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Case Background

- 11 yo male patient
- Referred to us because of fecal incontinence

Past Medical History

- Primary anoplasty (7 days after birth)

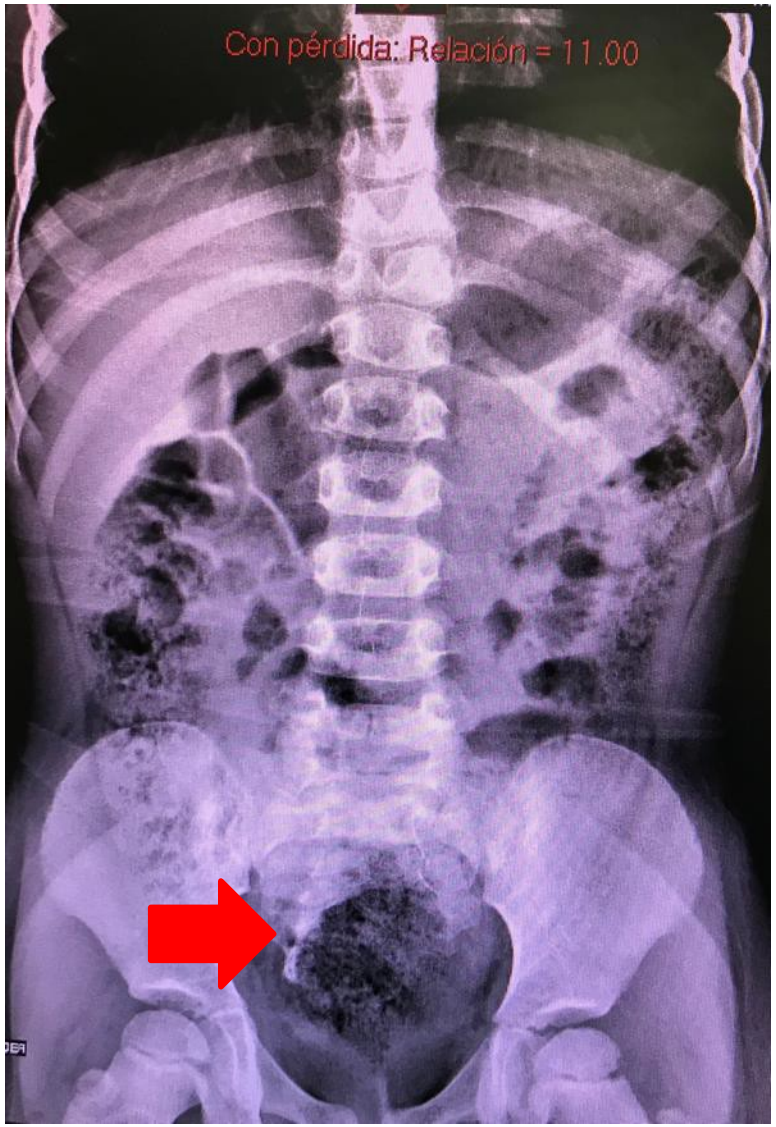
Clinical Appearance

We don't have any pictures pre-op

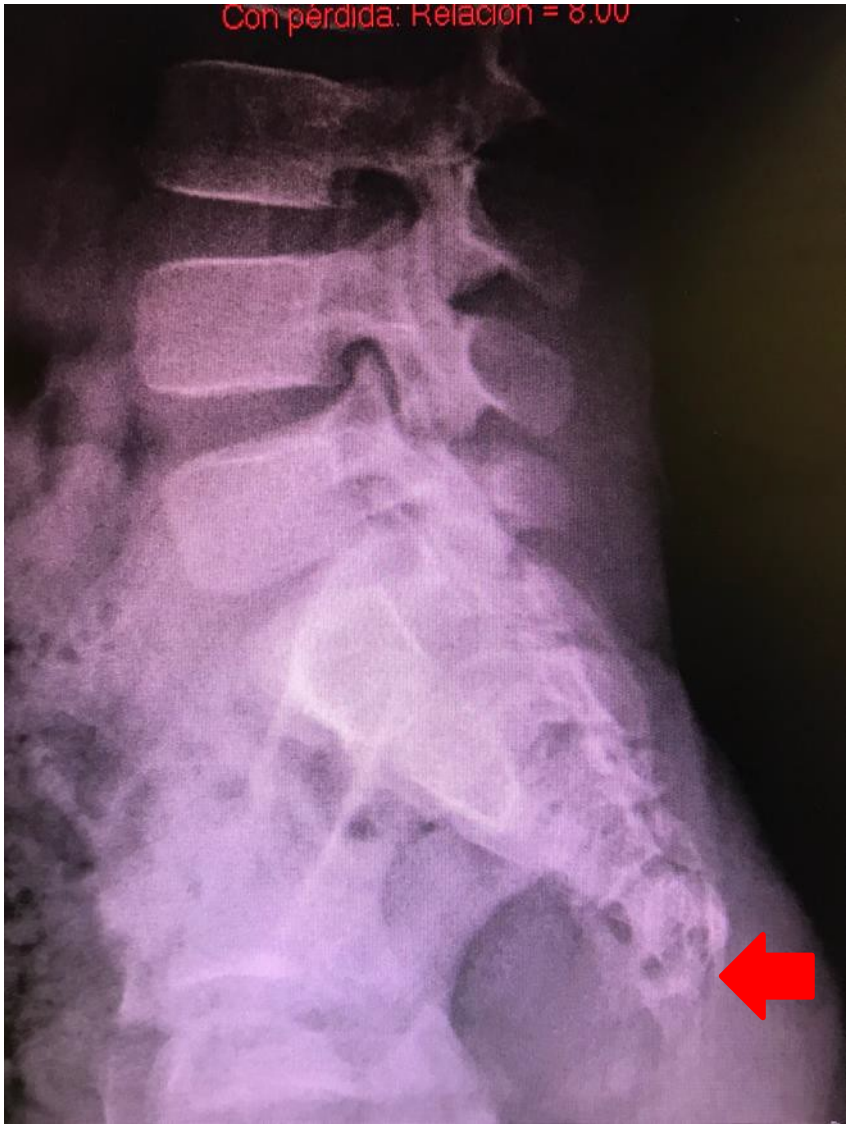
- We observed anus within the anorectal muscular complex (electroestimulation)
- The anus could be dilated with Hegar number 17
- We didn´t observe any scars in the sagittal posterior--only in the body perineal
- The patient has fecal impaction.

