Karla A. Santos Jasso, MD, MSc
National Institute of Pediatrics
Mexico
January 2018

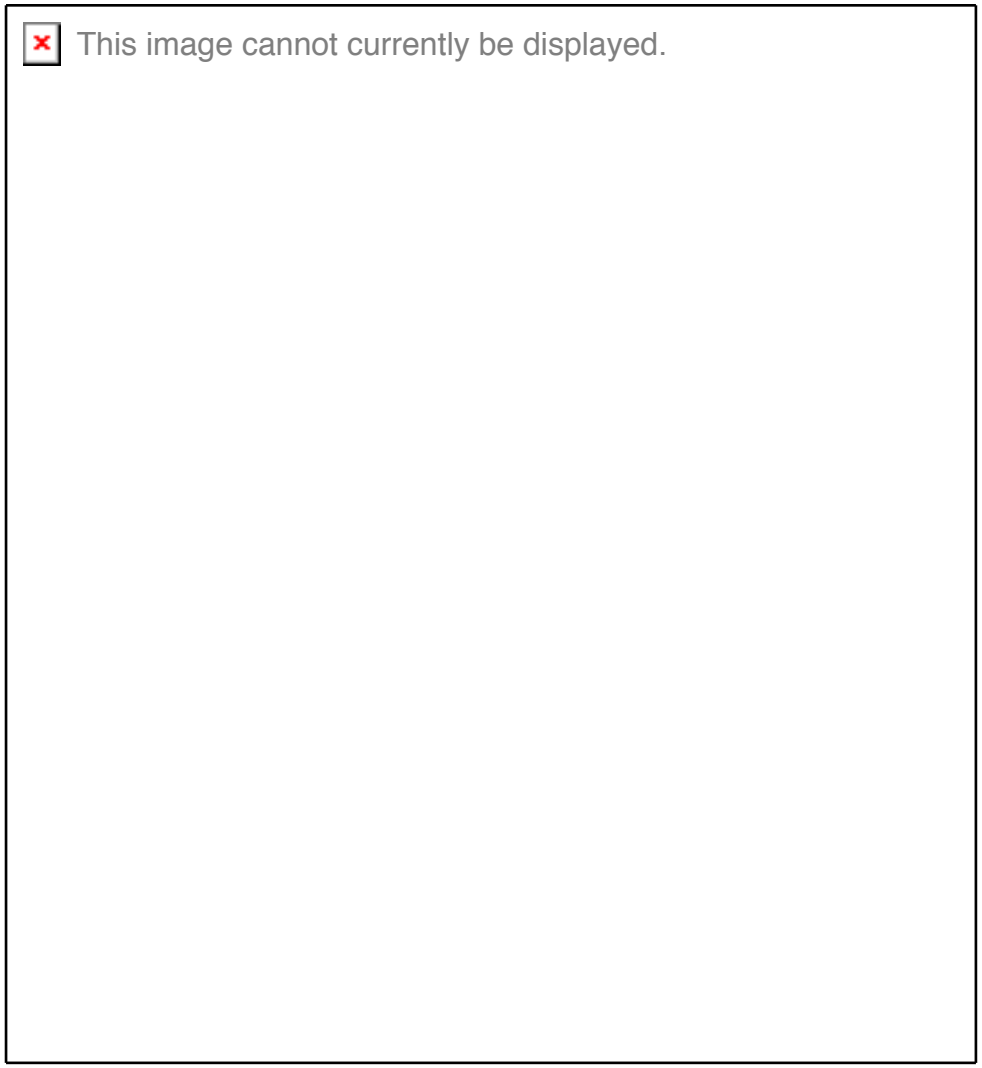
- Female, 10 years old
- We are consulted for fecal incontinence

