

Case # 1

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**COLORECTAL AND
UROGENITAL CARE**



- 3 yo male patient born with a sacrococcygeal teratoma s/p combined laparoscopic/posterior resection at birth with loop colostomy presents with complaint of abdominal and pelvic pain



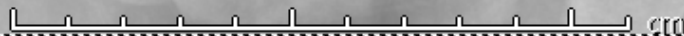
- PMHx
 - Bilateral hydronephrosis
 - Strictured vesicostomy
 - Recurrent episodes of pyelonephritis
 - Stroke
 - Congenital R hip dislocation with avascular necrosis



What would you do next?

1. Obtain tumor markers
2. X-ray the abdomen
3. Do MRI of pelvis
4. Exam under anesthesia
5. All of the above

R
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Bladder

Rectum

???



This is a sagittal T2-weighted MRI scan of the human pelvis. The image shows the lumbar and sacral spine on the right side, with the sacrum labeled 'H' at the top. The bladder is a large, dark, fluid-filled structure on the left. The rectum is a smaller, dark structure located posterior to the bladder. A red arrow points from the label 'Bladder' to the bladder. Another red arrow points from the label 'Rectum' to the rectum. A third red arrow points from the label '???' to a small, dark, irregular structure located between the bladder and the rectum, which appears to be the prostate gland. At the bottom of the image, there is a scale bar with the letter 'F' and the unit 'cm'.



Based on the MRI, what would you do?