X-Rays

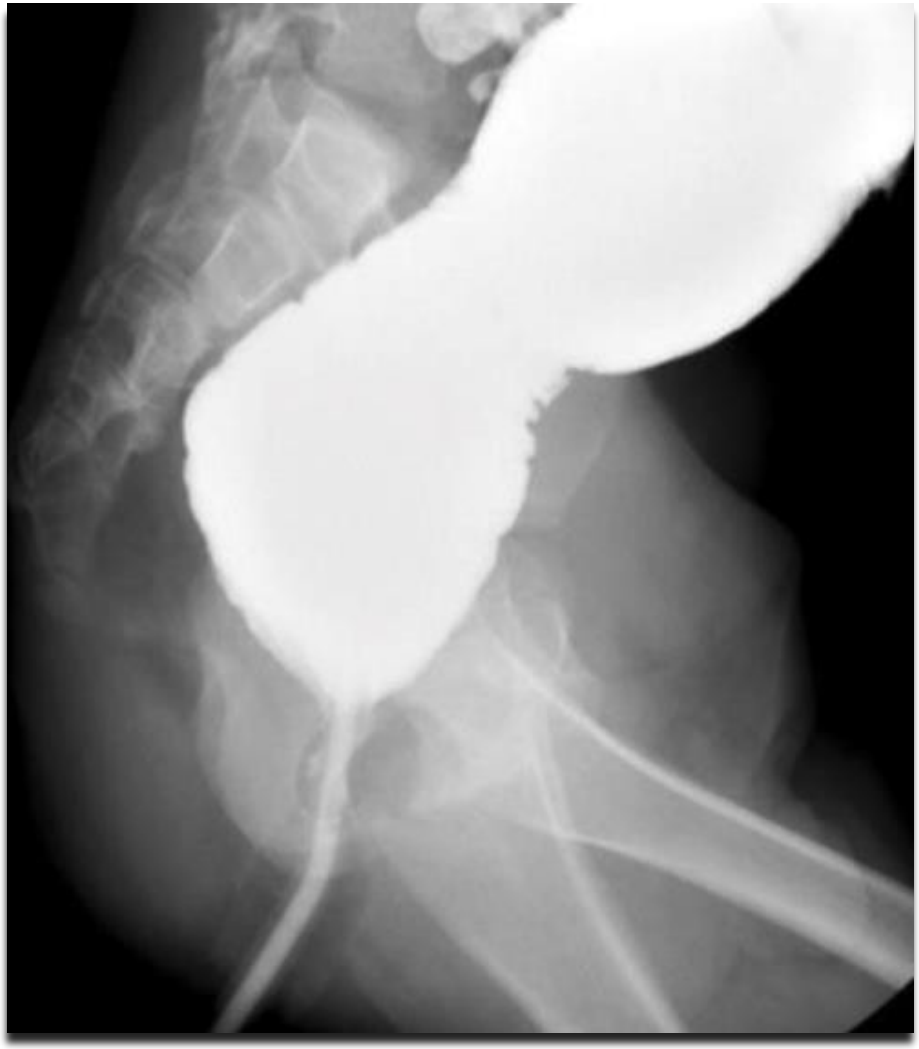
Anteroposterior



Lateral



Contrast enema



