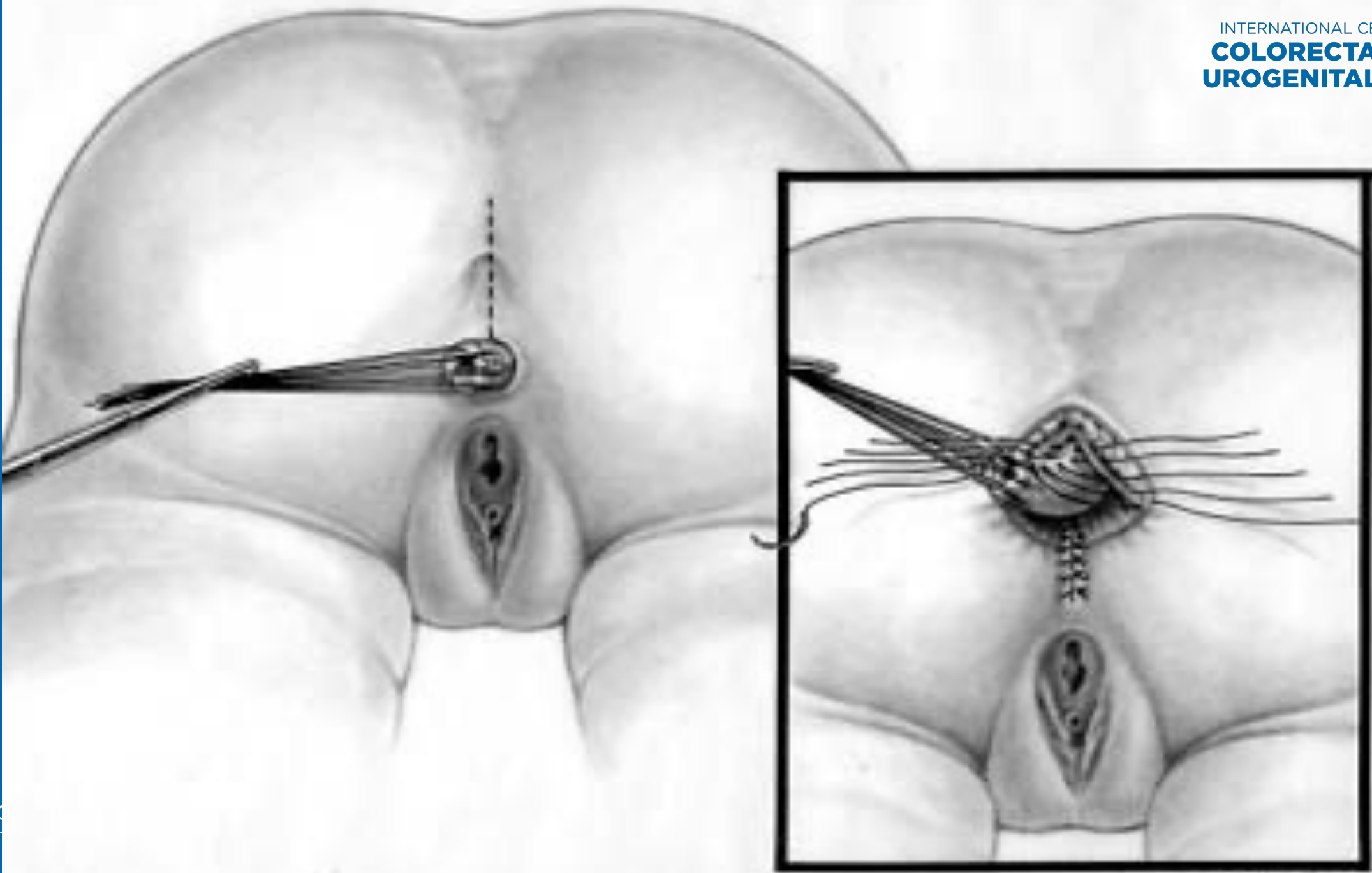
- A. To create an adequate size anus
- B. To avoid potential obstetric risk from a vaginal delivery
- C. To place the anus precisely within the sphincter mechanism to improve bowel function
- D. Cosmetic and psychological
- E. Options A, B, and D





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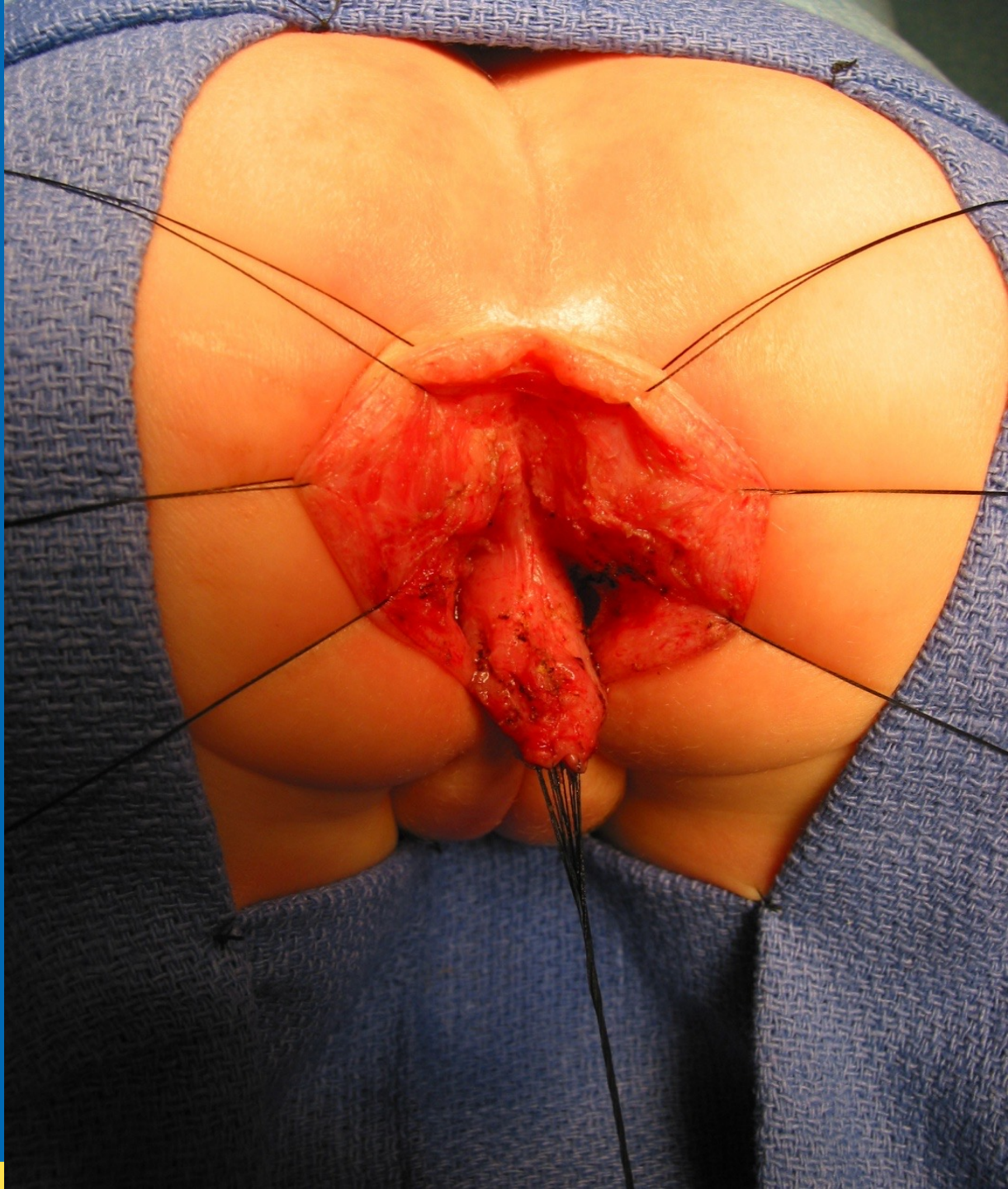
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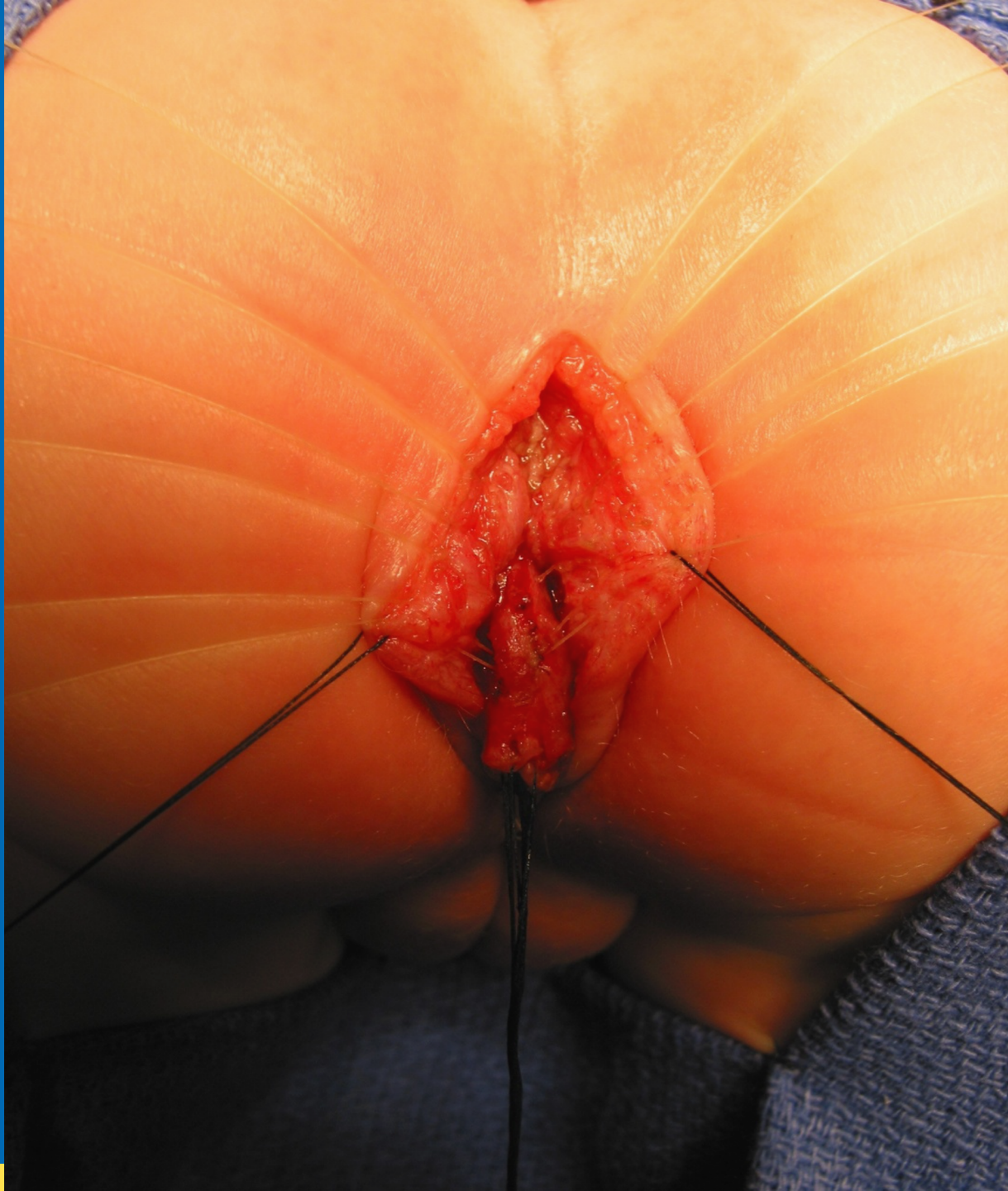
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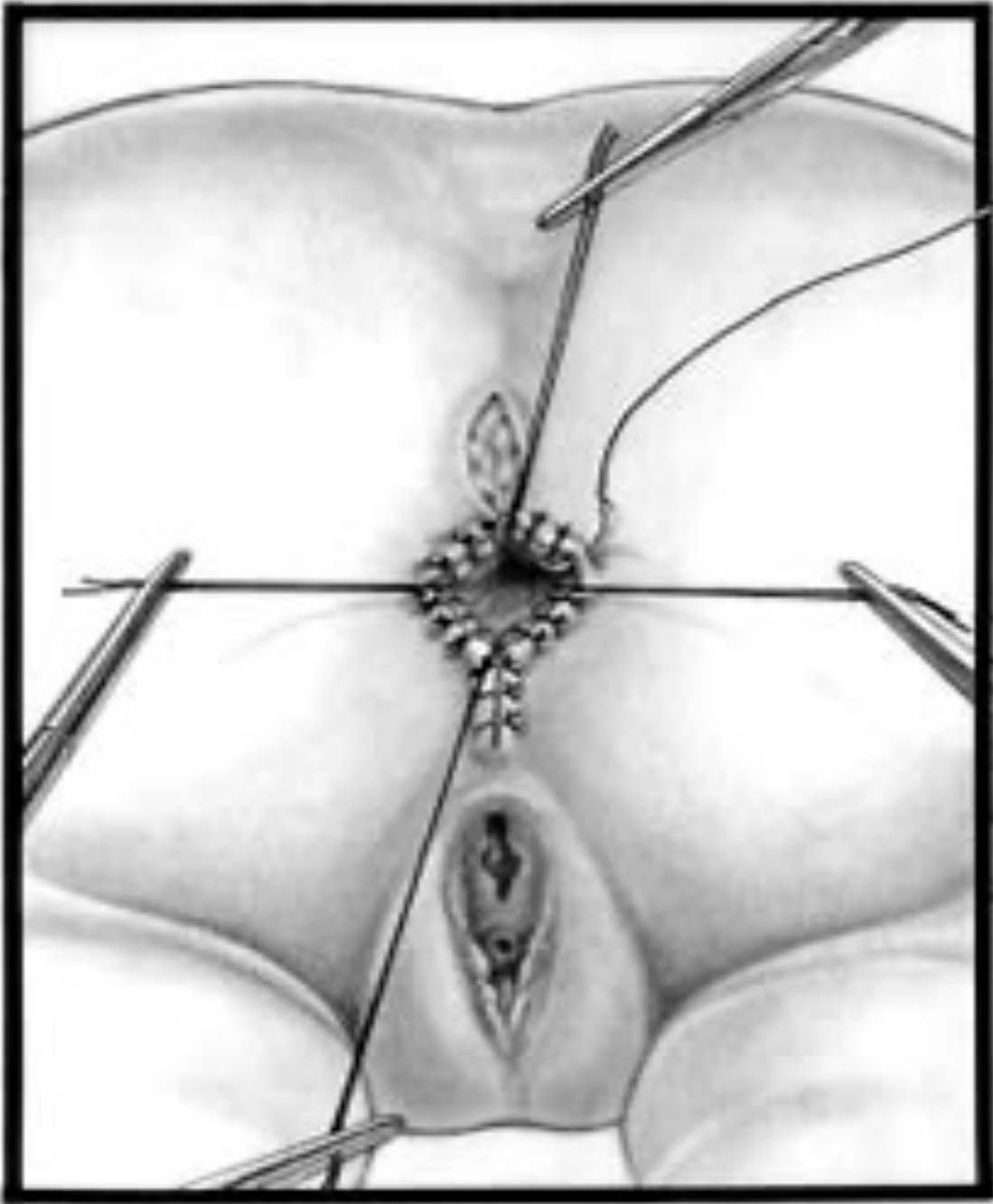
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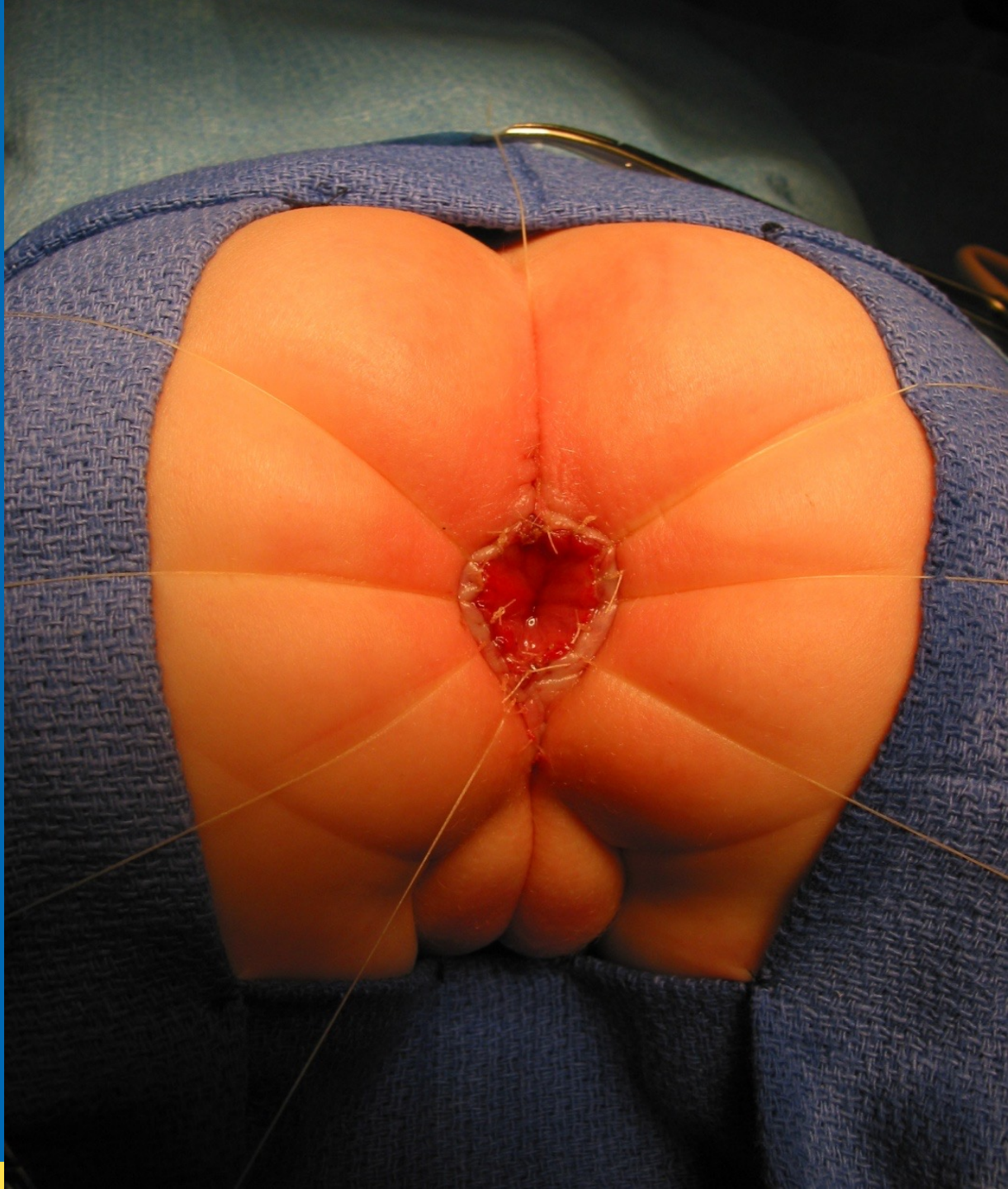
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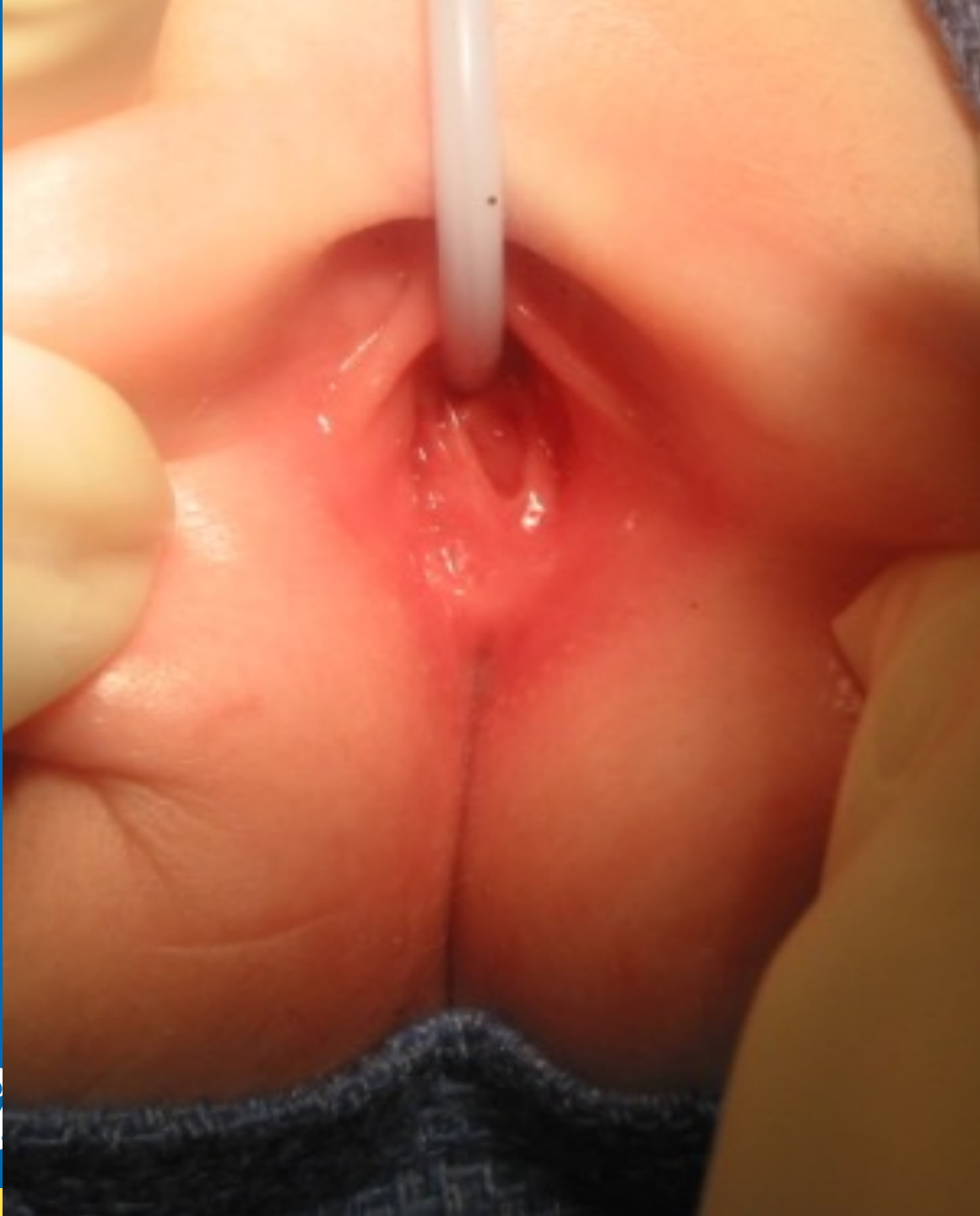


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- Now that you are an expert in perineal fistula, your colleague invites you to operate on a case with him/her.