Past Medical History

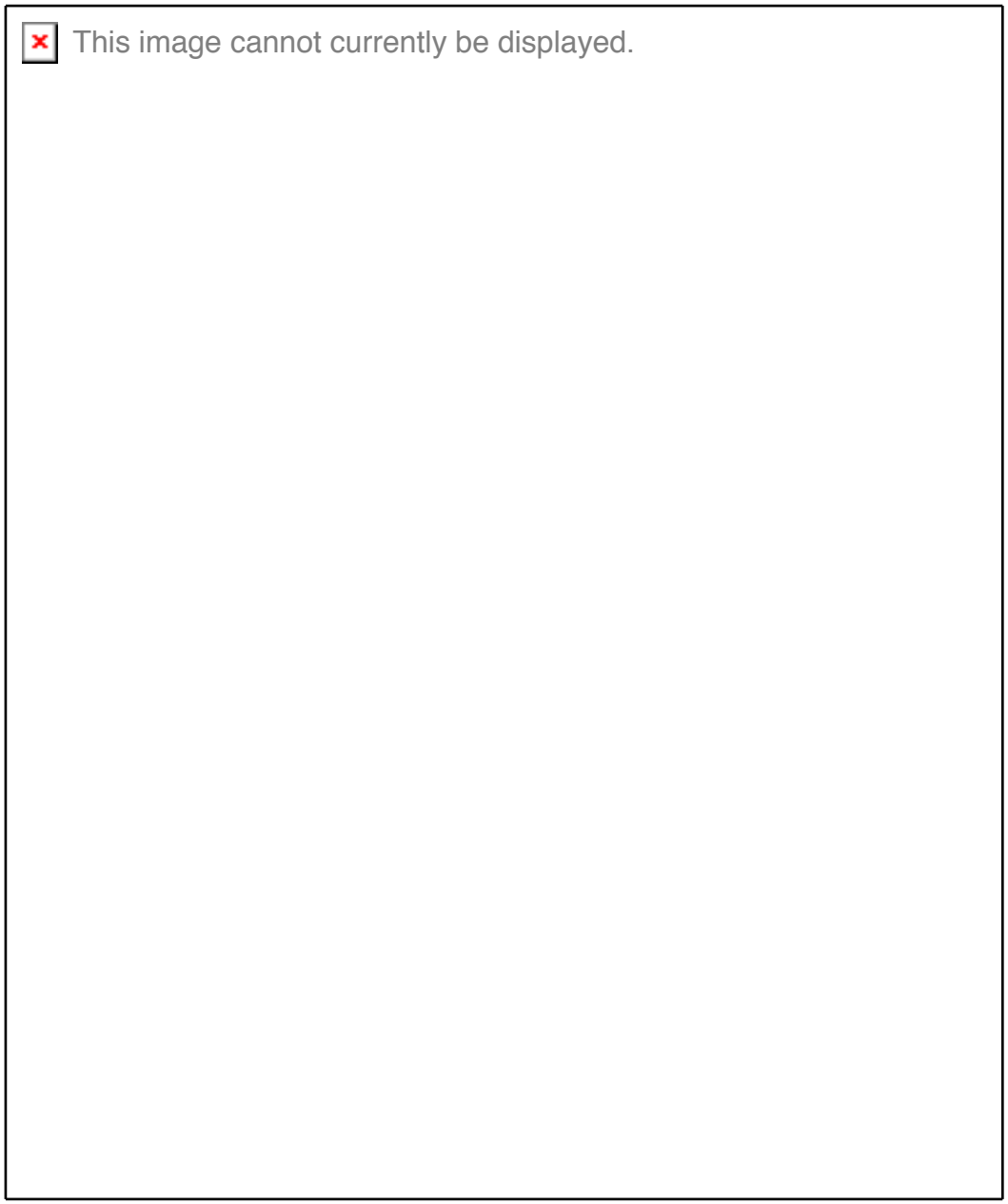
She was previously healthy, other than being constipated since birth, and received multiple laxatives.