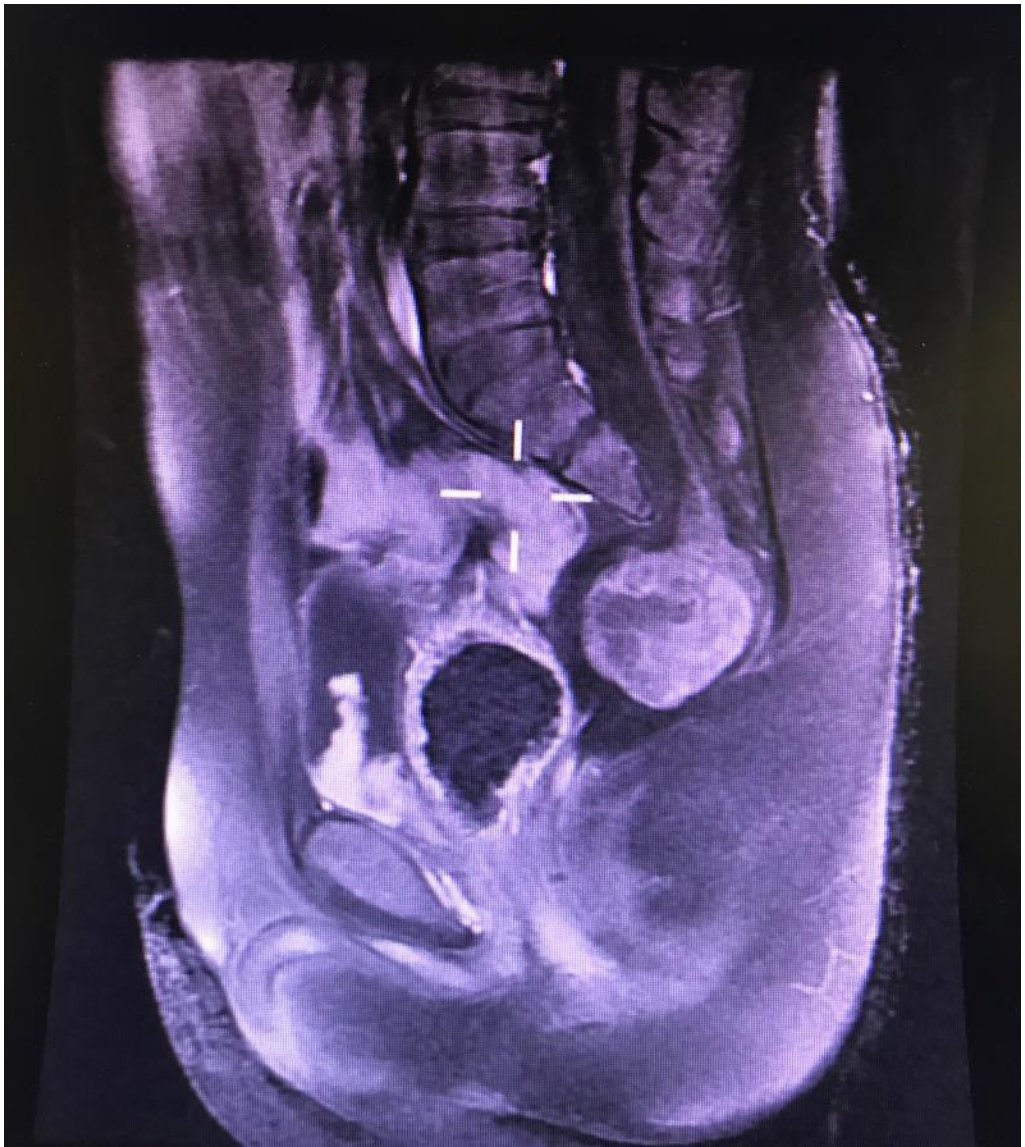
Based on the Previous Images, Is It Possible To Obtain a Differential Diagnosis?