Upon examining the patient you find the following anatomy:



What is the diagnosis?

- A. Normal anatomy
- B. H type fistula with absent perineal body
- C. Cloaca
- D. Perineal fistula with absent vagina
- E. Ambiguous genitalia



The patient is under anesthesia, what is your plan if the patient does not have a colostomy?

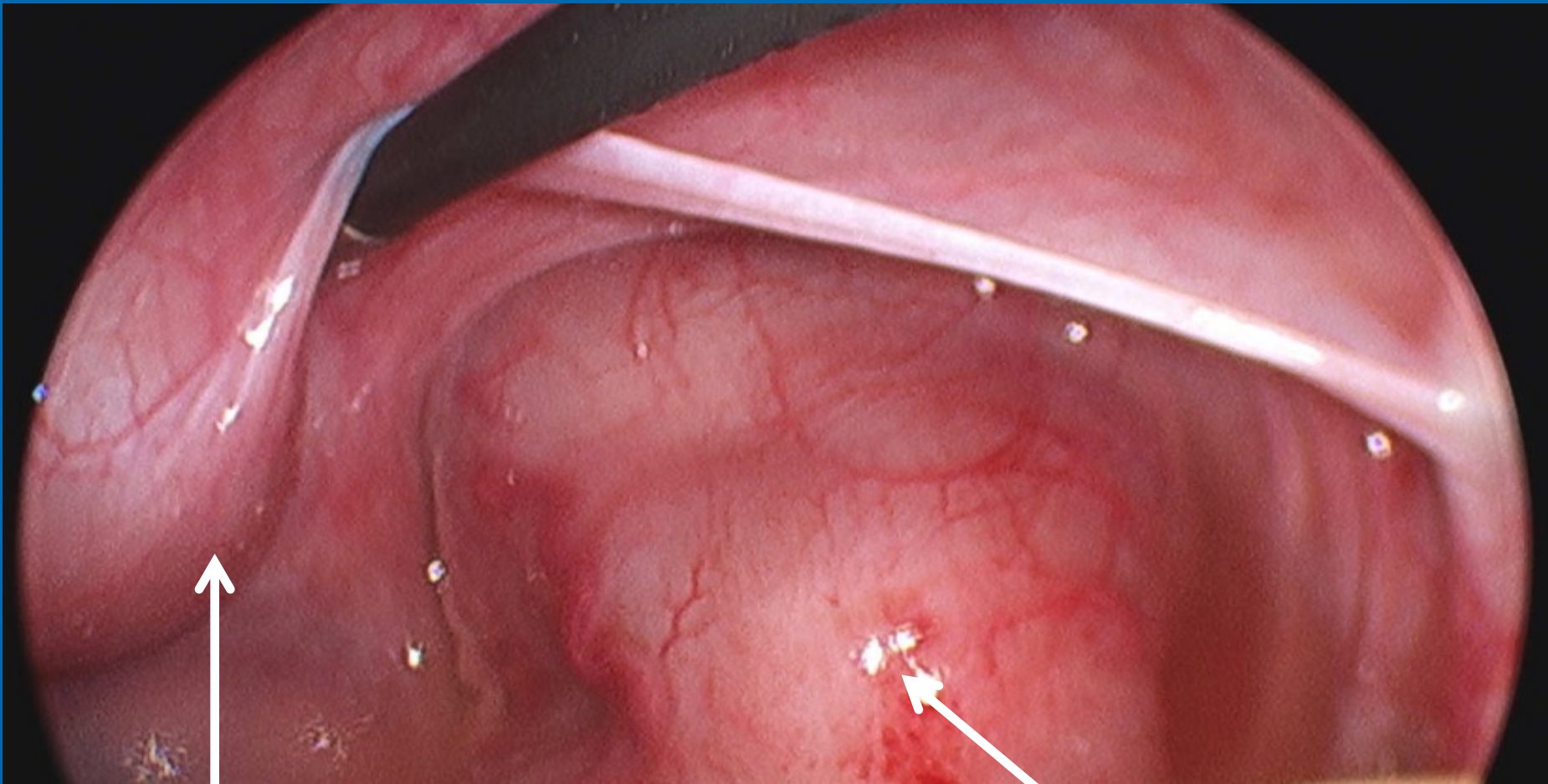
- A. Do the anoplasty only
- B. Do the vaginoplasty only
- C. Do the anoplasty and the vaginoplasty
- D. Do a laparoscopy and decide what to do based on the findings
- E. Cancel the operation



The patient is under anesthesia, what is your plan if the patient has a colostomy?

- A. Do the anoplasty only
- B. Do the vaginoplasty only
- C. Do the anoplasty and the vaginoplasty
- D. Do a laparoscopy and decide what to do based on the findings
- E. Cancel the operation





Bladder
(Foley catheter)

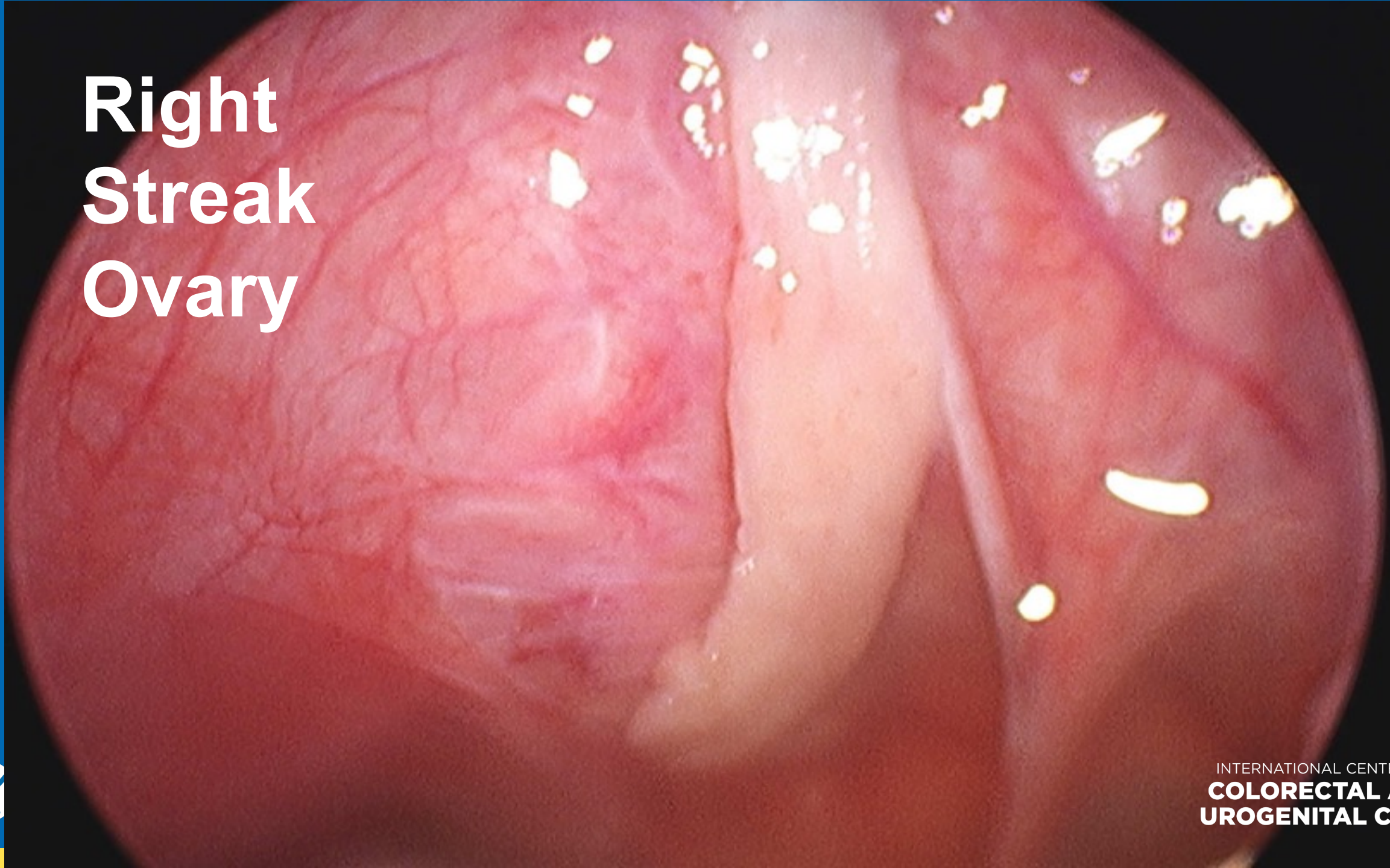
Sigmoid




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Right Streak Ovary



A laparoscopic view of a left streak ovary. The ovary is a long, thin, white, fibrous structure, significantly smaller than a normal ovary. It is surrounded by a network of red blood vessels. The surrounding peritoneal surface is pinkish-red and shows some vascular branching.

Left Streak Ovary



for Recto-Perineal Fistula:
Treat their constipation properly

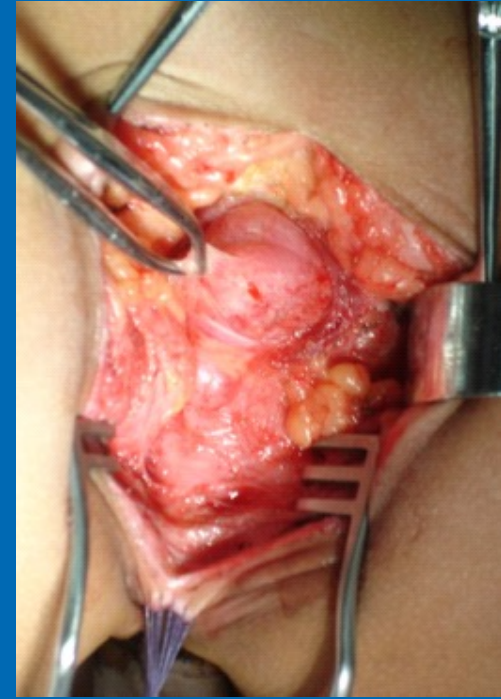


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for Recto-Perineal Fistula:
Always screen for presacral mass
before the operation



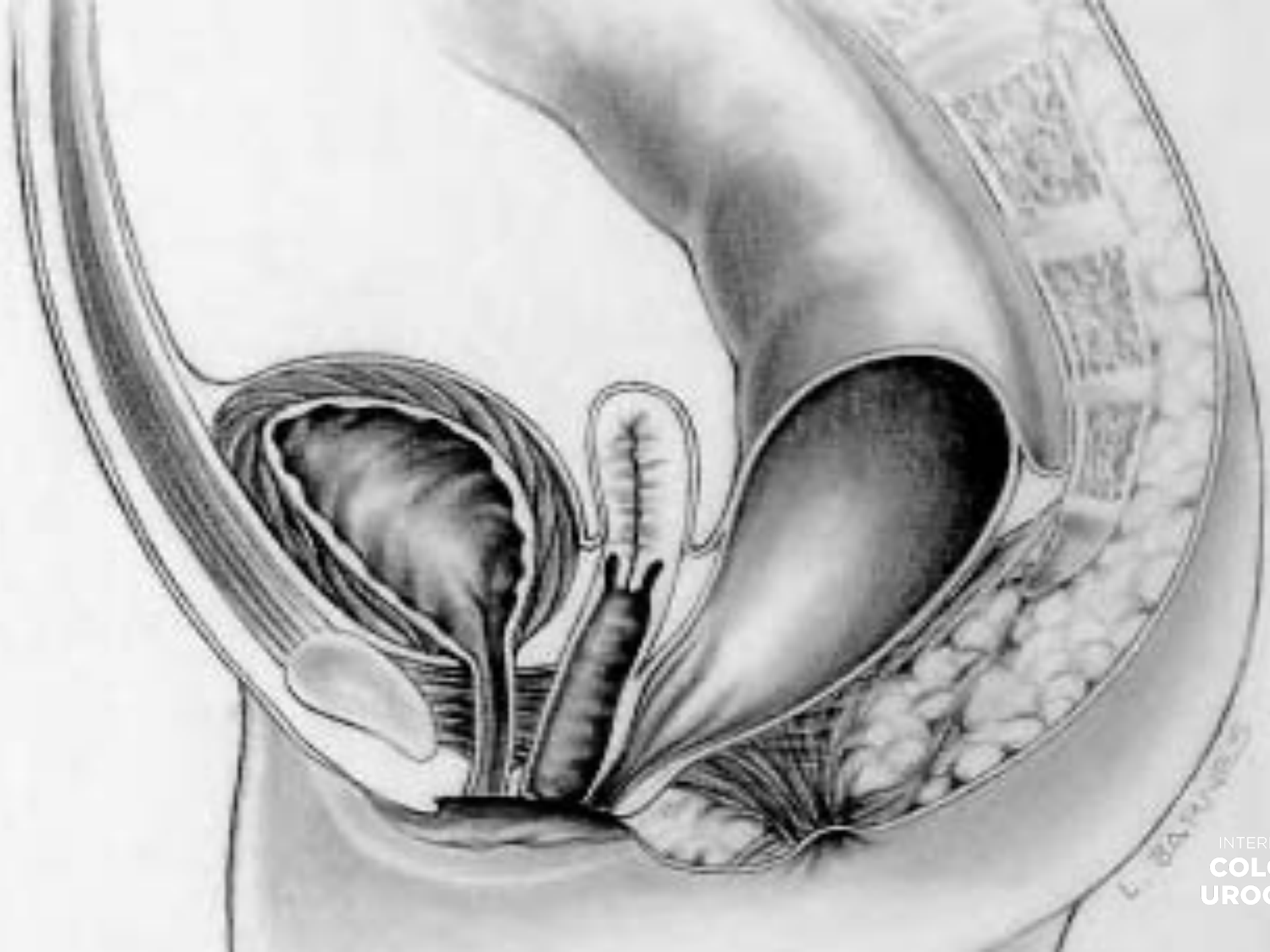


for Recto-Perineal Fistula:

Teach residents and adult colleagues



25 yo!!!!!!



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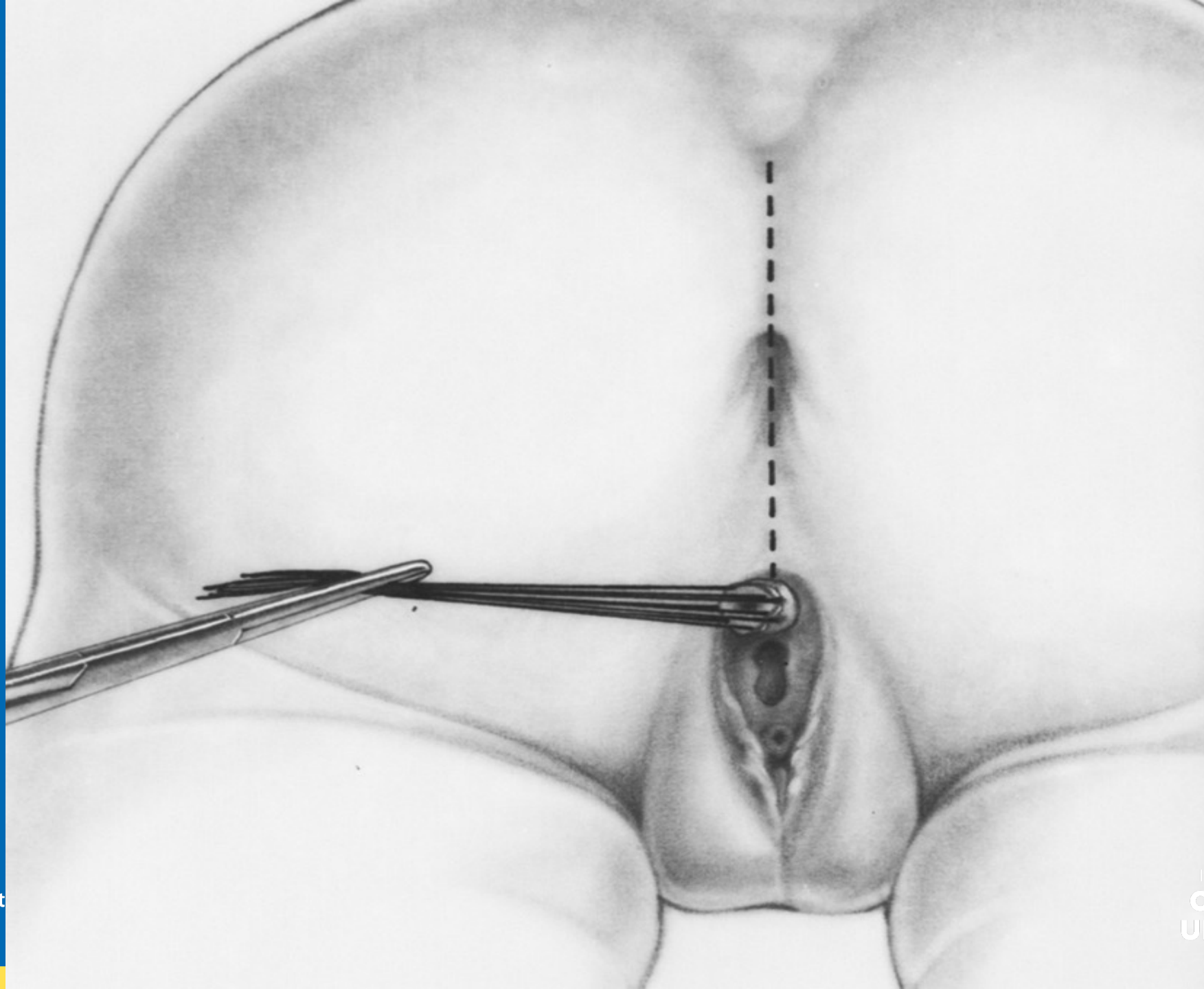
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Posterior Sagittal Repair of Rectal Vestibular Fistula