Clinical Appearance

- Exploration under anesthesia
- Hegar dilator: Number 6
- Electroestimulation showed anus within the sphincter



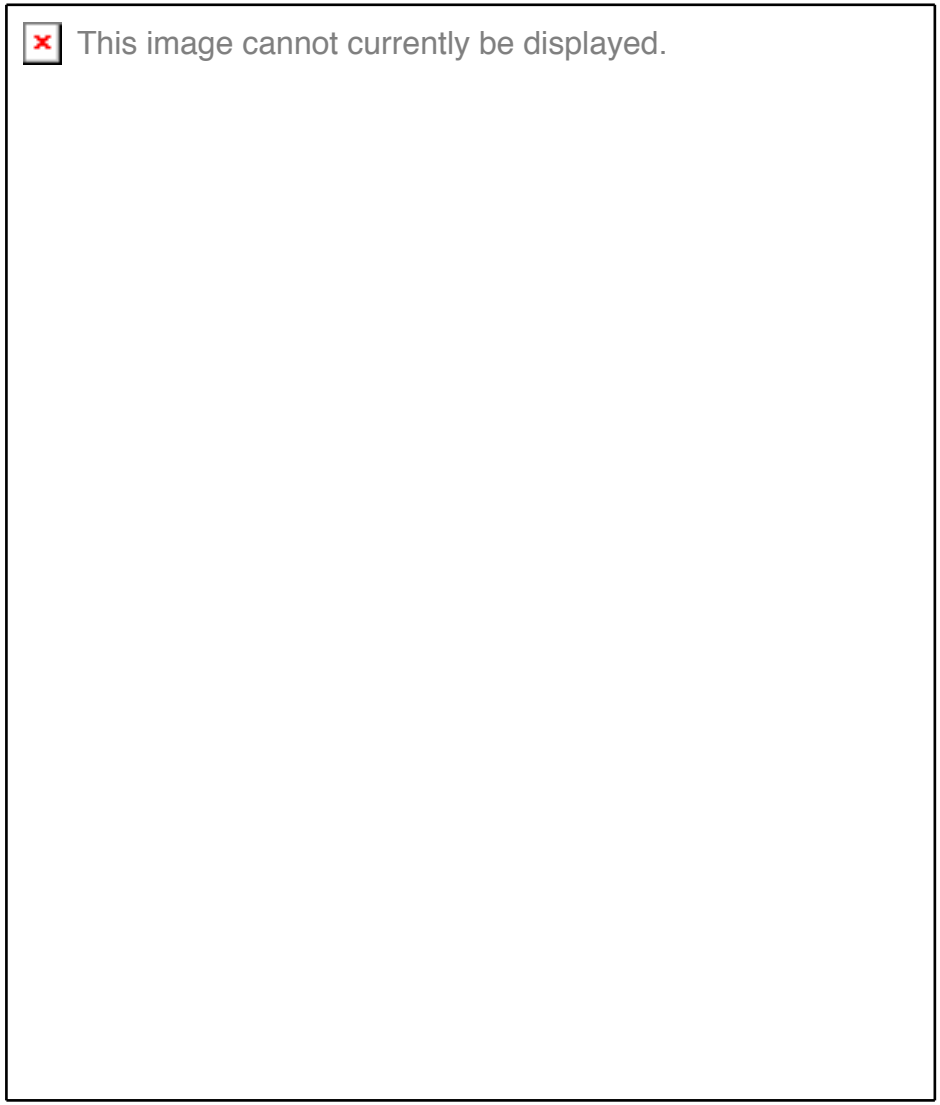
Contrast Enema



Contrast Enema

Lateral sacral index

0.91