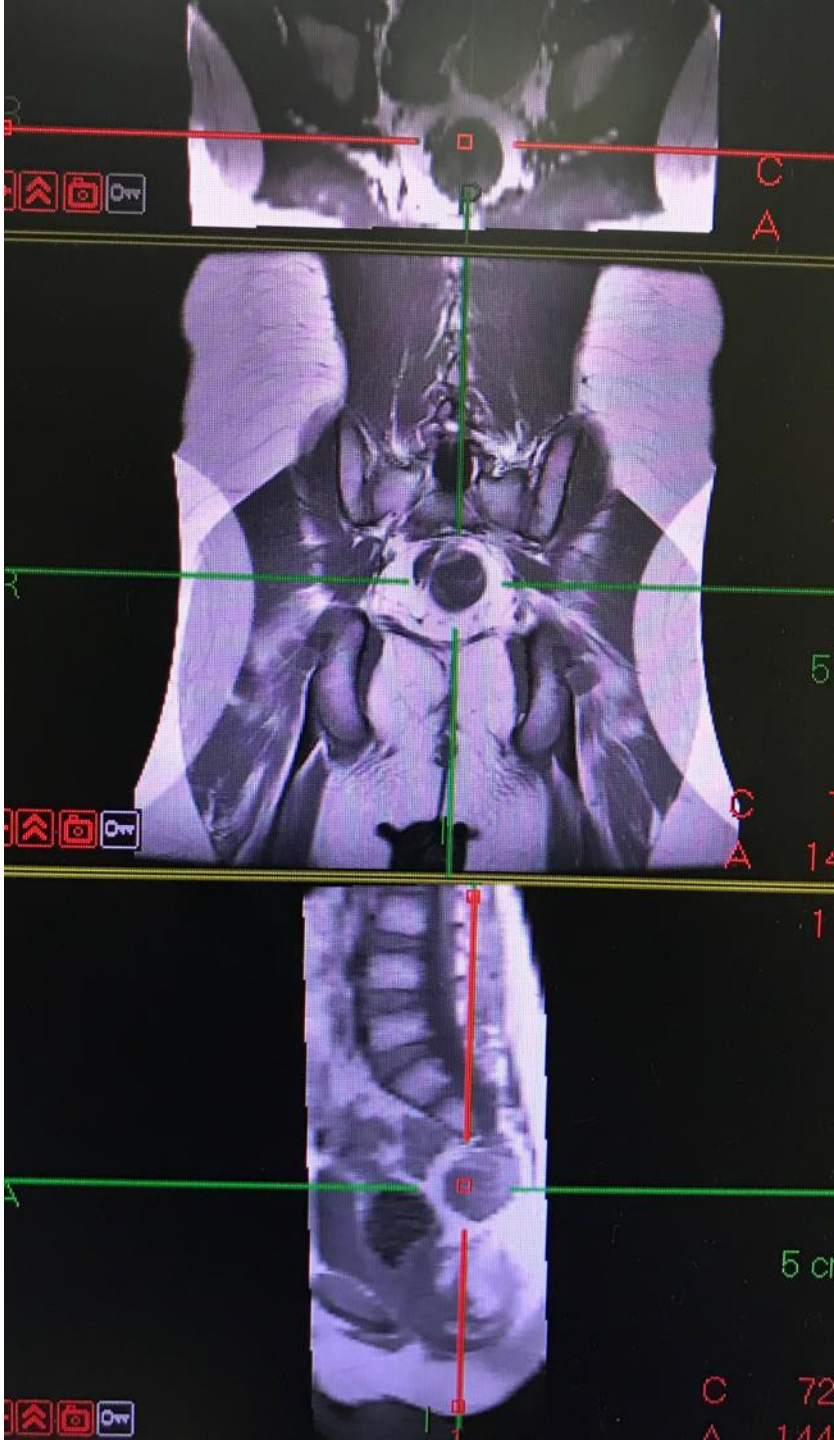
1. Yes
2. No
3. I don’t know

If We Need Another Study To Confirm the Diagnosis, What Study Would You Perform?