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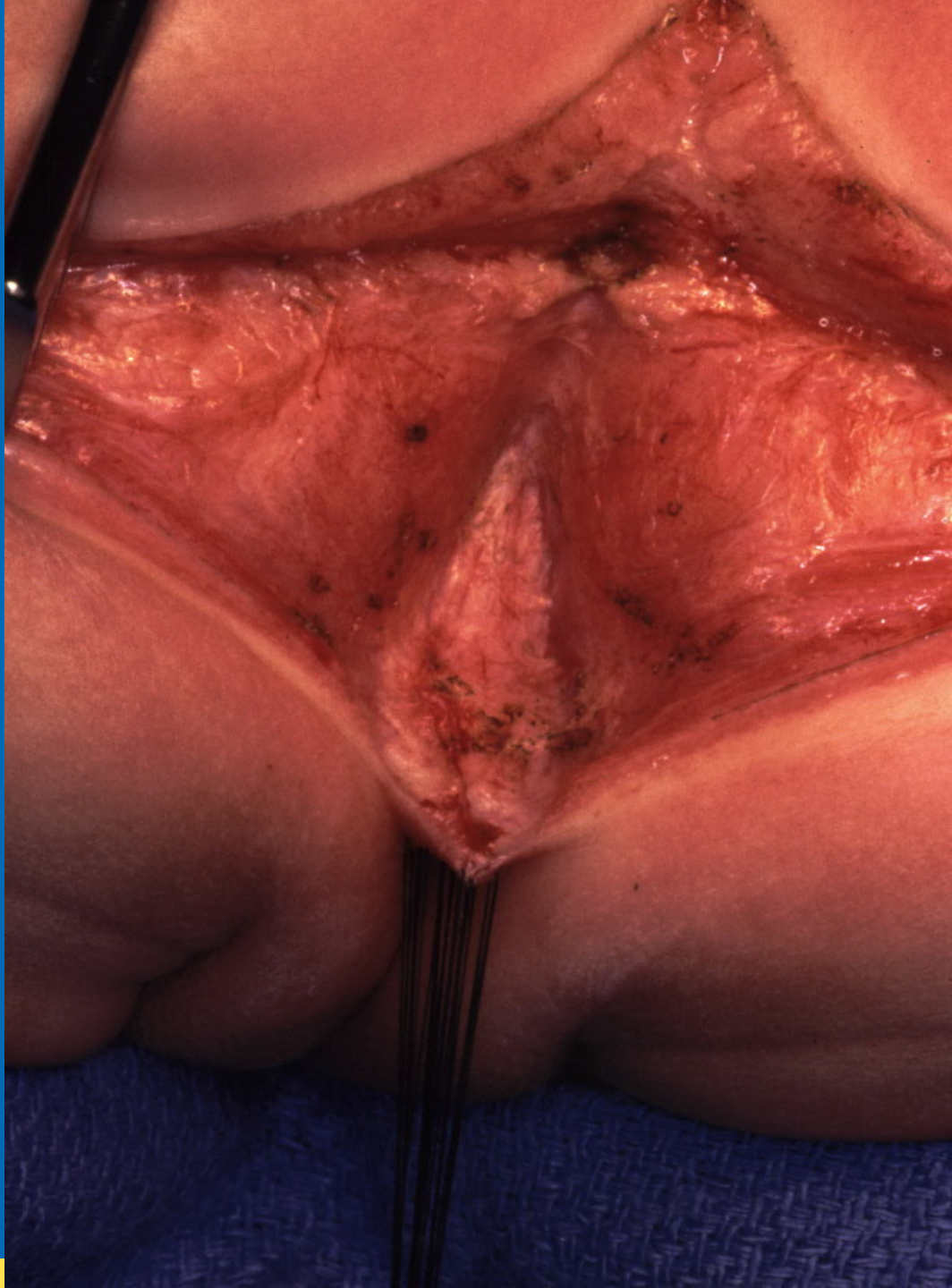
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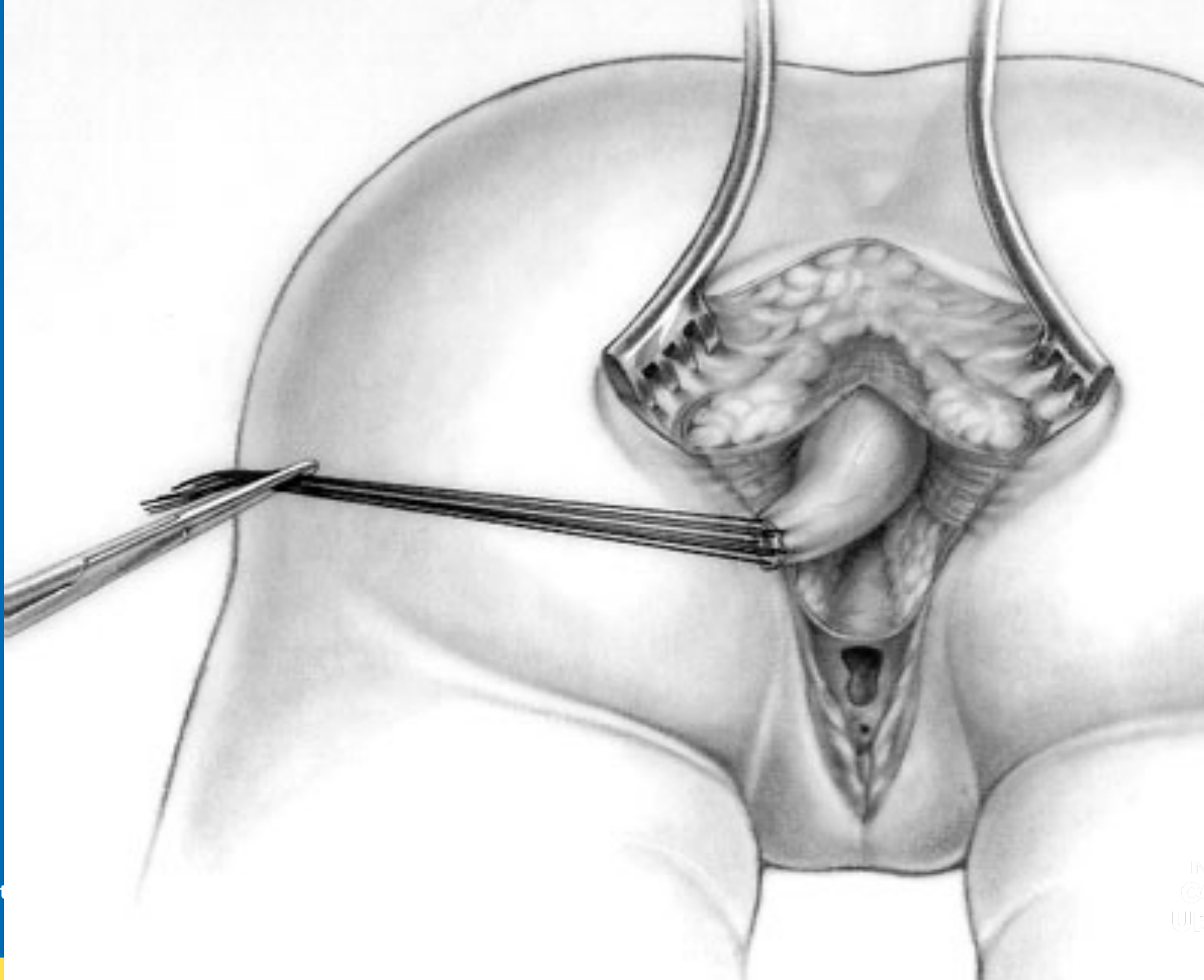
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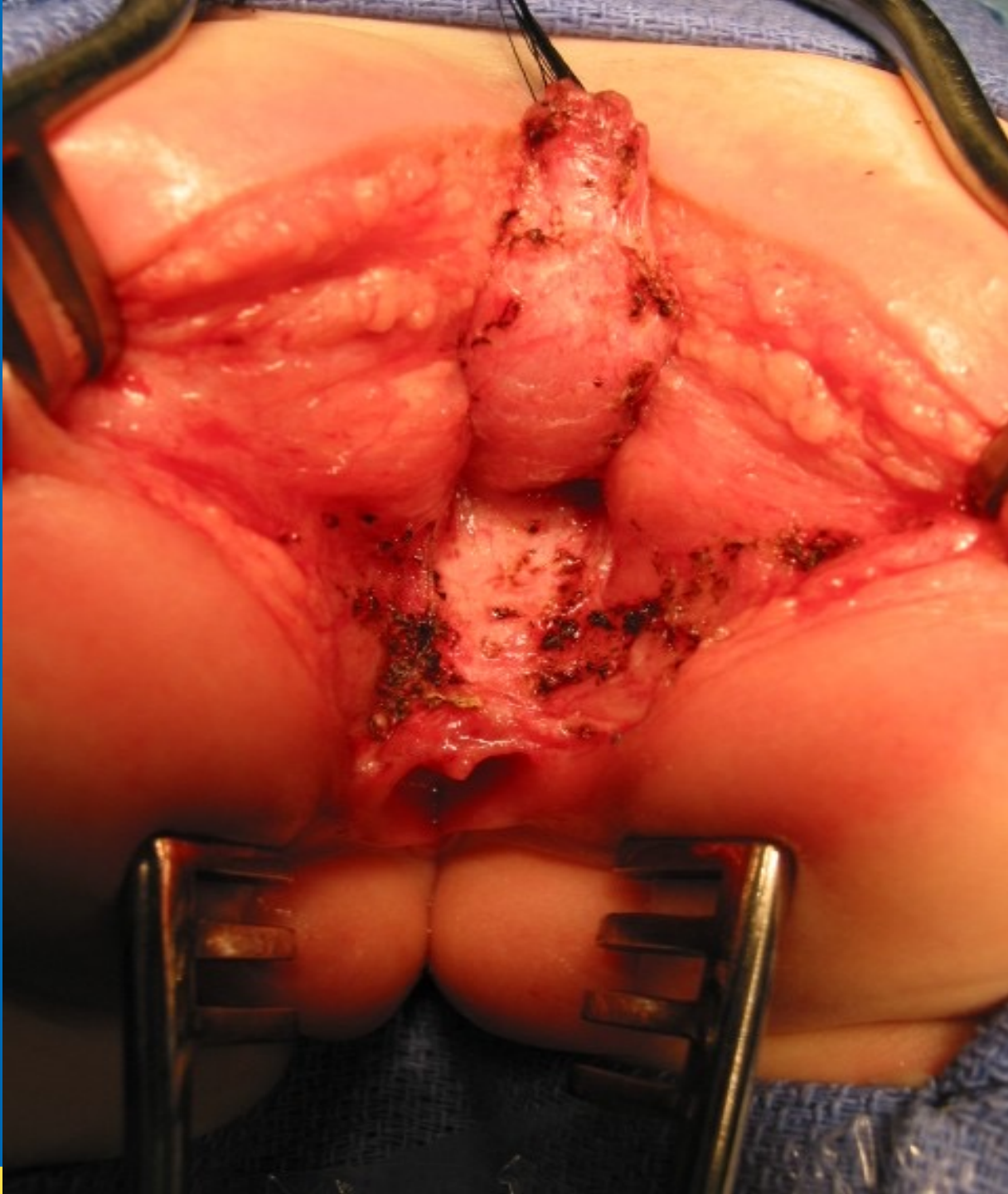
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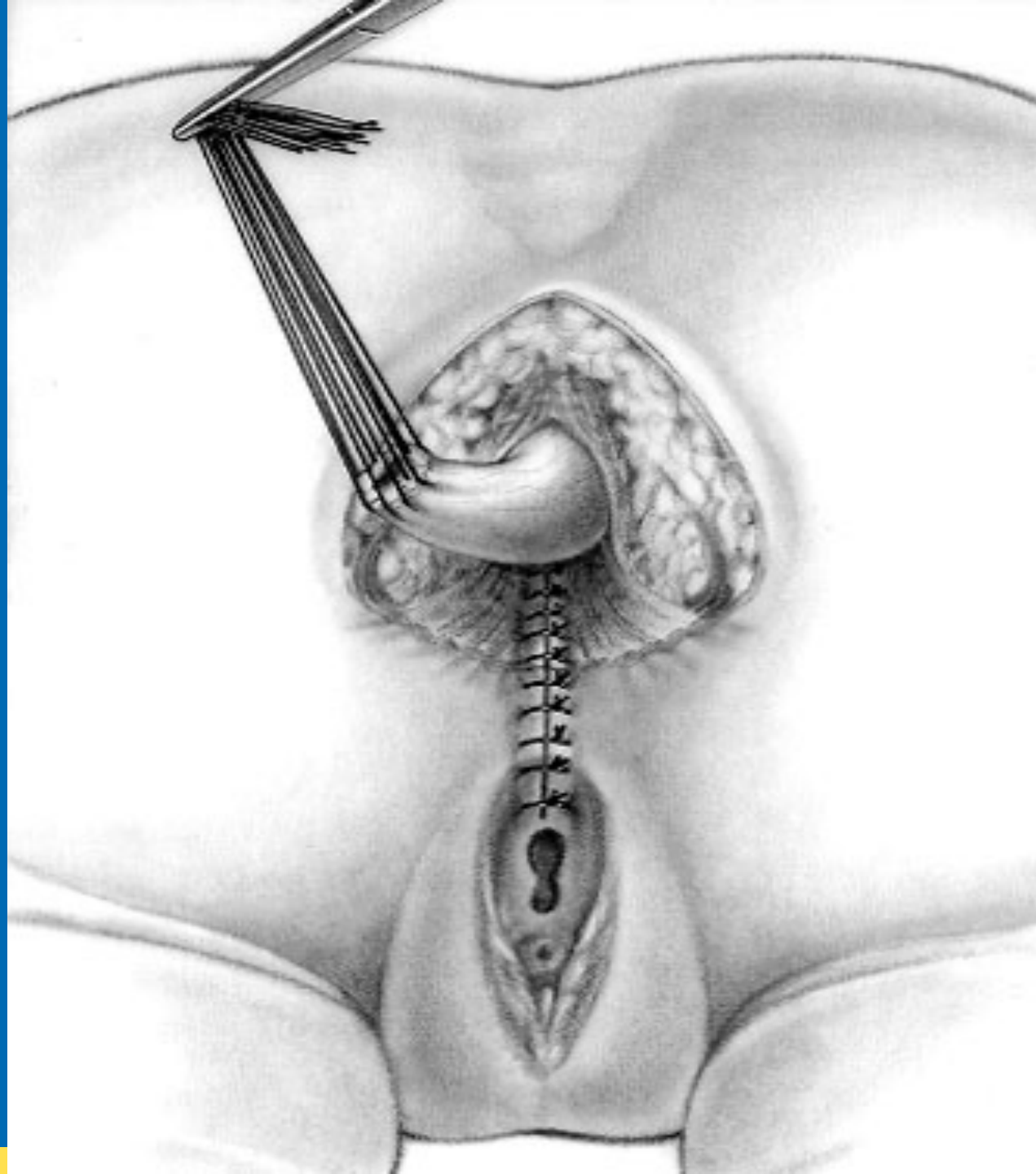
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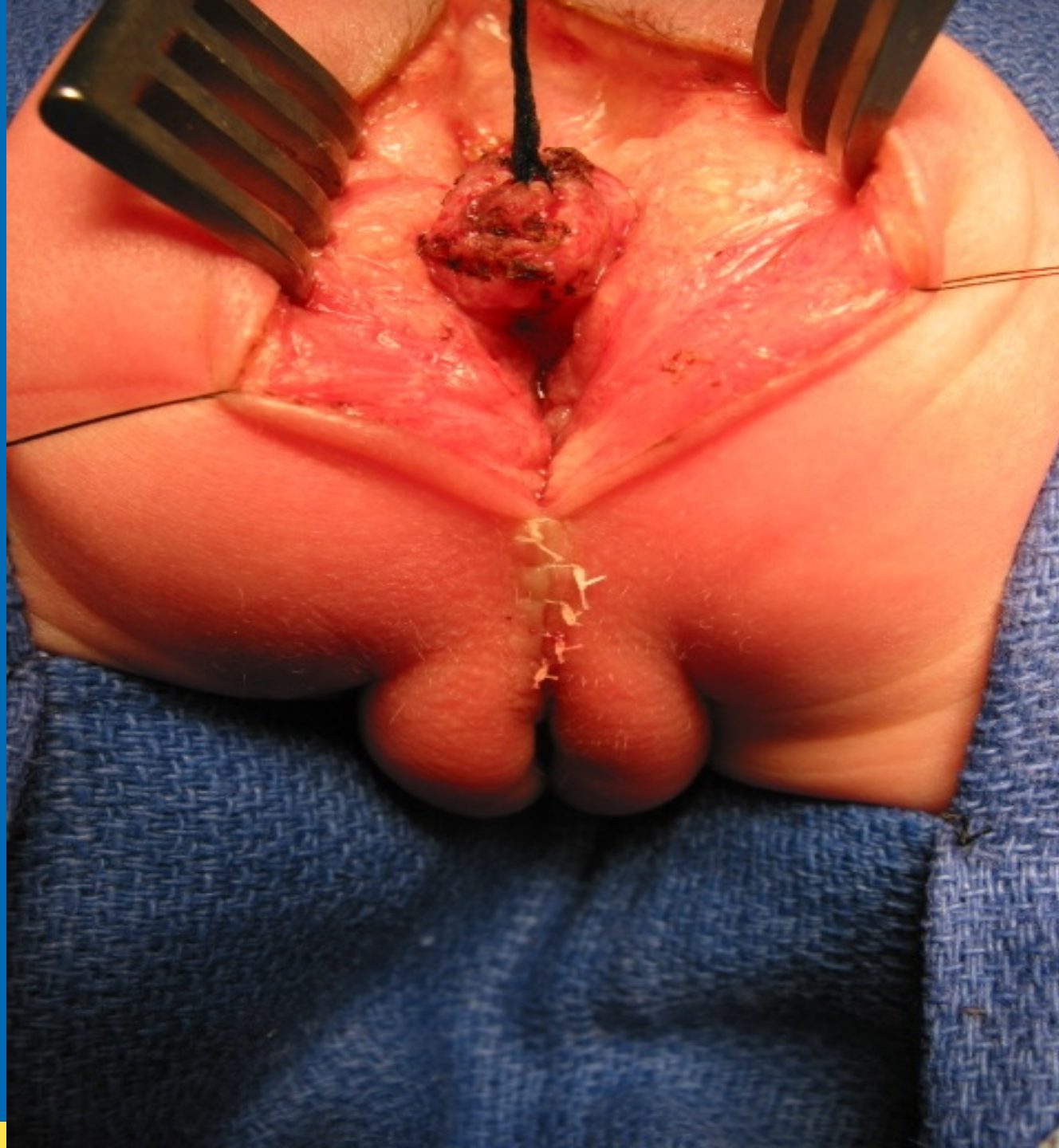
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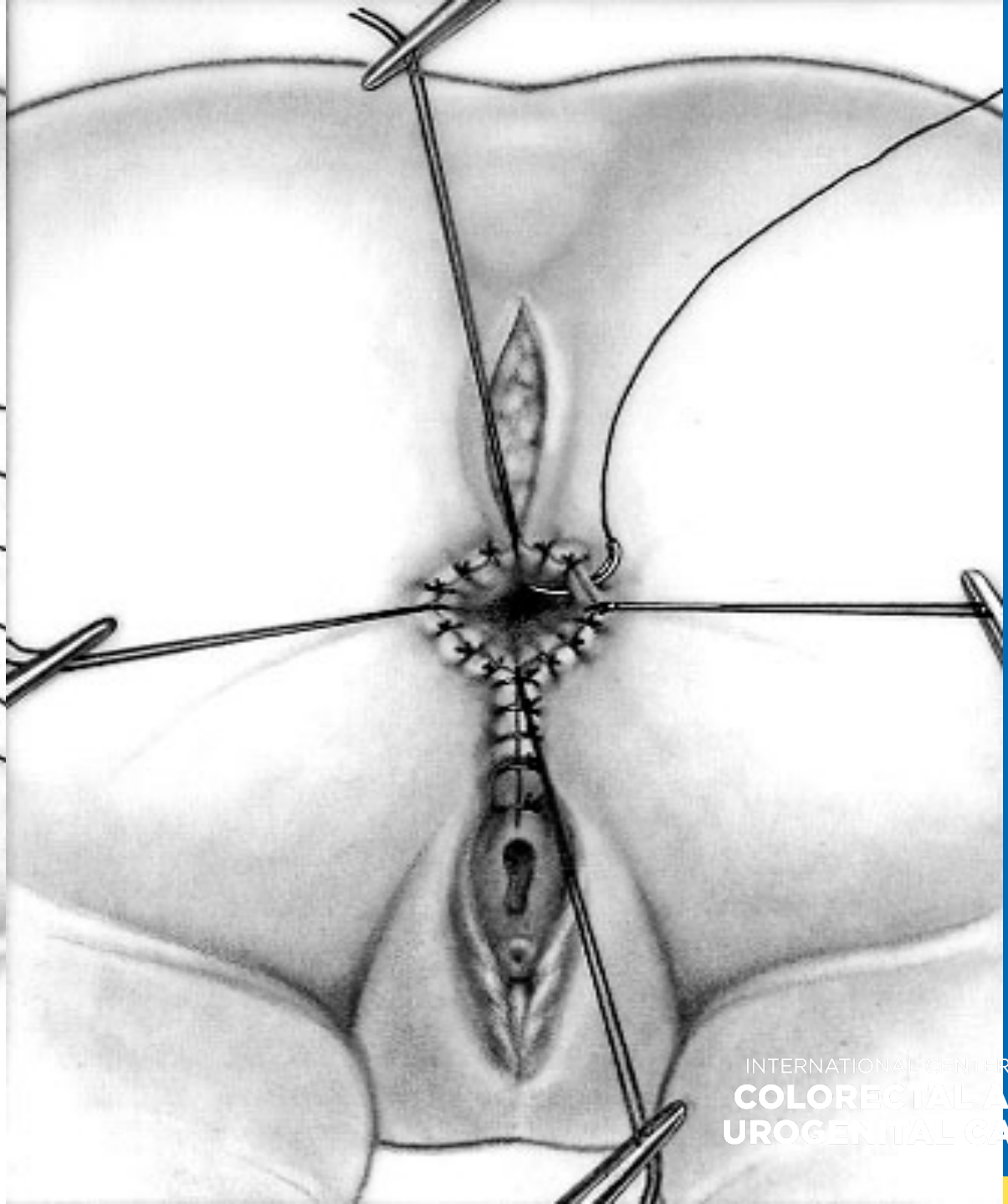
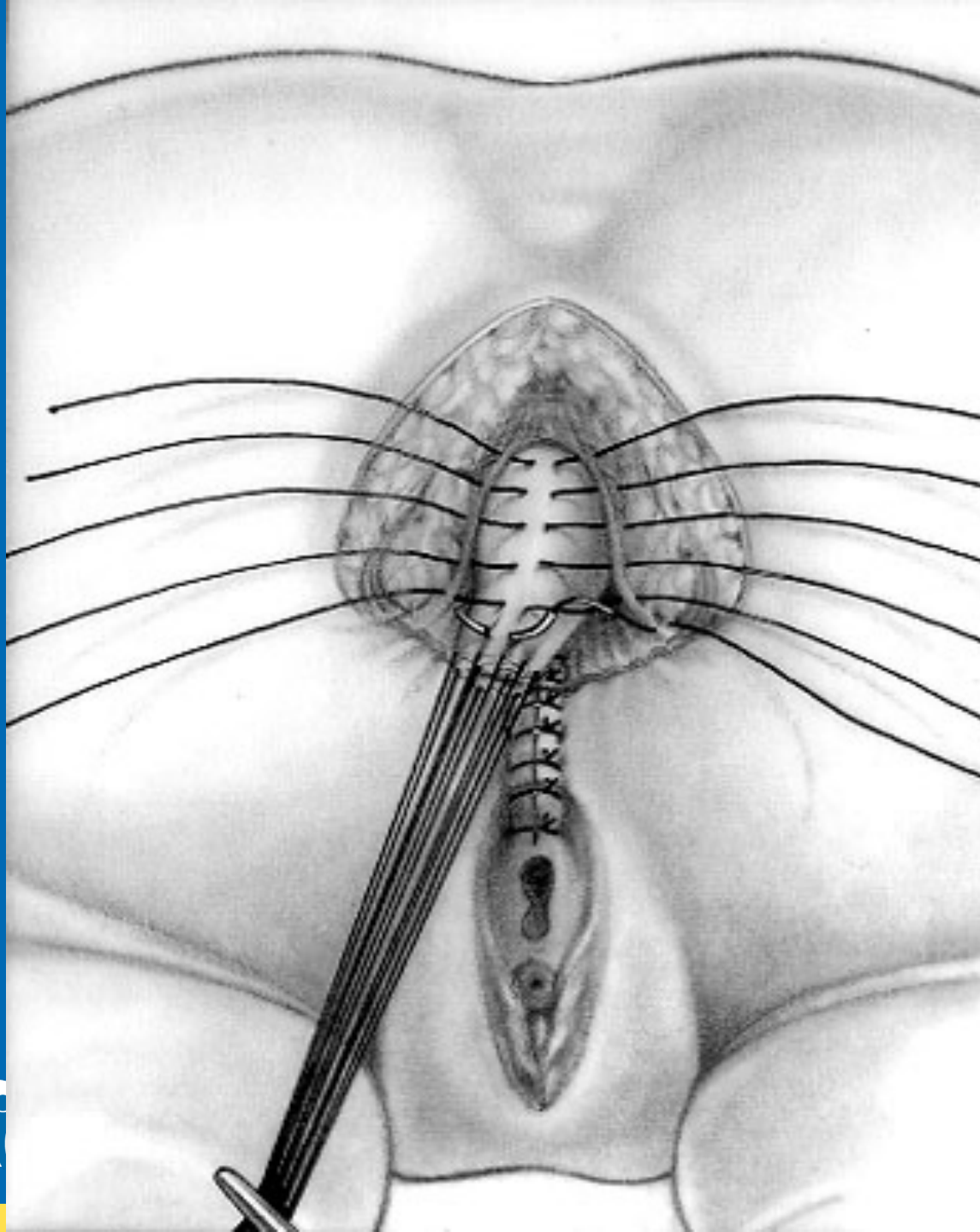
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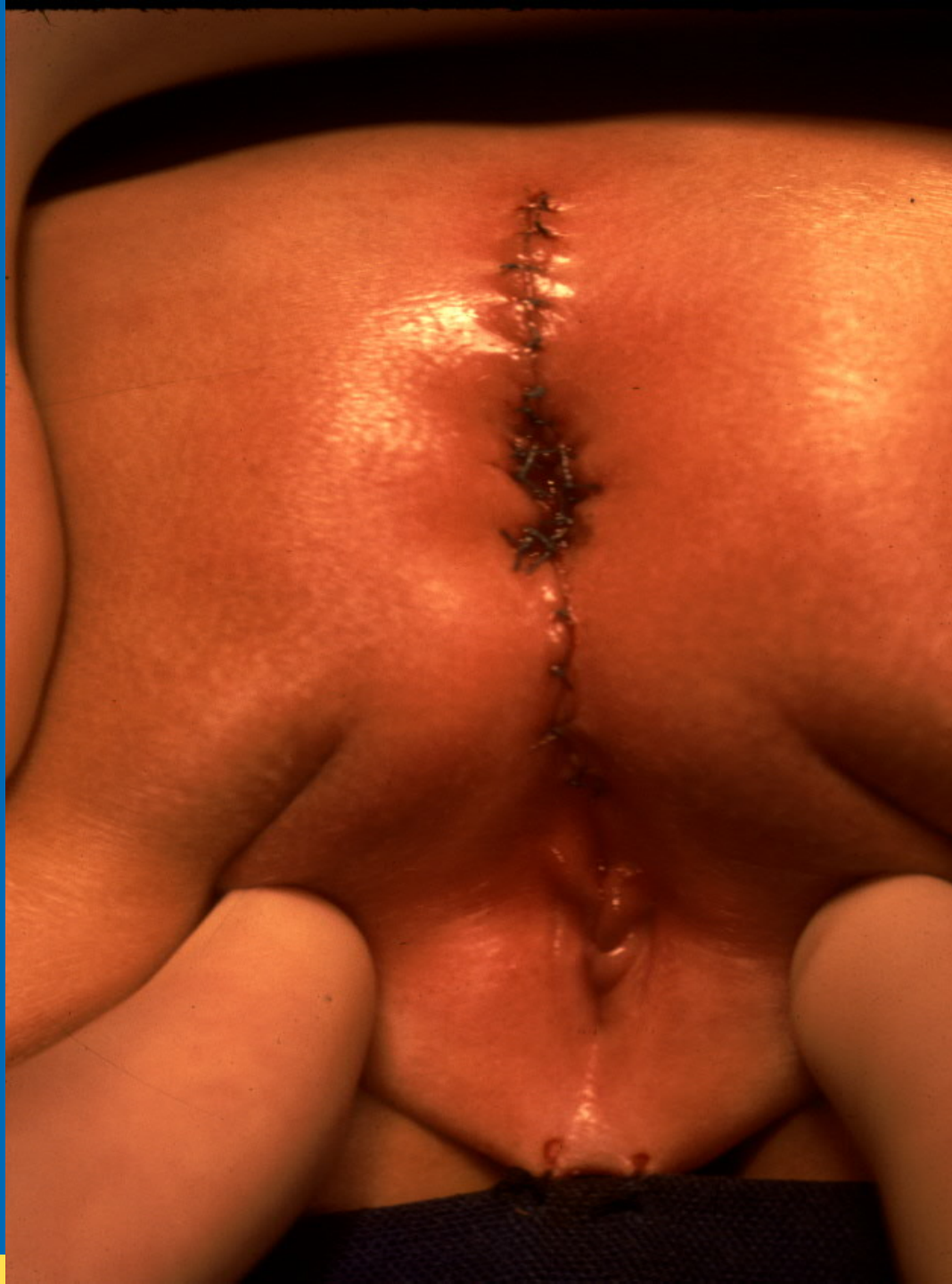
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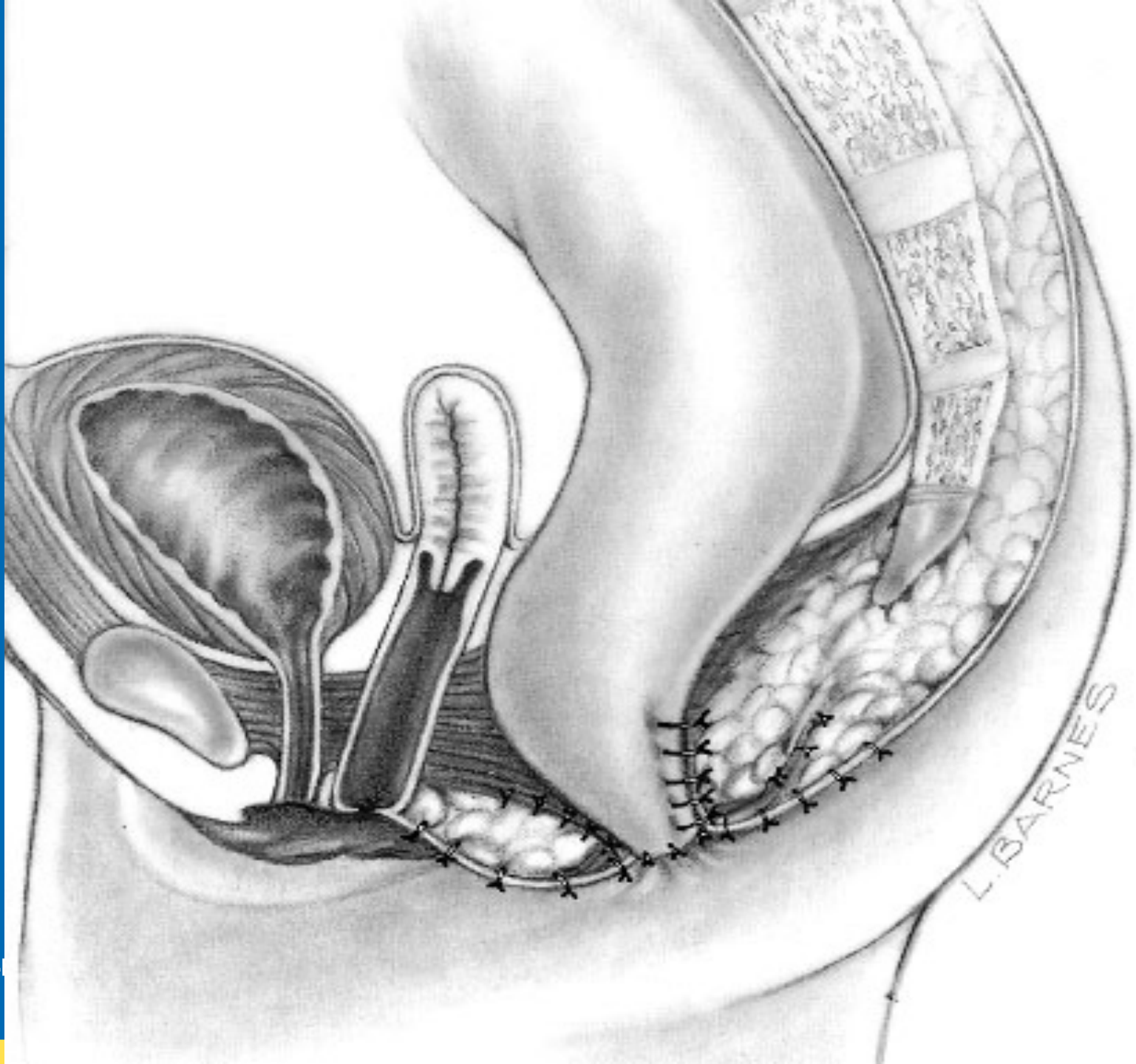
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The approximate frequency of associated defects in a patient with vestibular fistula:

- A. 5%
- B. 30%
- C. 50%
- D. 75%
- E. 100%



The chance for bowel control in a patient with vestibular fistula with a normal sacrum and a good operation is:

A. 5%

B. 25%

C. 75%

D. 95%



In a patient with vestibular fistula, the results in terms of bowel control are not different between a primary and redo operation:

A. True

B. False



The most important anatomic feature in a vestibular fistula is:

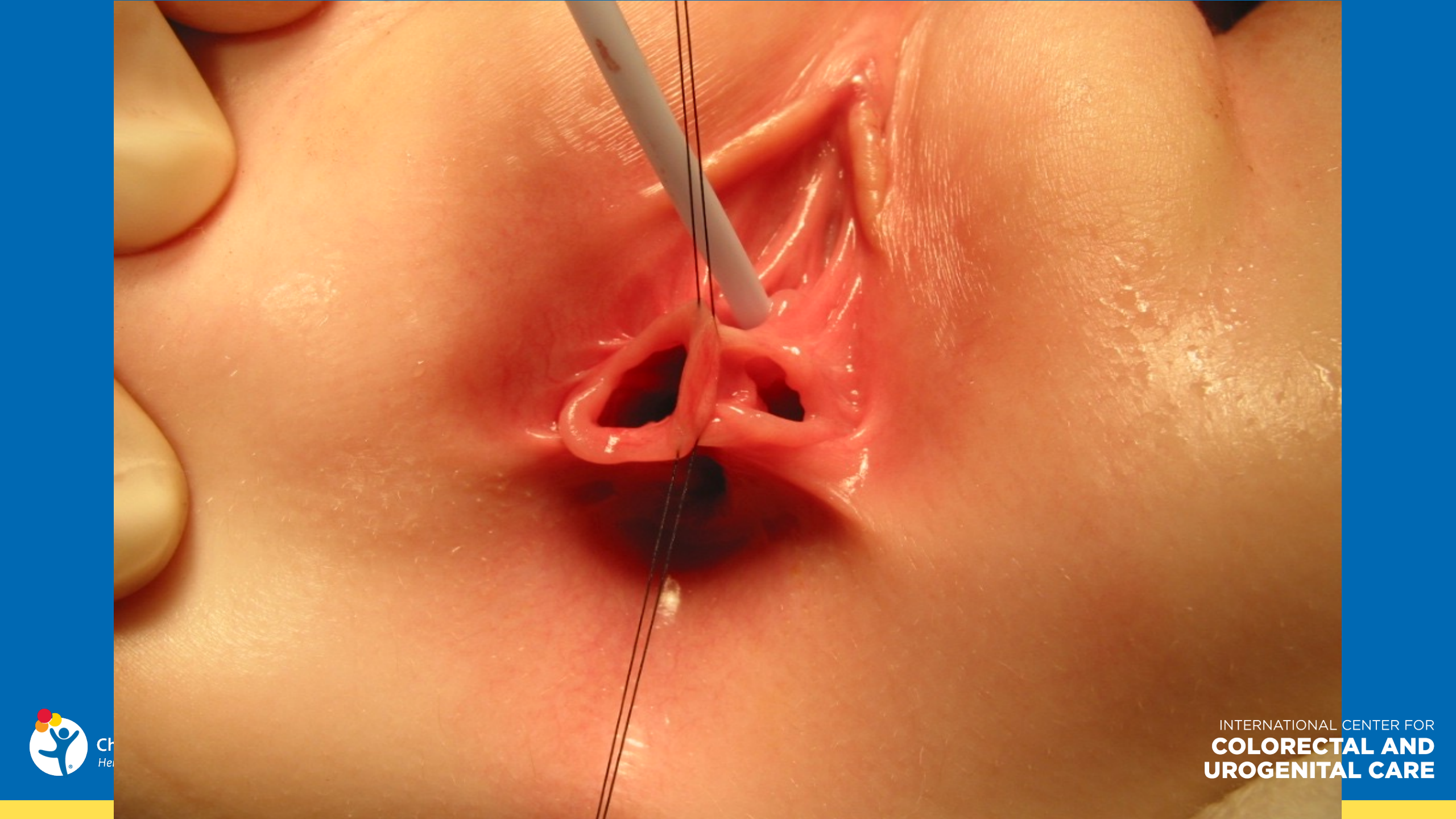
- A. The quality of the puborectalis muscle
- B. The length of the fistula
- C. The common wall between rectum and vagina
- D. The pubovaginalis muscle



An approximate frequency of hemivaginas in a patient with vestibular fistula is:

- A. 0%
- B. 5 %
- C. 15%
- D. 25%
- E. 75%





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The most common reason for a reoperation in females with perineal or vestibular fistula:

- A. Dehiscence of the perineal body
- B. Recurrent fistula
- C. Prolapse
- D. Narrow introitus
- E. Options A and B



A baby is born with a vestibular fistula. What would you do?

A. Colostomy

B. Dilations of the fistula

C. Newborn repair



Now that you are an expert in vestibular fistula, your colleague invites you to operate on a case with him/her.