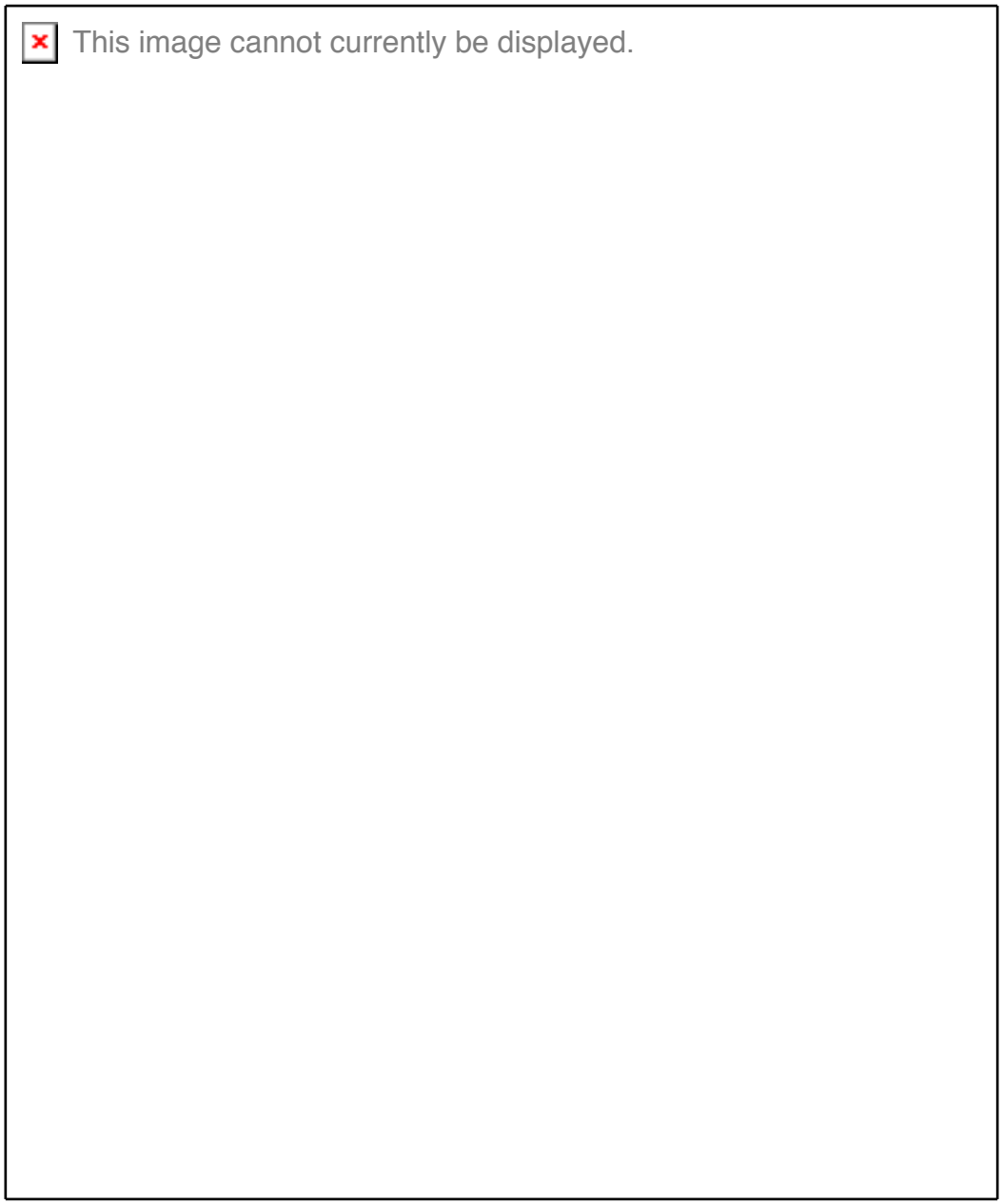
What is your diagnosis?

1. Anorectal malformation with recto perineal fistula
2. Anal and rectal stenosis
3. Anorectal malformation with recto vestibular fistula
4. Colon pouch

What is your surgical plan?