1. Manometry
2. Magnetic resonance
3. Angiotomography
4. None

MRI





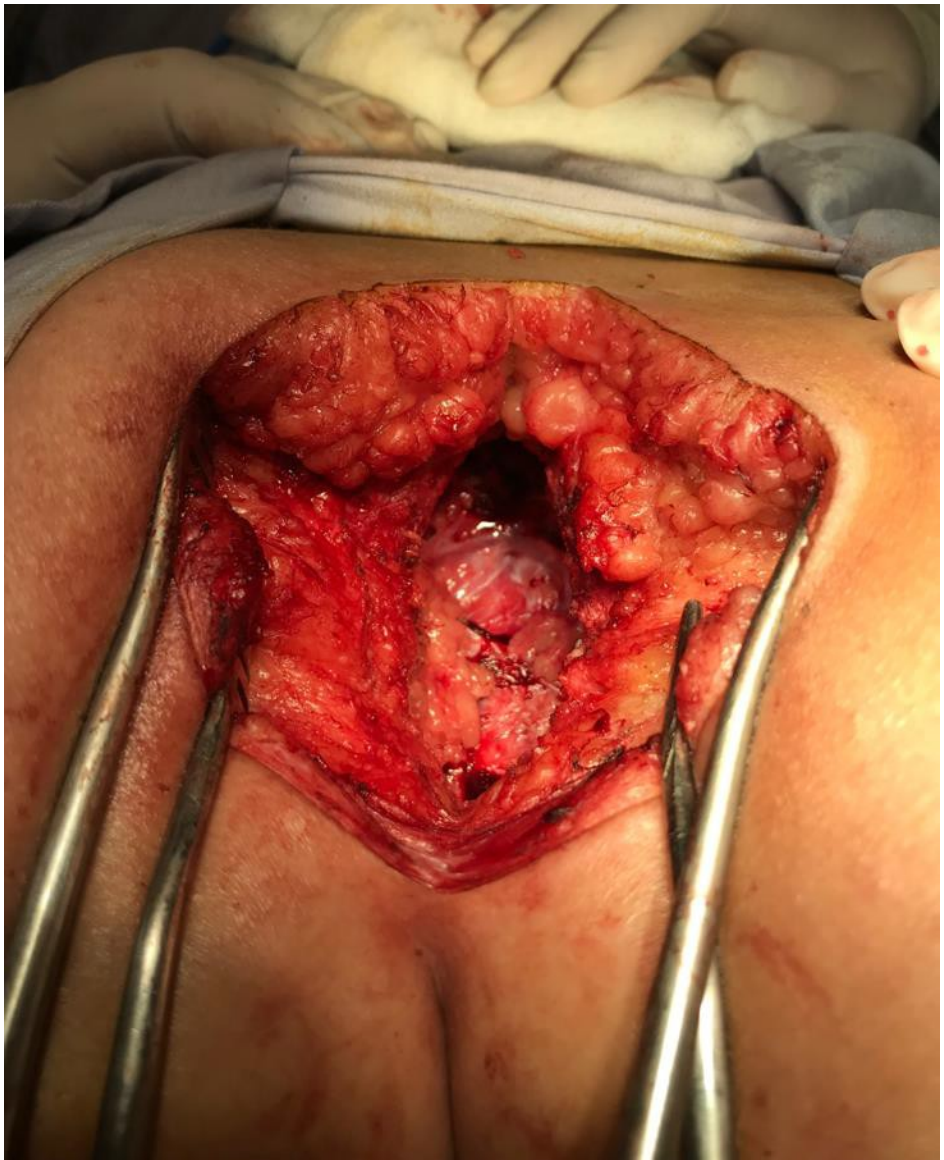
What Is Your Diagnosis?