Upon examining the patient you find the following anatomy:



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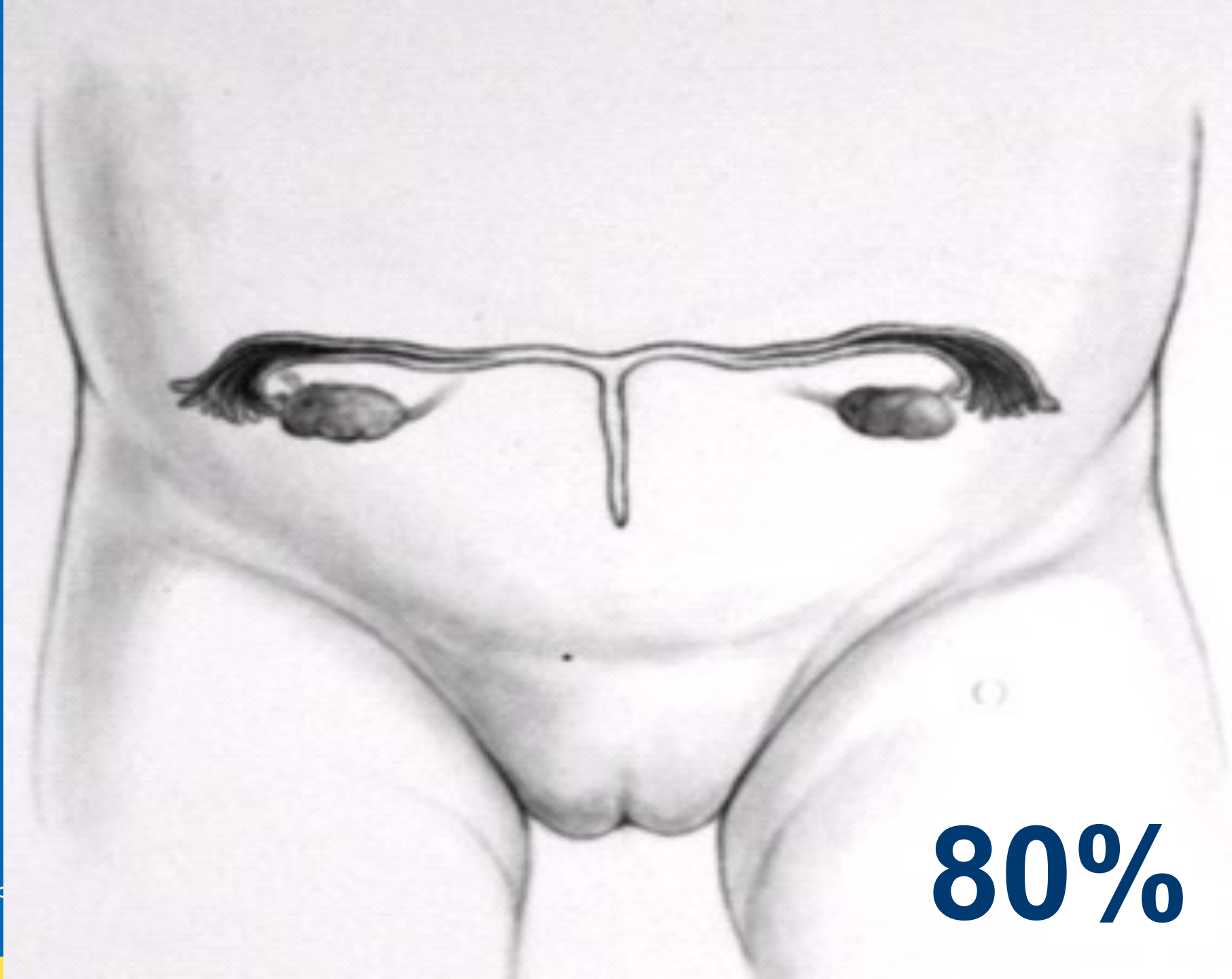
What is the diagnosis?

- A. Normal anatomy
- B. H type fistula with absent perineal body
- C. Cloaca
- D. Vestibular fistula with absent vagina
- E. Ambiguous genitalia



Vestibular fistula with absent vagina

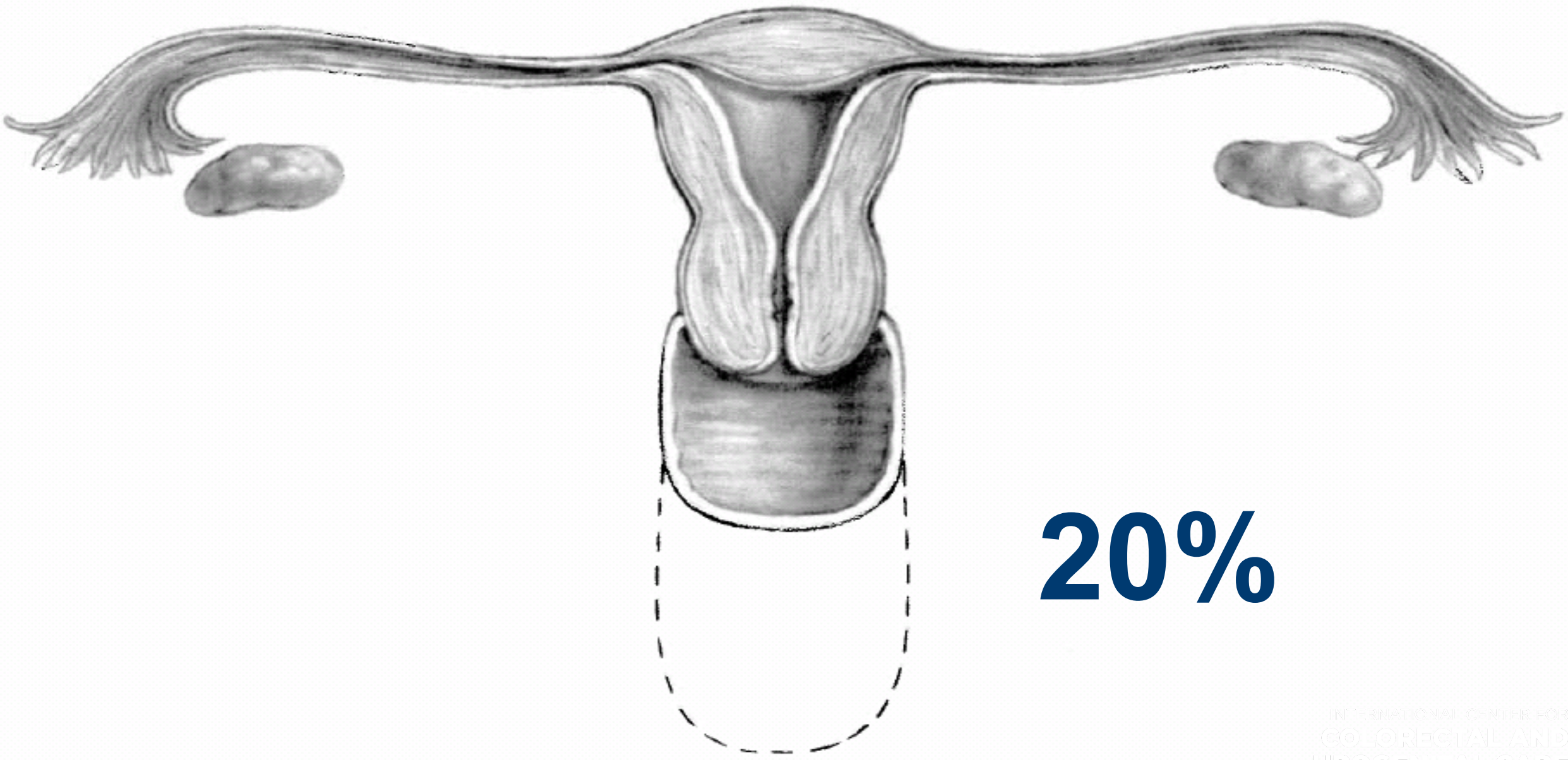




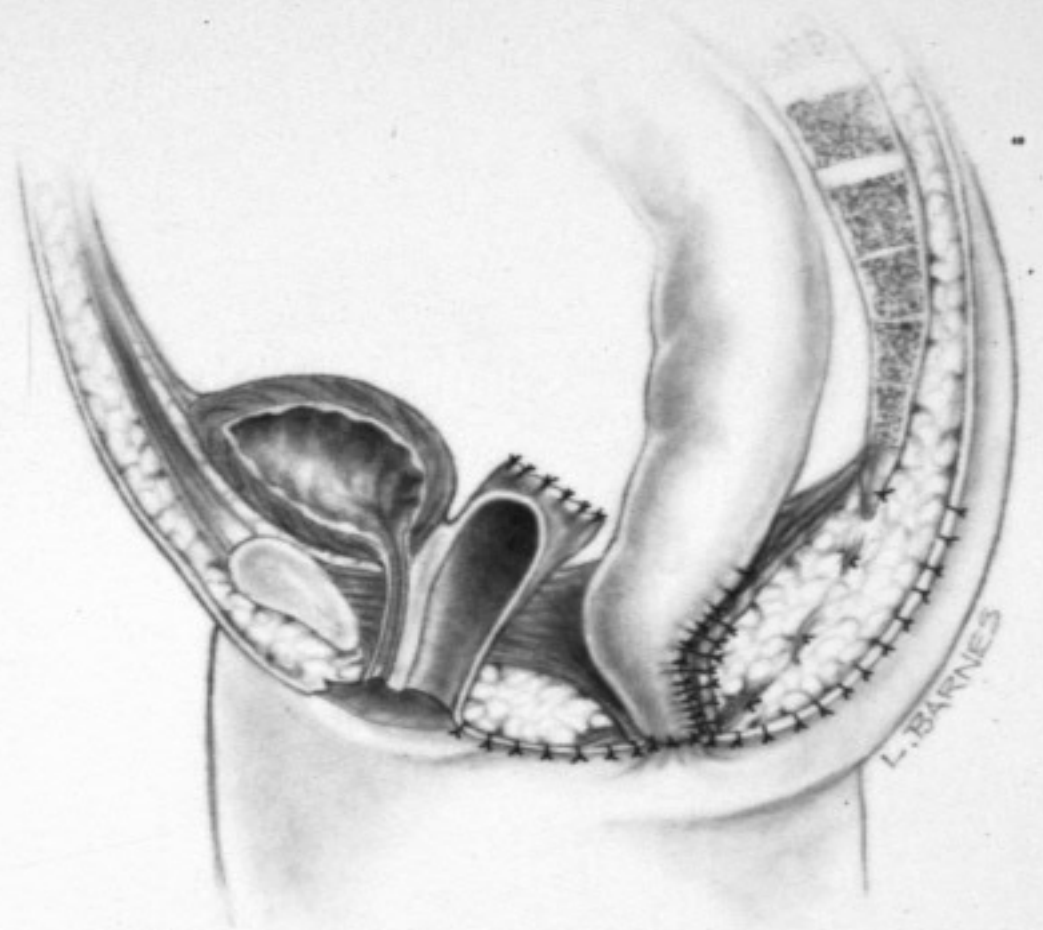
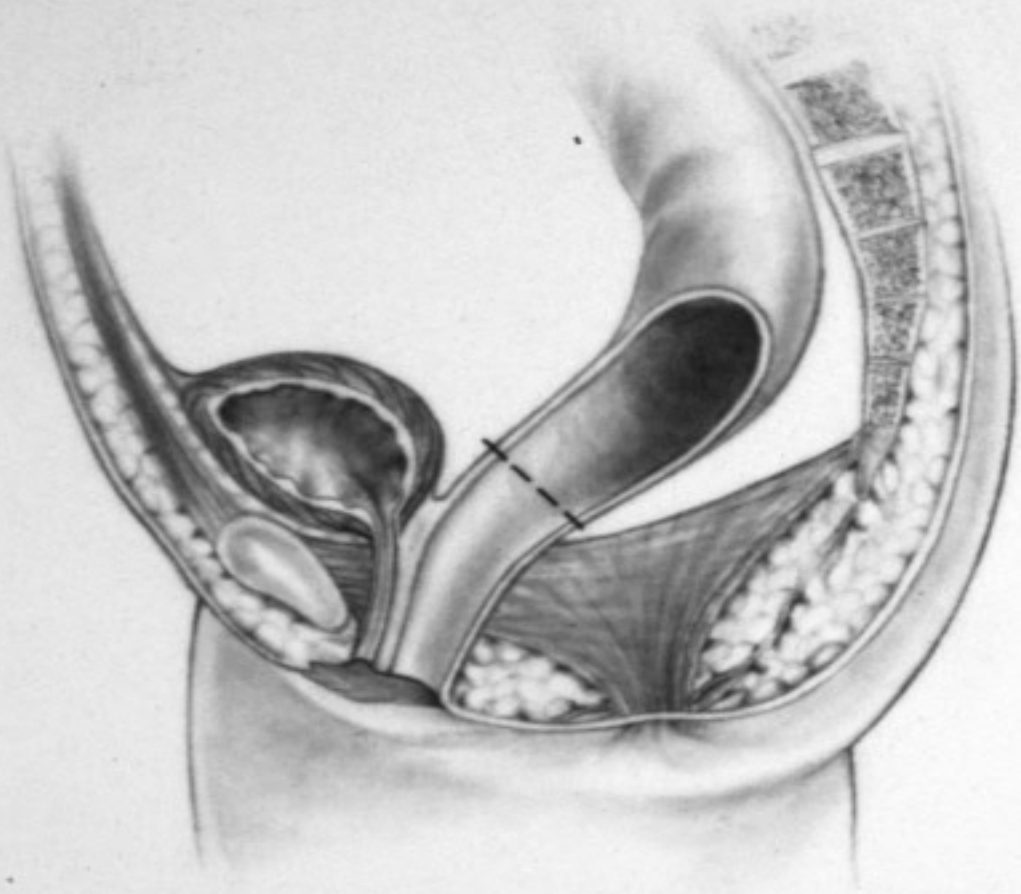
80%