1. Obtain tumor markers
2. Exam under anesthesia
3. Resection with a posterior sagittal approach
4. I don't know

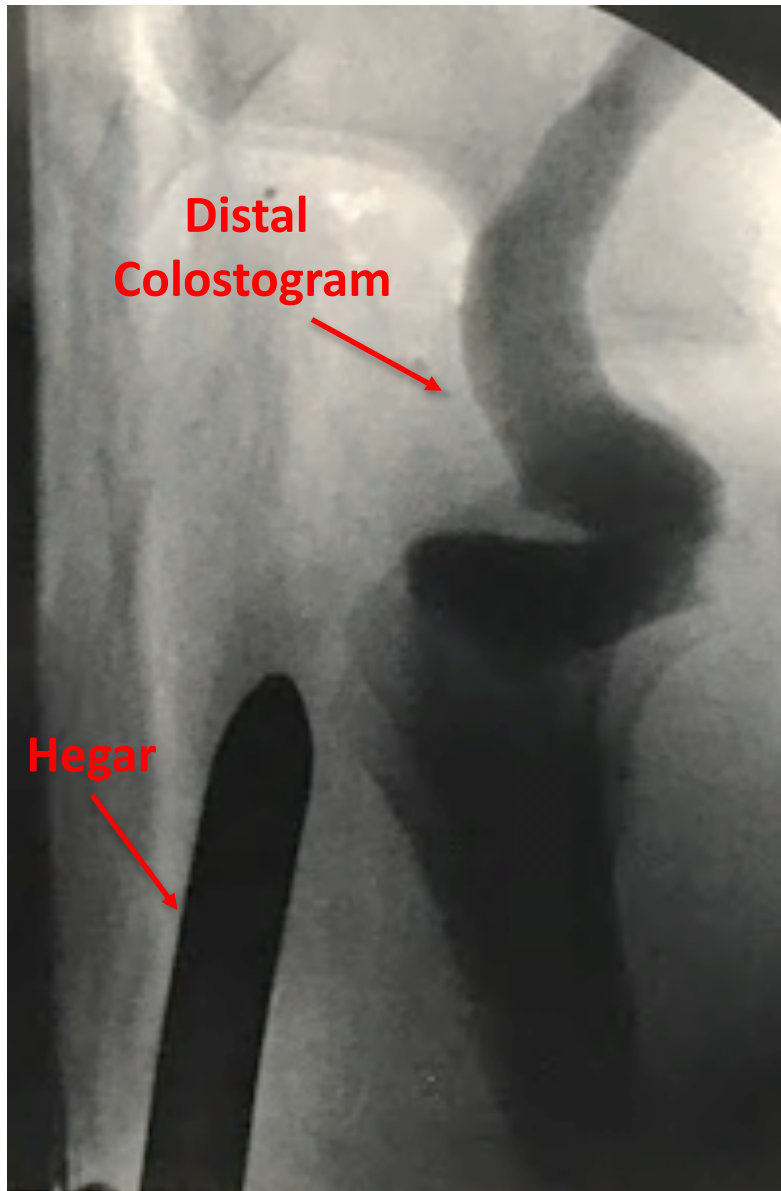


- α fp, β Hcg, LDH all normal

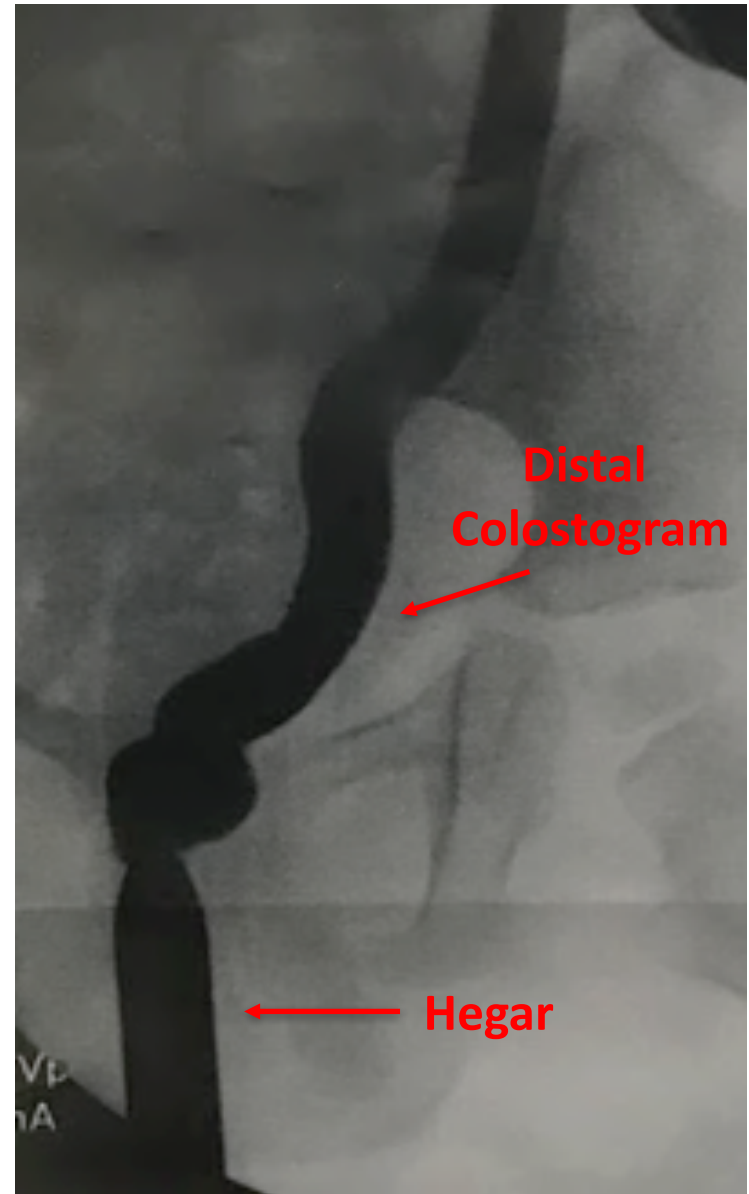


Taken to the OR for exam under anesthesia

Lateral View



AP View





Exam Under Anesthesia

- Patent, wide distal piece of rectum of approximately 6 cm
- Intact proximal colon
- Distal colostomy site appeared to not be in continuity to rectum



Posterior Sagittal Exploration

- Patient opened posterior sagittal.
- Anal canal left intact.
- “Mass” seen on MRI was bowel in the peritoneal cavity.
- Distal bowel was patent.