1. Presacral mass
2. Anorectal malformation associated with presacral mass and anomaly in the sacrum
3. Fecal impaction
4. Rectal stenosis
5. I don’t know

What Surgery Would You Perform on This Patient?

1. Posterior sagittal anorectoplasty
2. Posterior sagittal approach with resection of the presacral mass
3. Abdominoperineal approach for resection of presacral mass
4. I don’t know

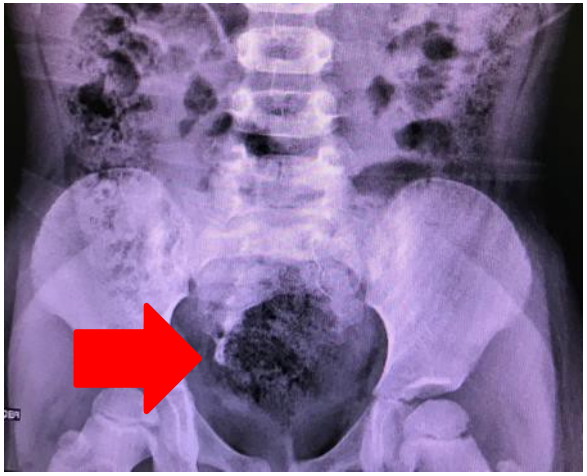
Posterior Sagittal Approach with Resection of Presacral

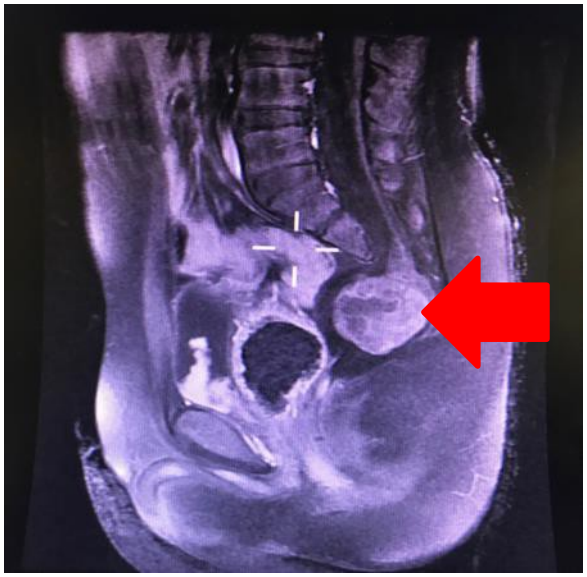


Dermoid cyst

Discussion

1. Abnormal sacrum: “hemisacrum” or scimitar-shaped sacrum + anorectal malformation=
2. Associated with presacral mass
3. Currarino´s syndrome
4. Heredity: autosomal dominant
5. Time of resection of presacral mass, should be in the same time of anorectoplasty.
6. Different fecal prognosis (depends on anomaly in the spina).





THANK YOU

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