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20%



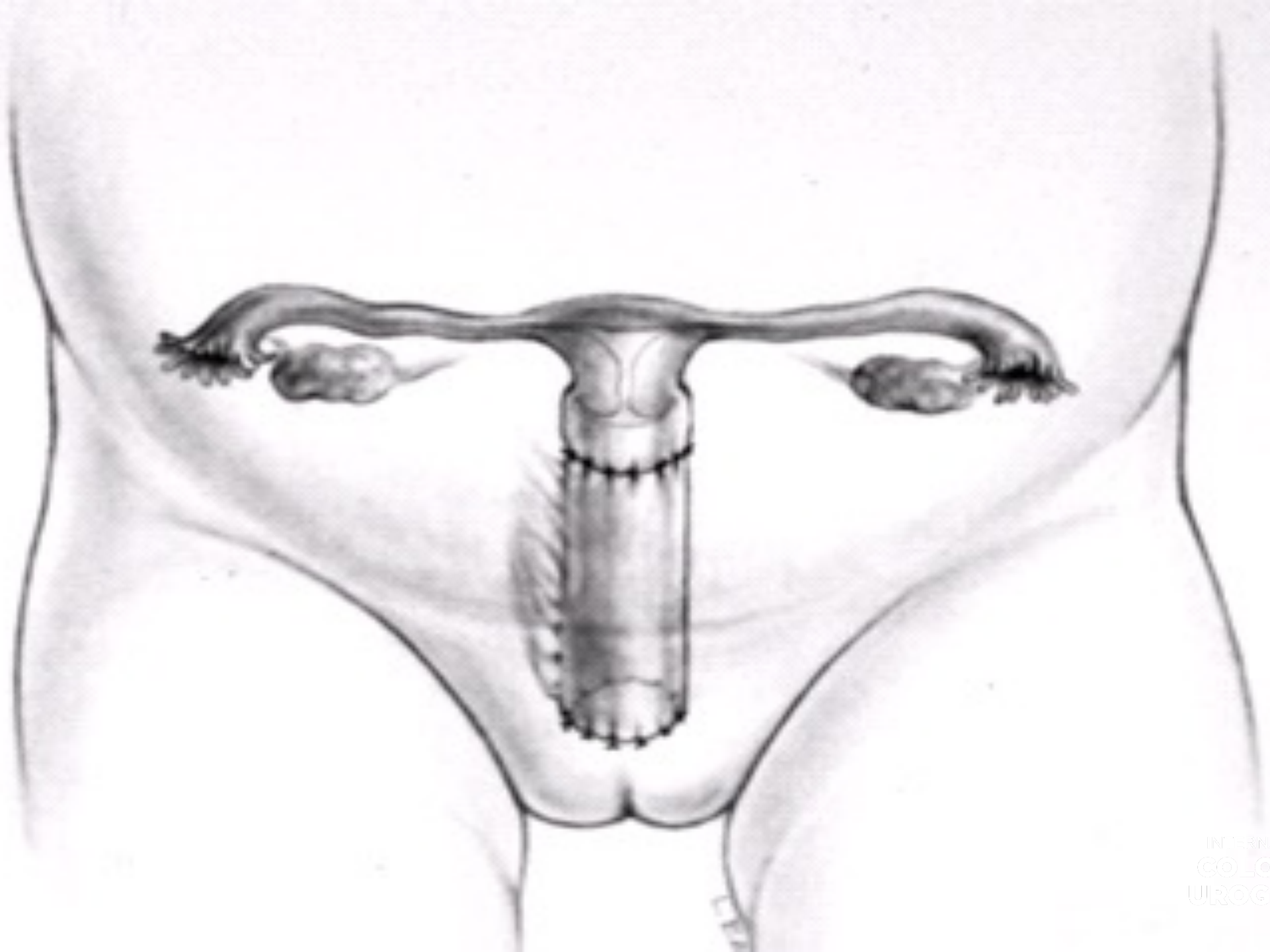
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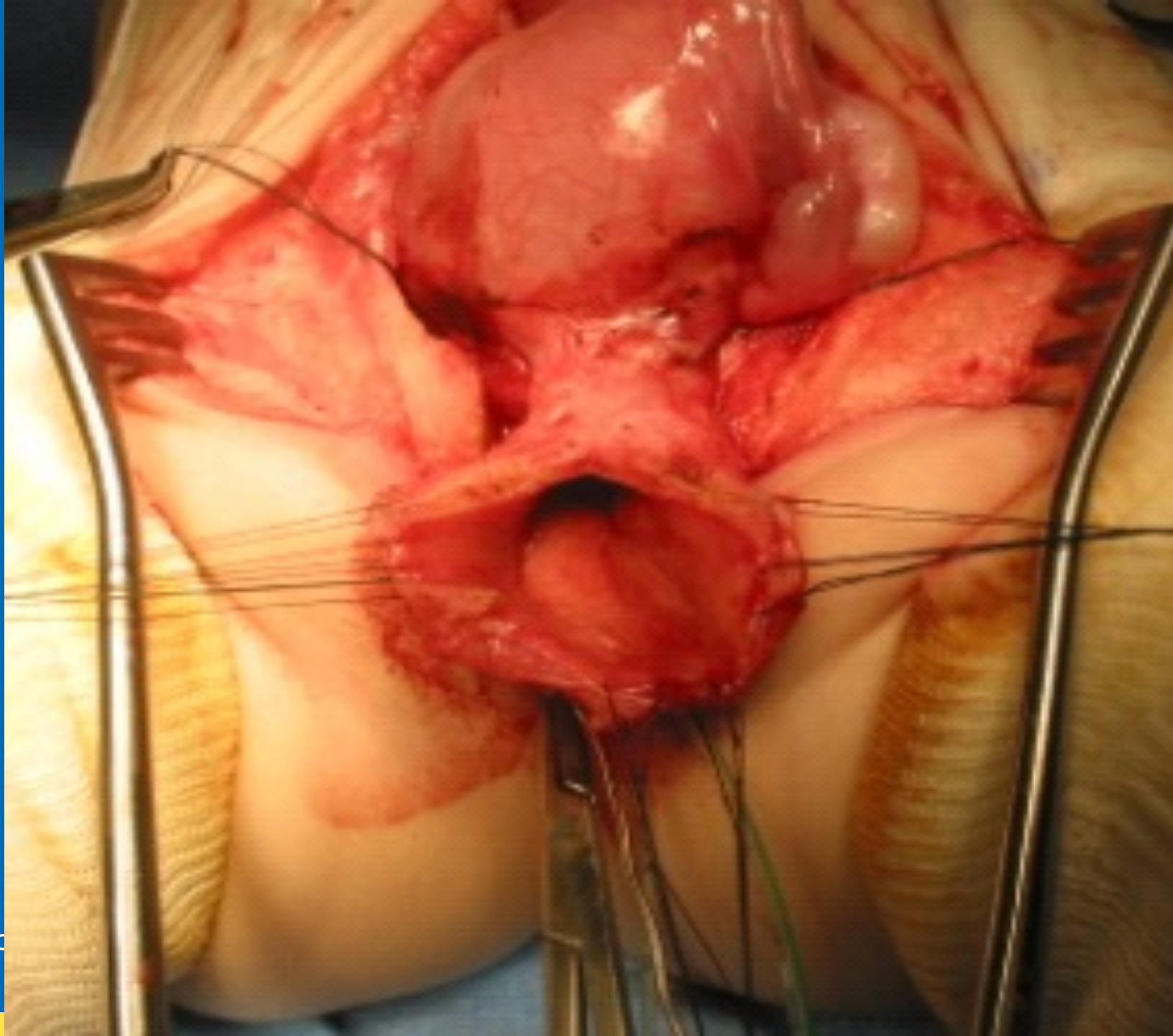
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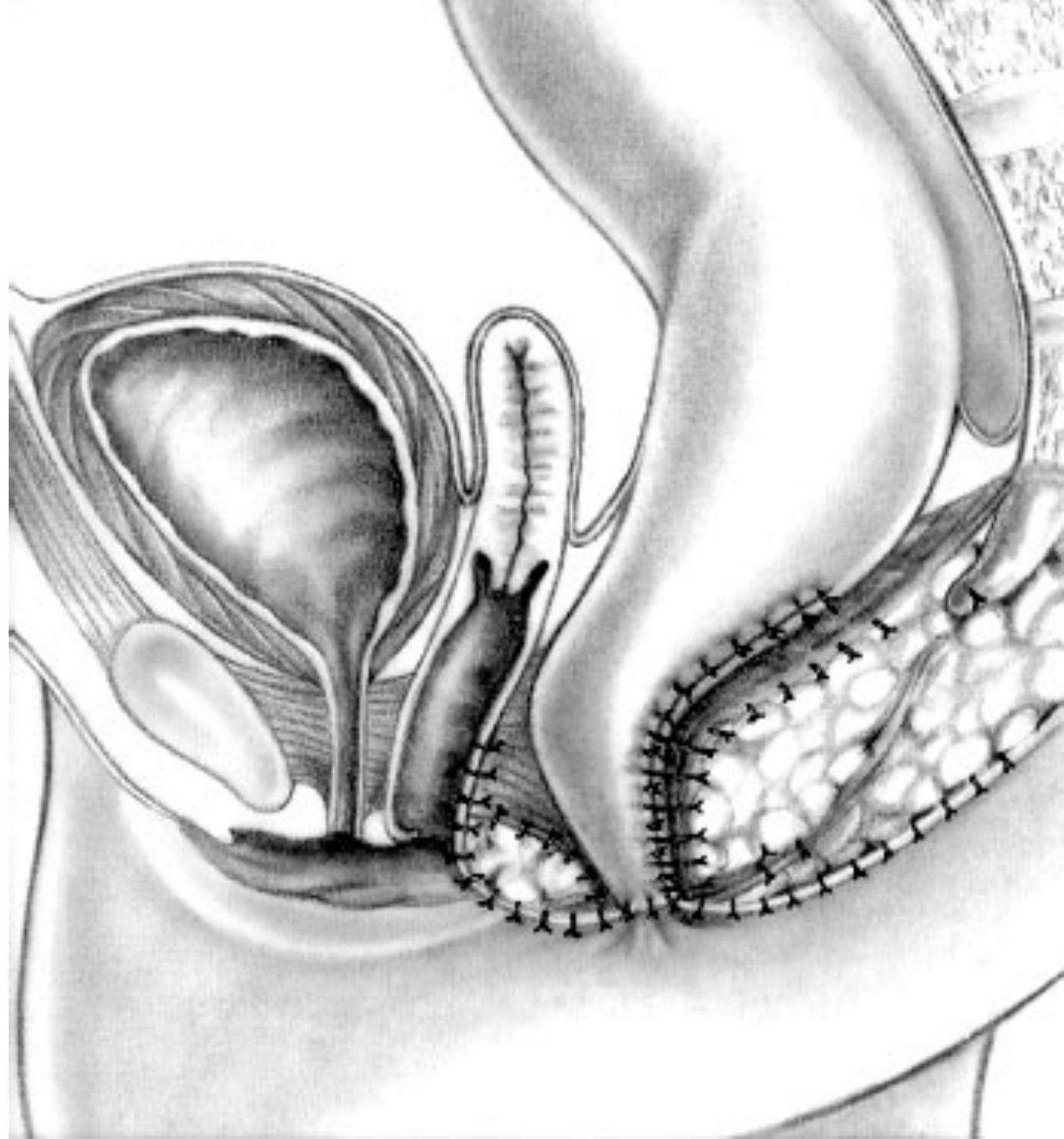
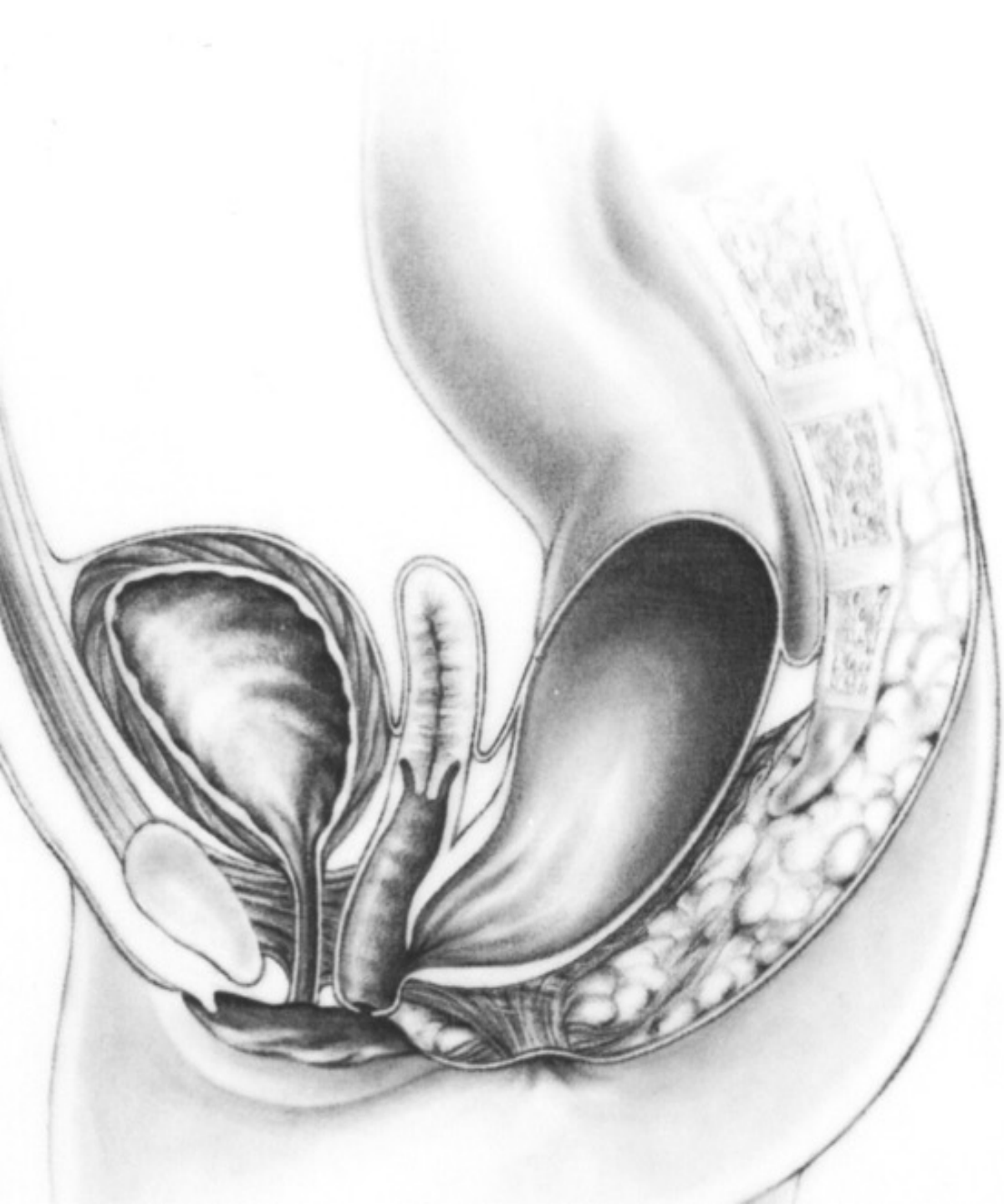
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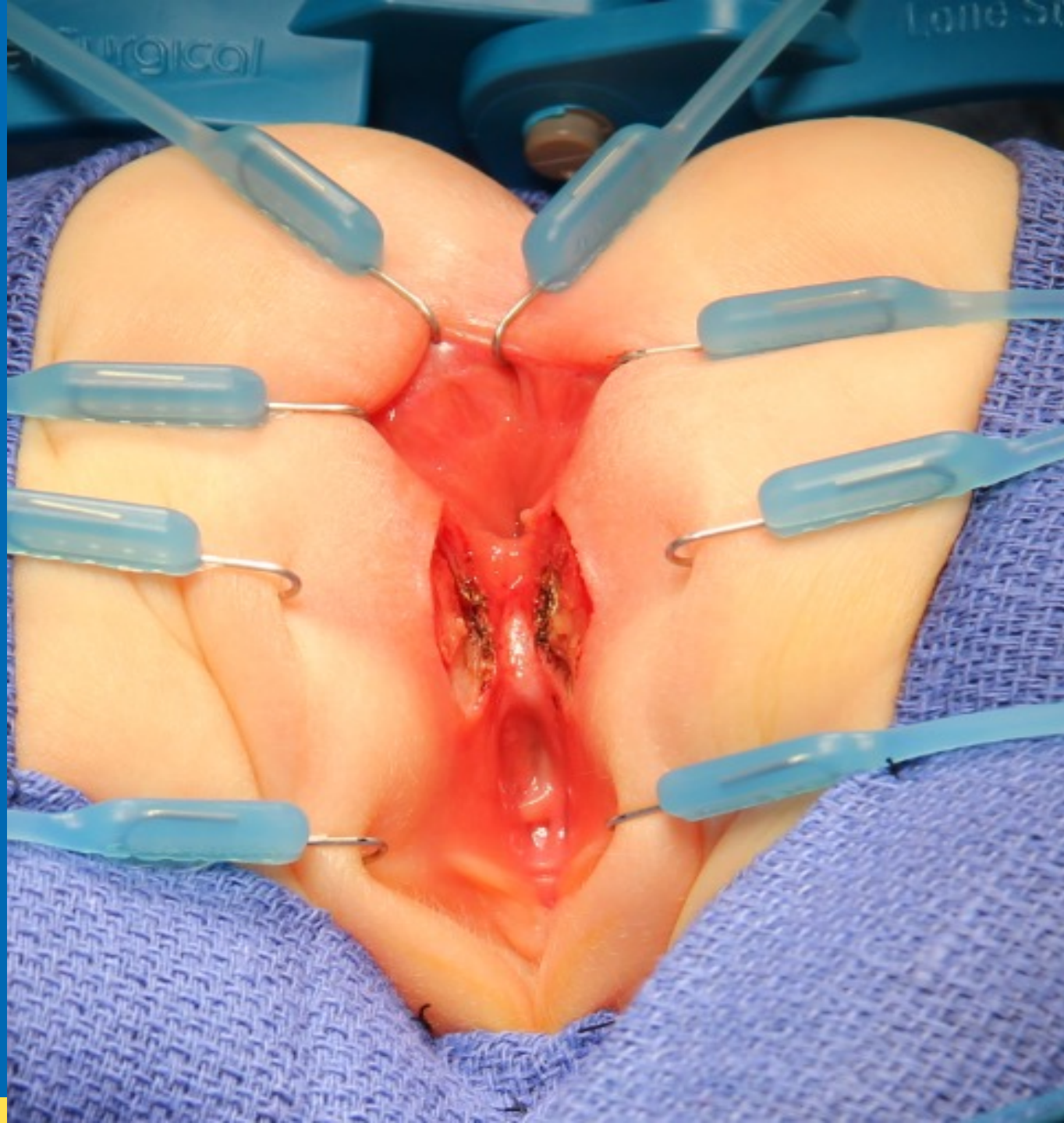
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What is your diagnosis?

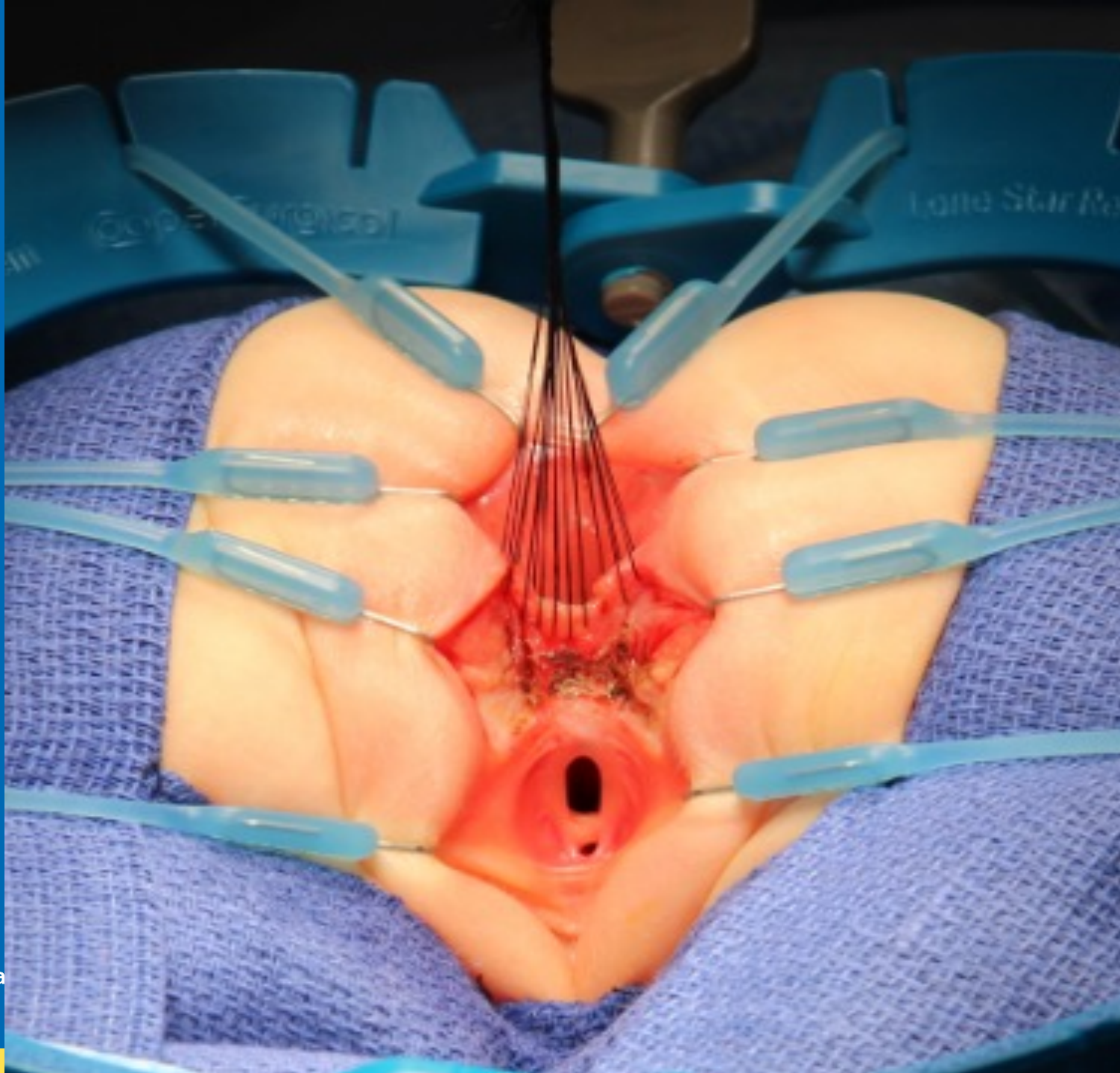
- A. Recto-vaginal fistula with normal anus
- B. Recto-vestibular fistula with normal anus
- C. H type fistula
- D. I don't know