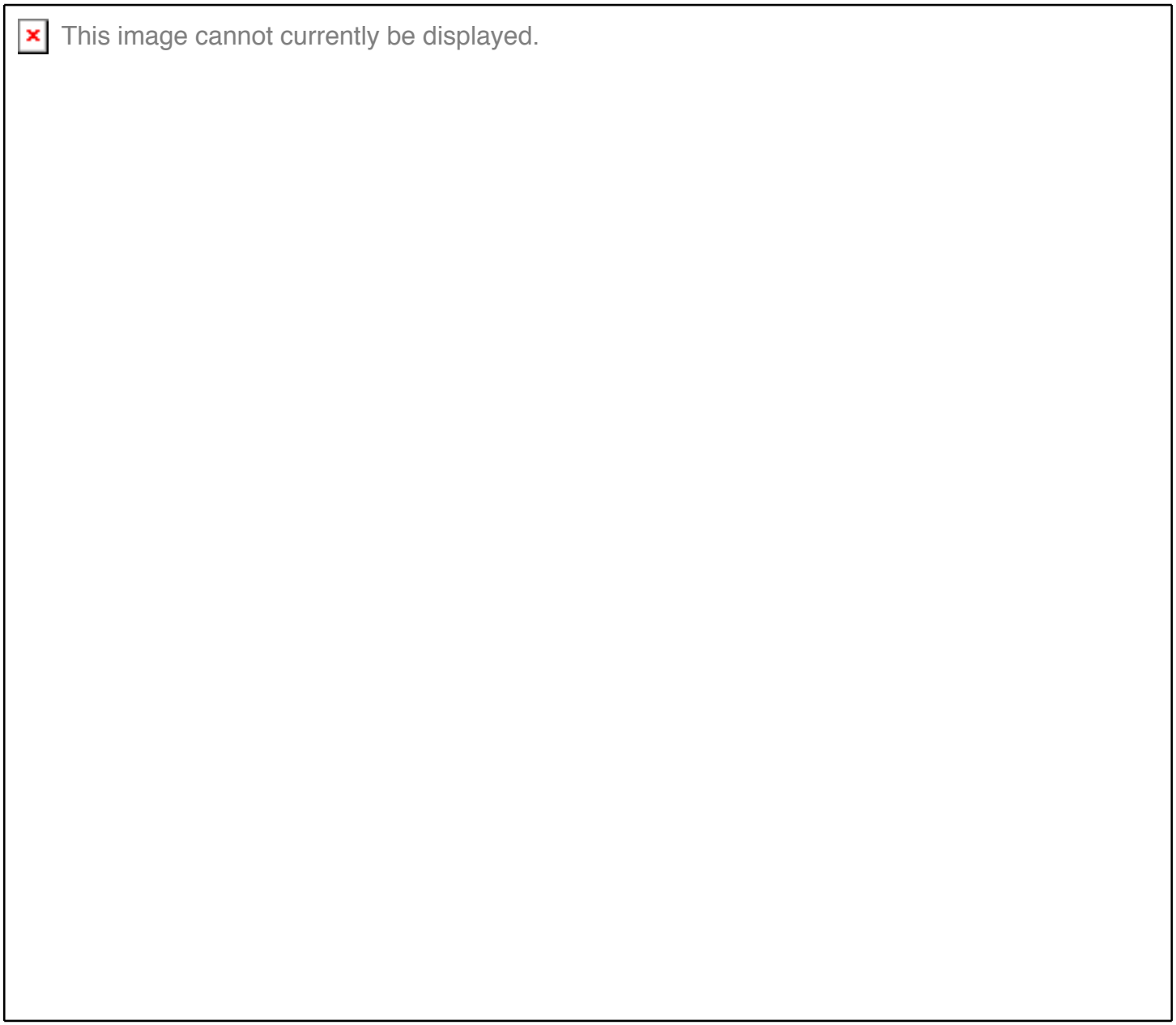
1. Colostomy
2. Primary anorectoplasty sagittal posterior
3. Cut back
4. Options 1 and 3
5. None of these options

After colostomy we performed posterior sagittal approach with movilization only posterior 180º of the anus and rectum


This image cannot currently be displayed.


This image cannot currently be displayed.


This image cannot currently be displayed.


This image cannot currently be displayed.

This image cannot currently be displayed.

Final appearance before closure of sagittal approach

Clinical Course

- We performed dilations with Hegar number 18 and then we decided colostomy closure.
- She has 3 bowel movements per day
- She is currently 11 years old
- Prognosis for fecal continent is good (electroestimulation showed good perianal contractions)

Discussion

- 1% of all cases of anorectal malformations “rectal atresia.”
- In the past, we have treated 3 patients with different types of rectal stenosis. In those cases the anus had a normal appearance, with adequate size (Hegar size for age), and the stenosis was deep inside the rectum. One patient had a recto urethral fistula, proximal to the stenosis.
- In the cases with rectal atresia is possible treatment with transanal pull through, or the mobilization of the posterior rectal wall. In the cases where the anal canal is too small we prefered performed the last option.

Thank you

santosjasso@hotmail.com