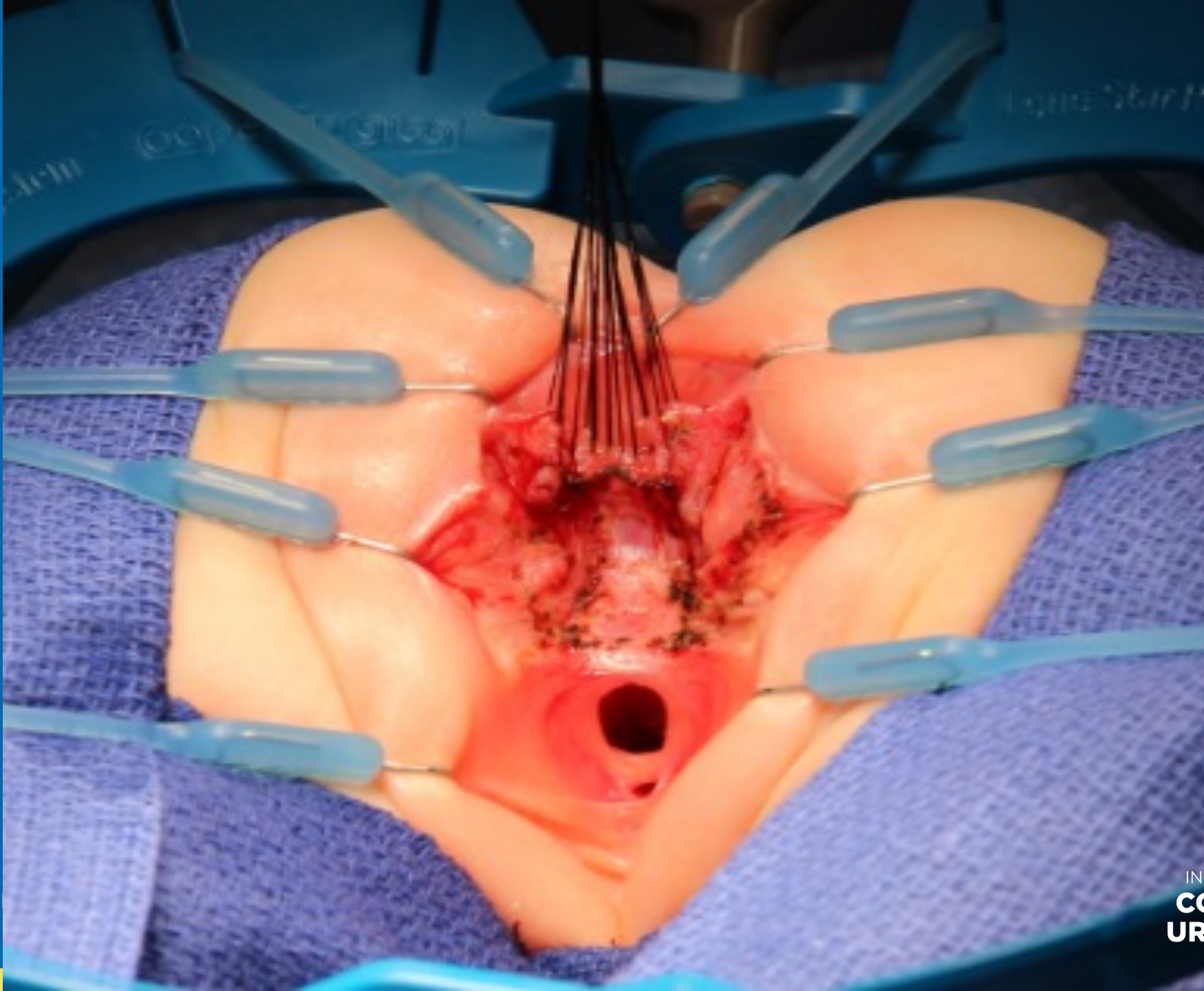
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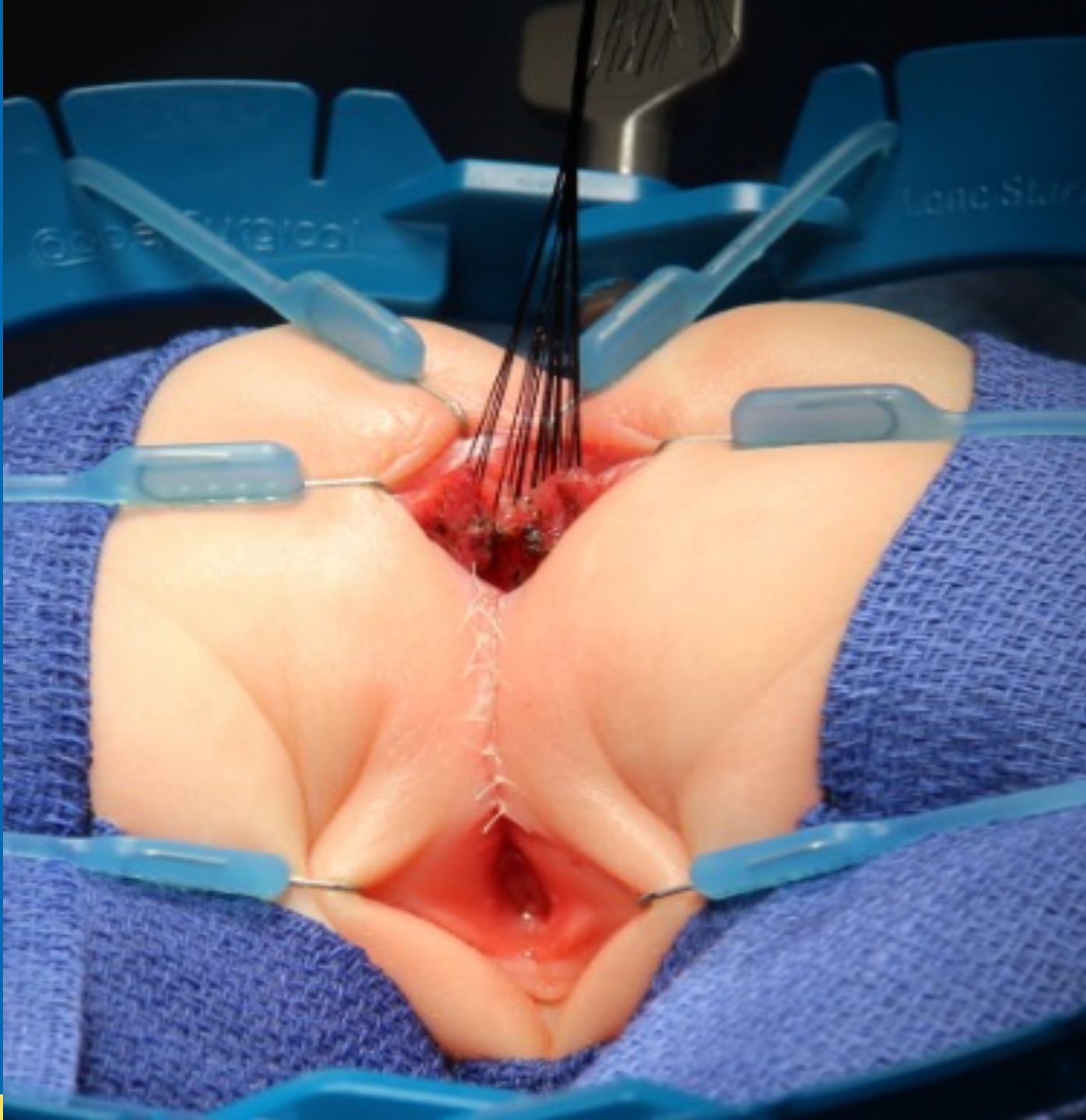
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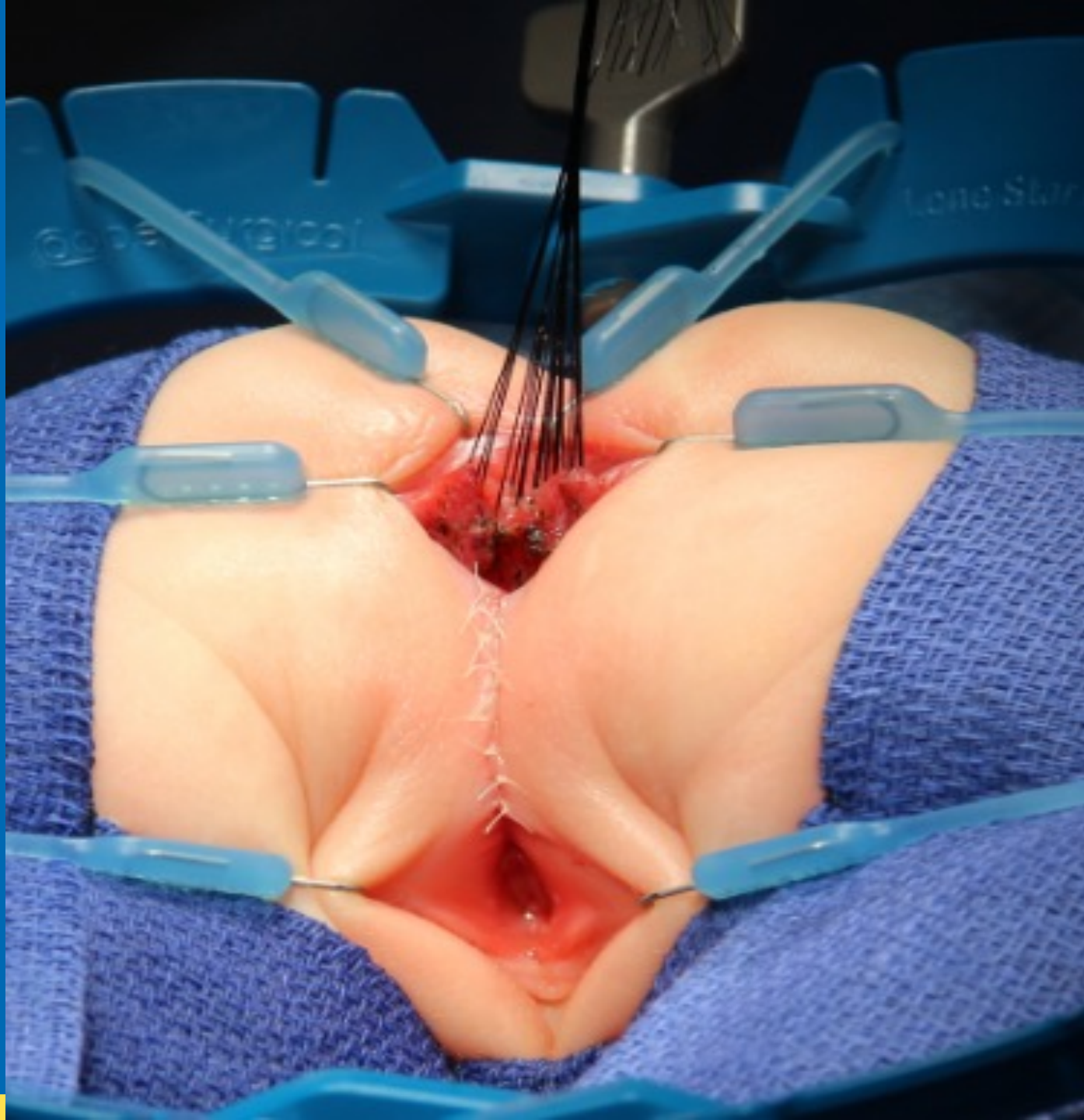
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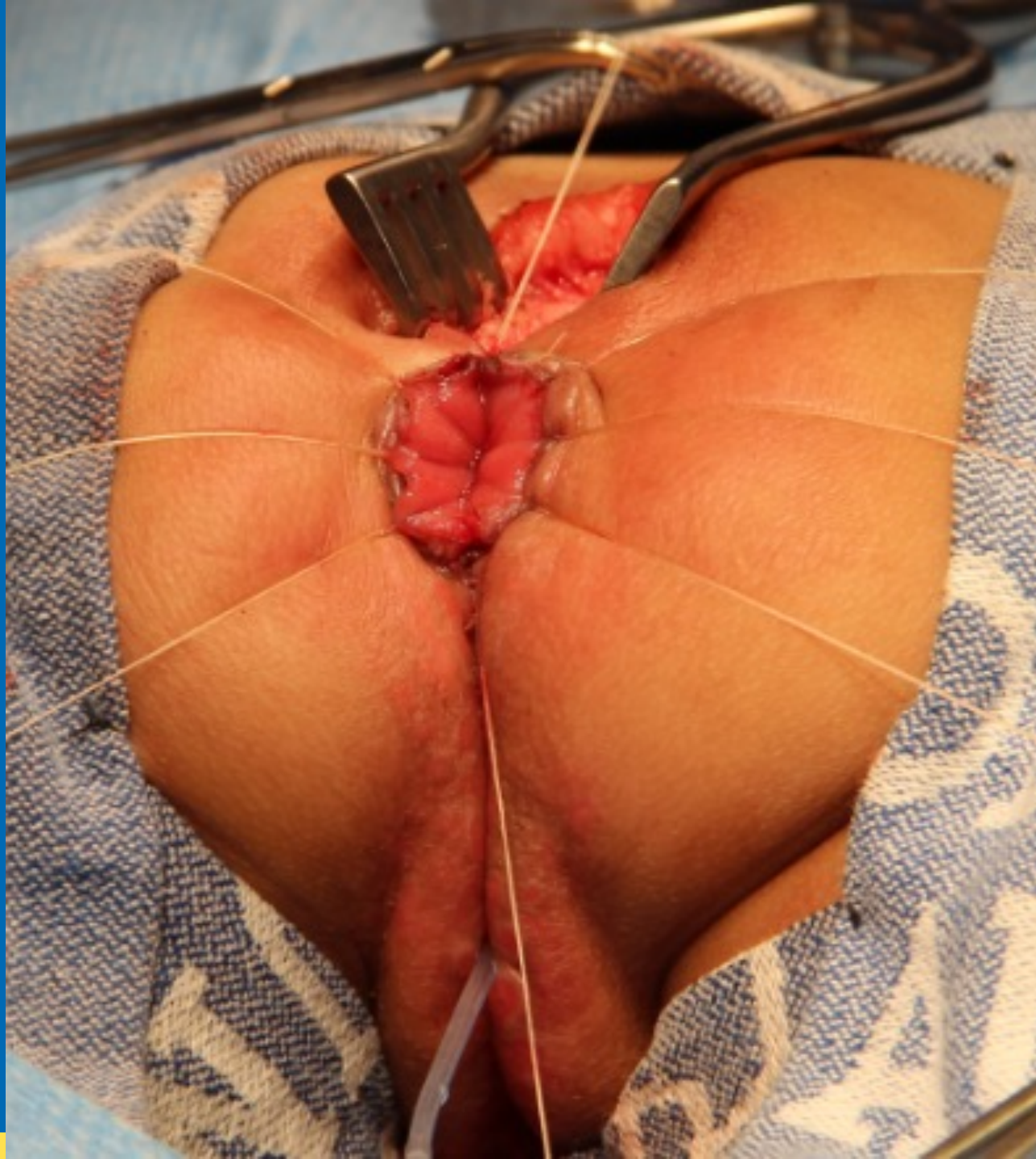
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Reoperations

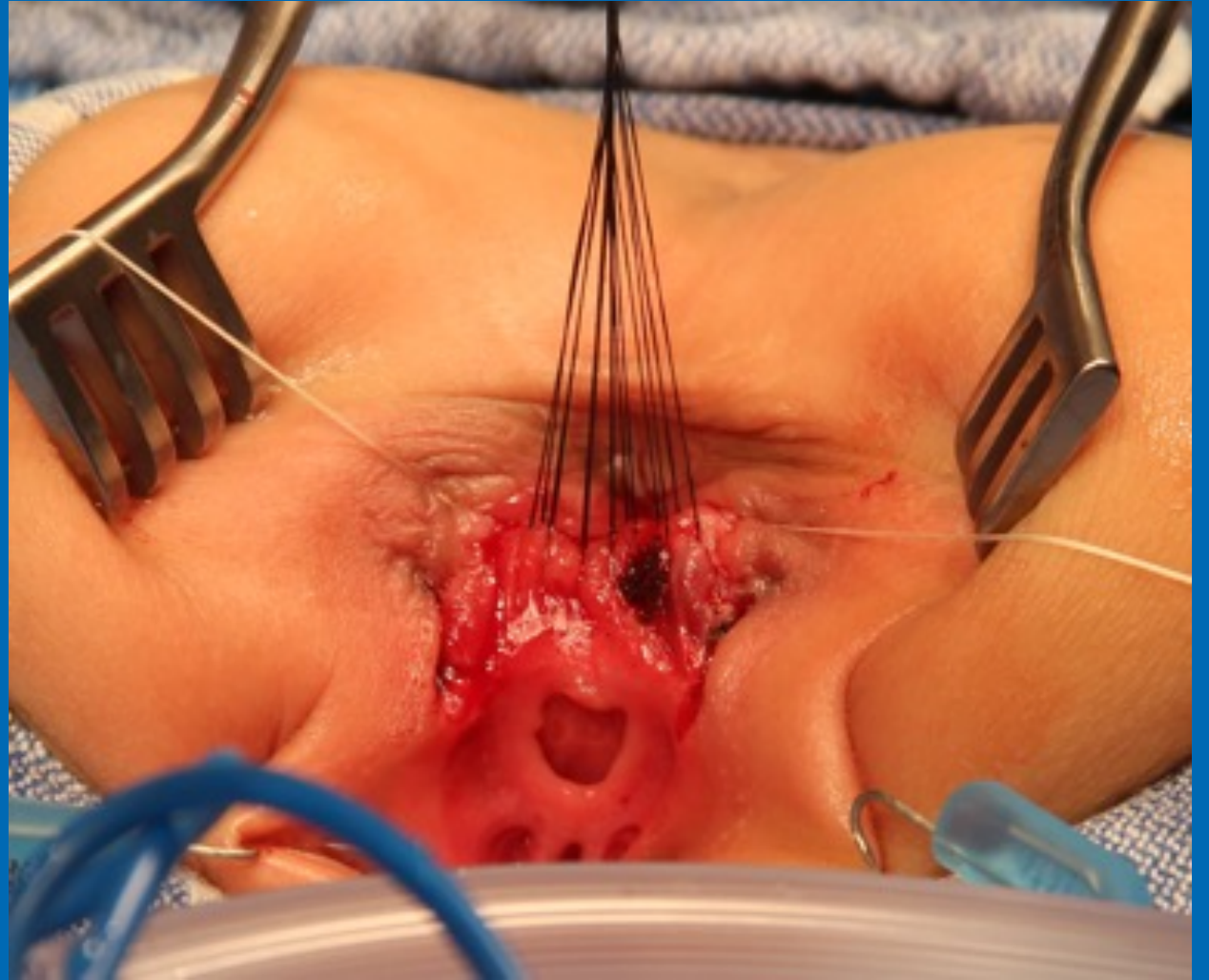
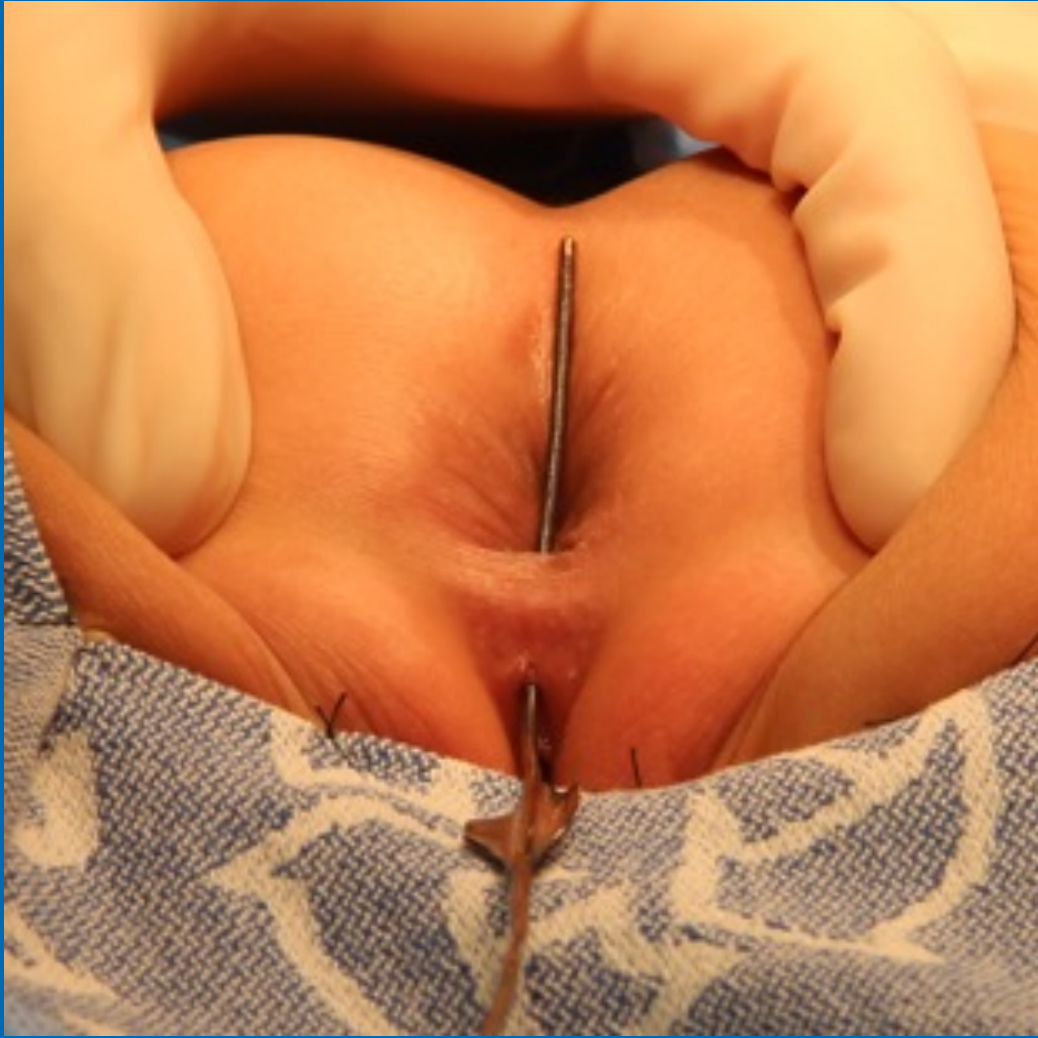


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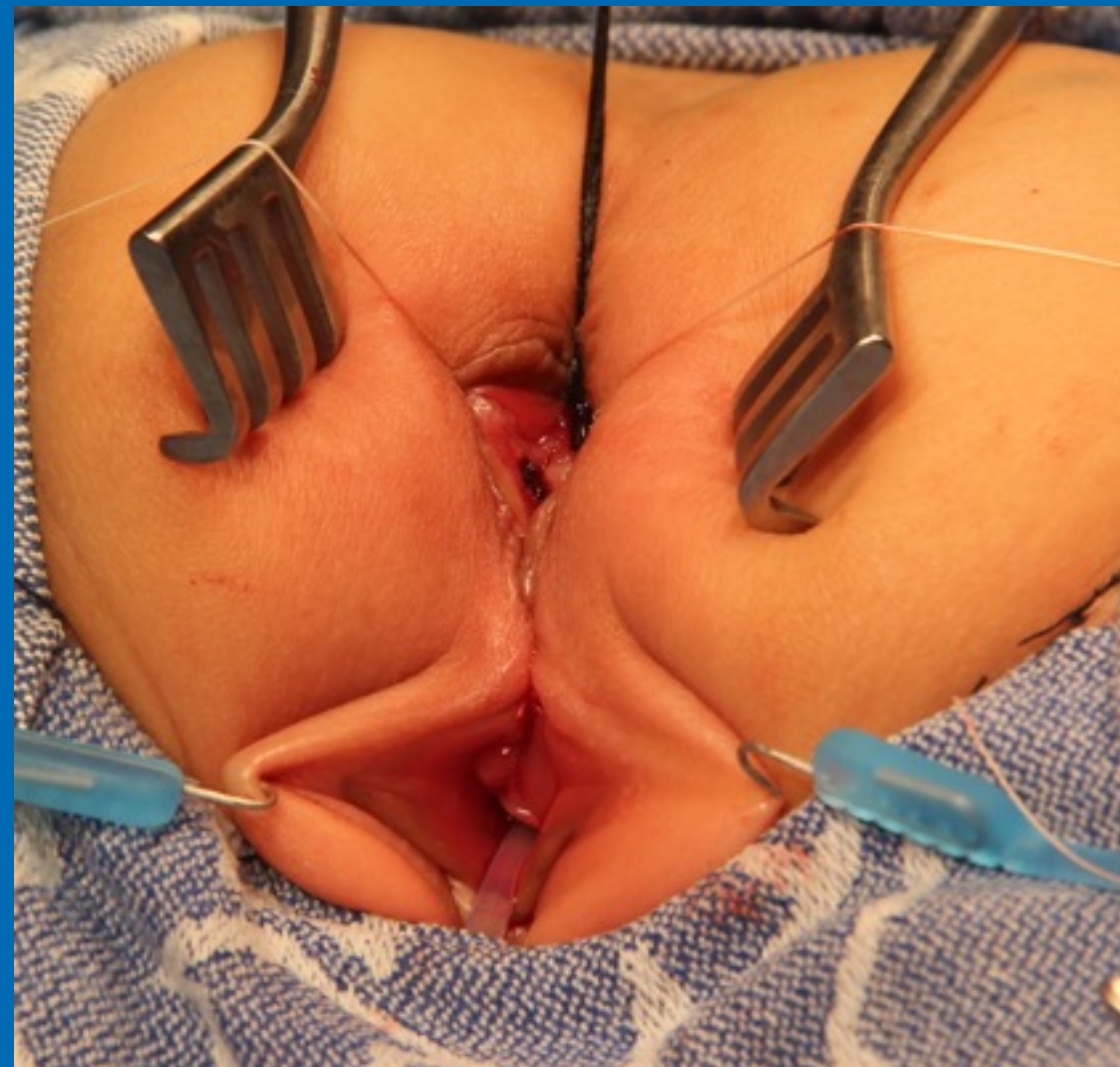
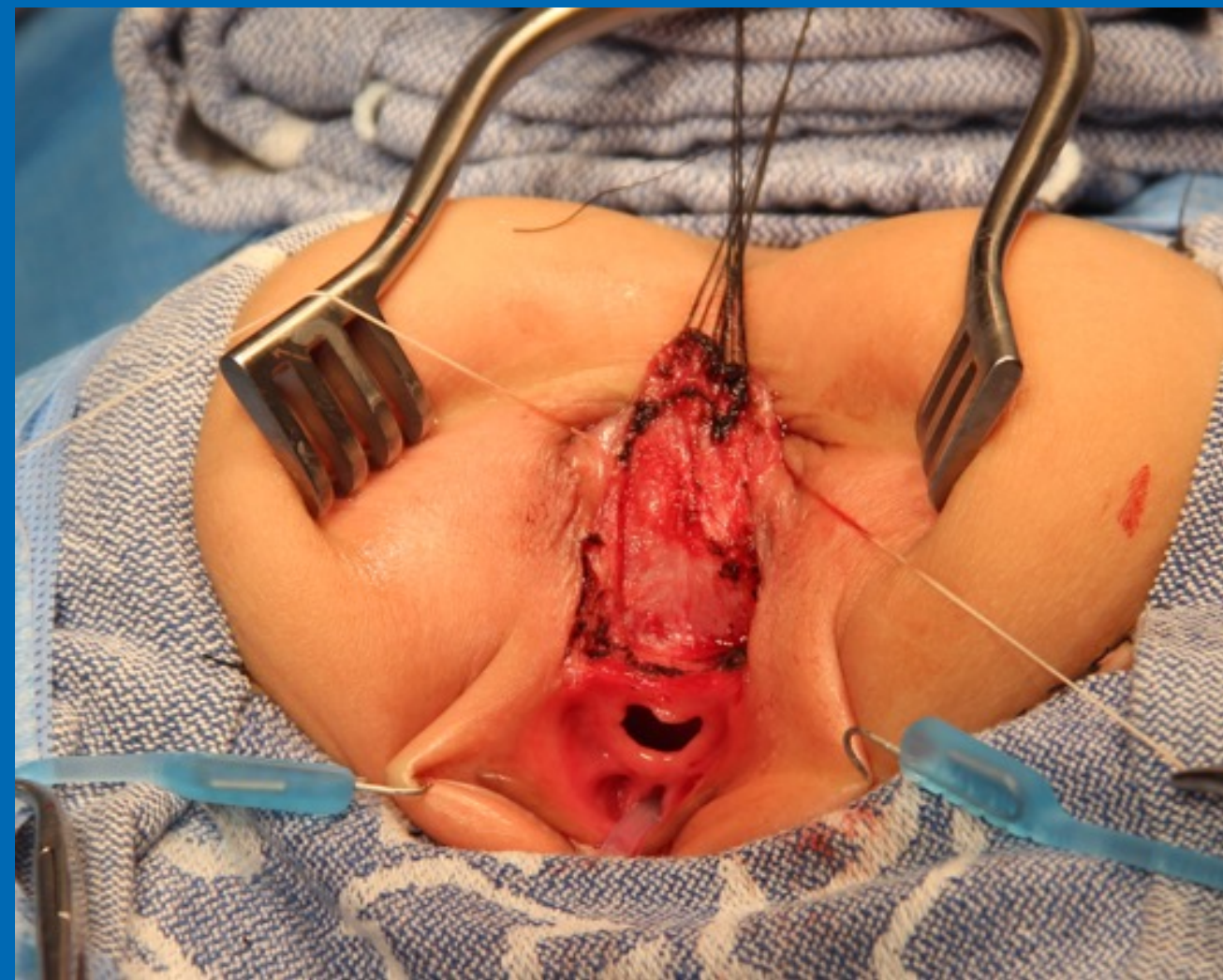
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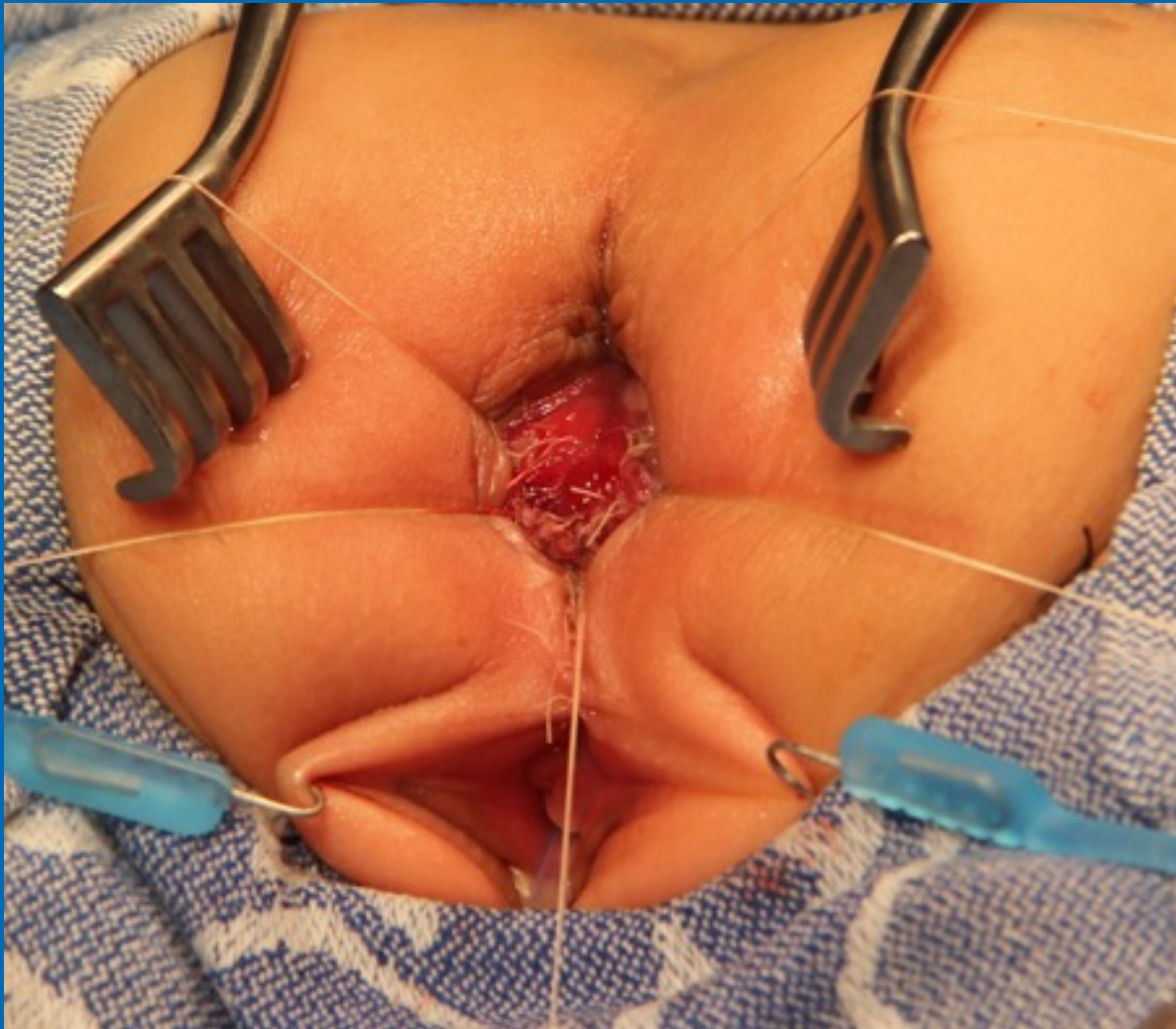
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TEST!



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A case of a perineal fistula ...



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What is your diagnosis?

- A. Perineal fistula
- B. Posterior sinus
- C. Rectal duplication
- D. I don't know





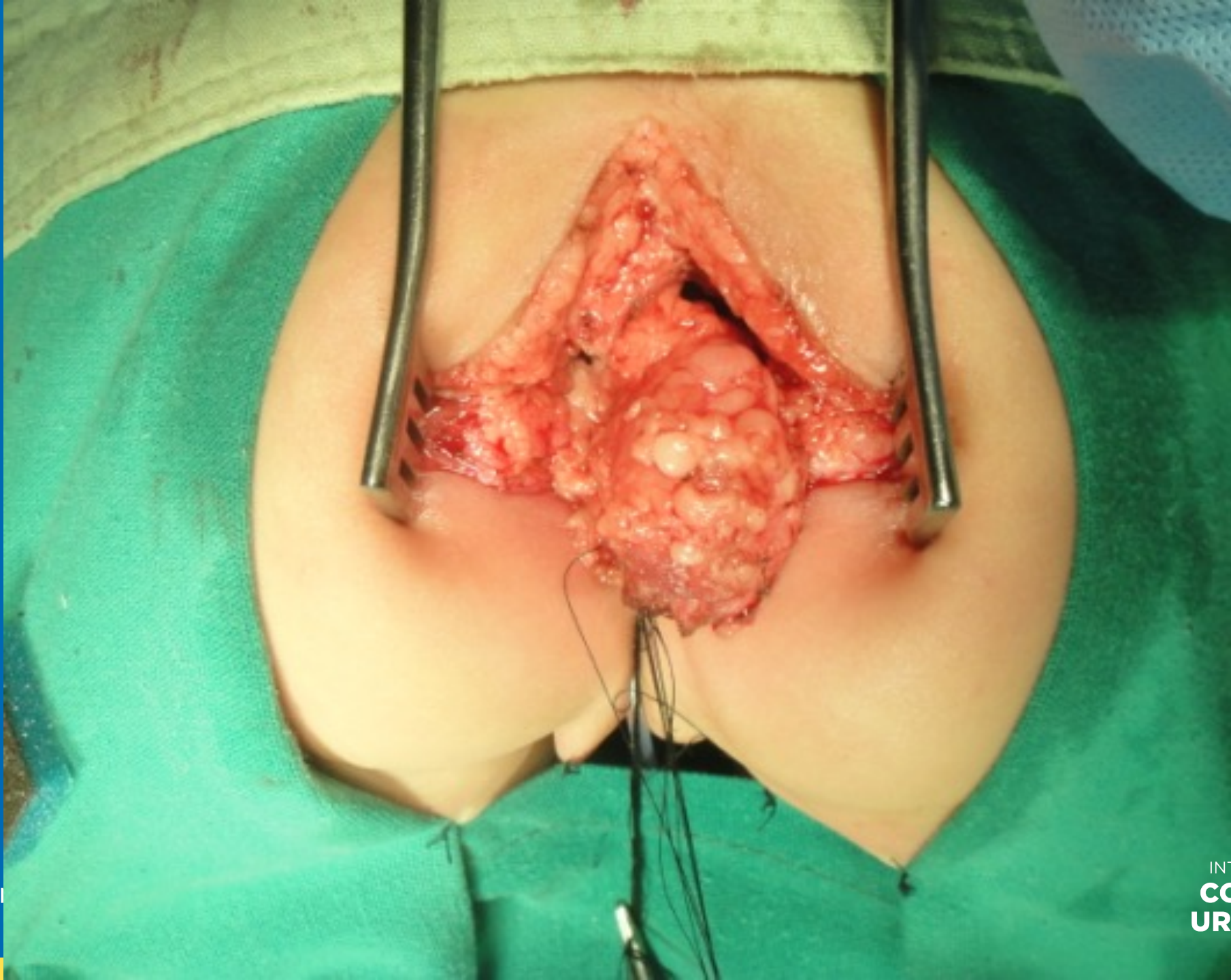
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With that sacral x-ray what do you worry about?

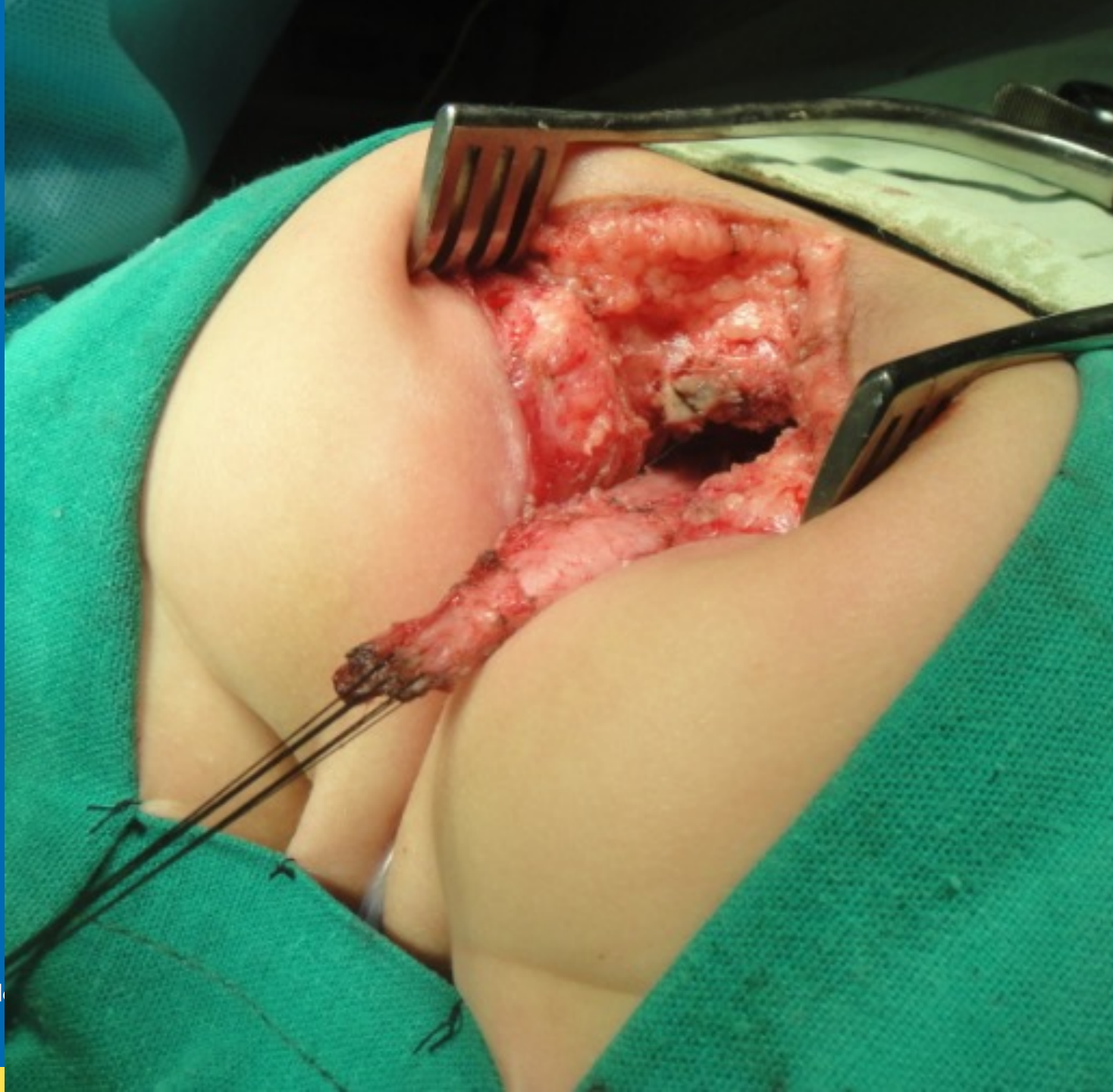
- A. Nothing
- B. Patient has a rectal duplication
- C. Patient has an anterior meningocele
- D. Patient should not be operated
- E. Patient has a presacral mass
- F. I don't know





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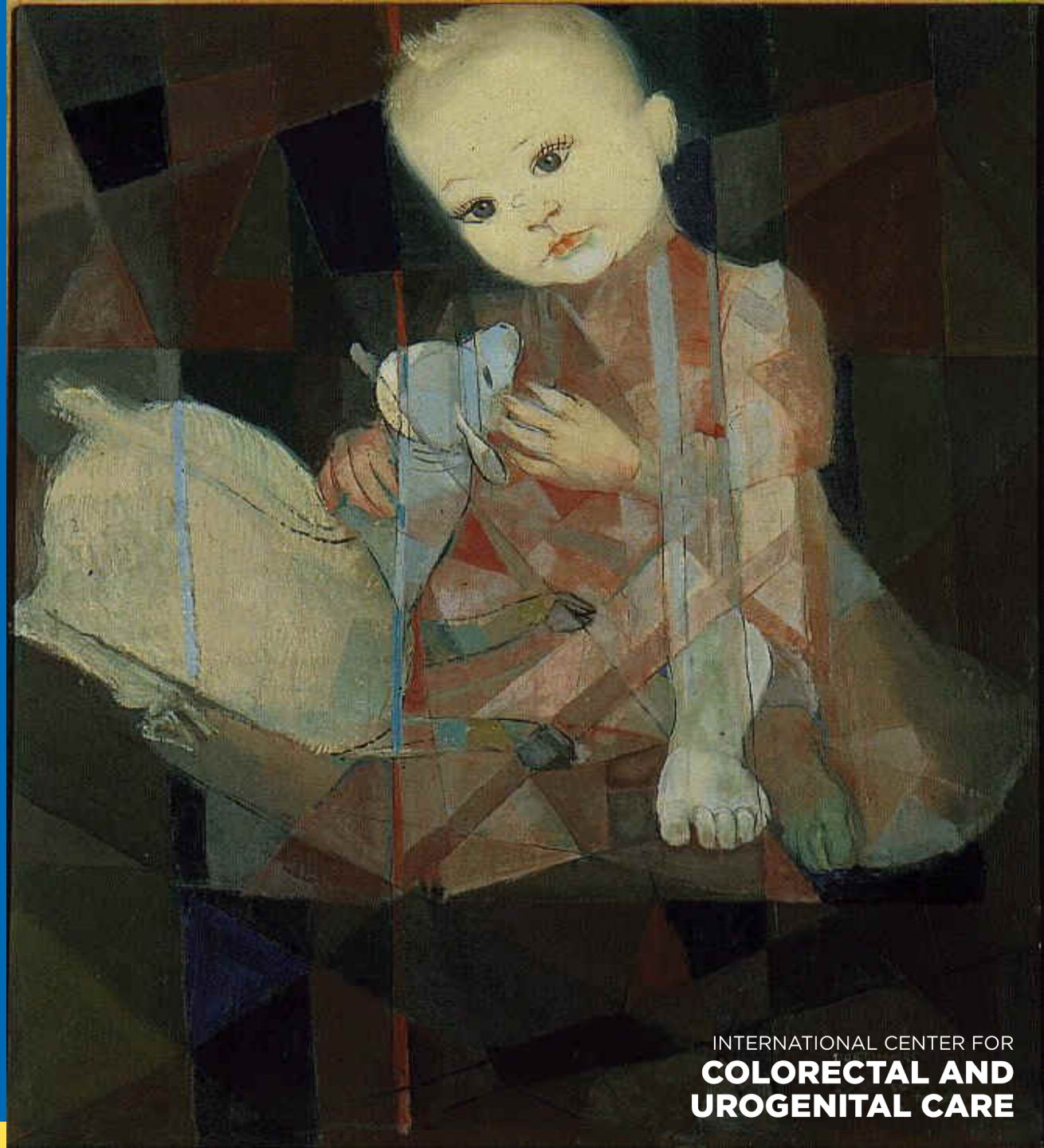
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