

Case #3

01/25/2018



Children's Hospital Colorado

INTERNATIONAL CENTER FOR
**COLORECTAL AND
UROGENITAL CARE**



- 16 yo female patient born with an anorectal malformation, described as recto-vaginal fistula.
- She underwent PSARP at 6 months of age.

Which malformation was she probably born with?



1. Recto-perineal fistula
2. Recto-vestibular fistula
3. Recto-vaginal fistula
4. Cloaca
5. I don't know



- Operative Note:
 - “rectum exiting at the posterior fourchette of the vagina”
 - “there was just a mucosal thin separation between rectum and vagina”
 - “vaginal mucosa was dissected free at a distance of 3 cm”



She now presents to the hospital with severe abdominal pain, emesis, palpable abdominal mass, and history of no menstrual periods.

What is your hypothesis?

1. She is pregnant
2. She was actually born with vestibular fistula and absent vagina and now has hematometra
3. She was born with a vestibular fistula and had an acquired vaginal atresia and now has hematometra
4. All of the above are possible
5. I don't know

Which studies would you order on an emergency basis?



1. Sacral radiograph (AP and lateral), contrast enema, and kidney ultrasound
2. Pregnancy test, abdominal ultrasound
3. Abdominal radiograph
4. Pelvic and abdominal MRI
5. Pelvic and abdominal CT
6. All of the above



- Patient underwent a CT of the abdomen and was diagnosed with hematocolpos and hematometra.
- On physical exam: normal vaginal introitus with 3 cm vaginal length – she was diagnosed as having a transverse vaginal septum.

What would be your next step?

1. Attempt primary repair of the vaginal septum
2. Drain the vagina permanently, study the patient and plan for surgical repair
3. I don't know



Patient was seen by an adult gynecologic team who decided to perform laparoscopy and laparotomy for transverse vaginal septum repair.



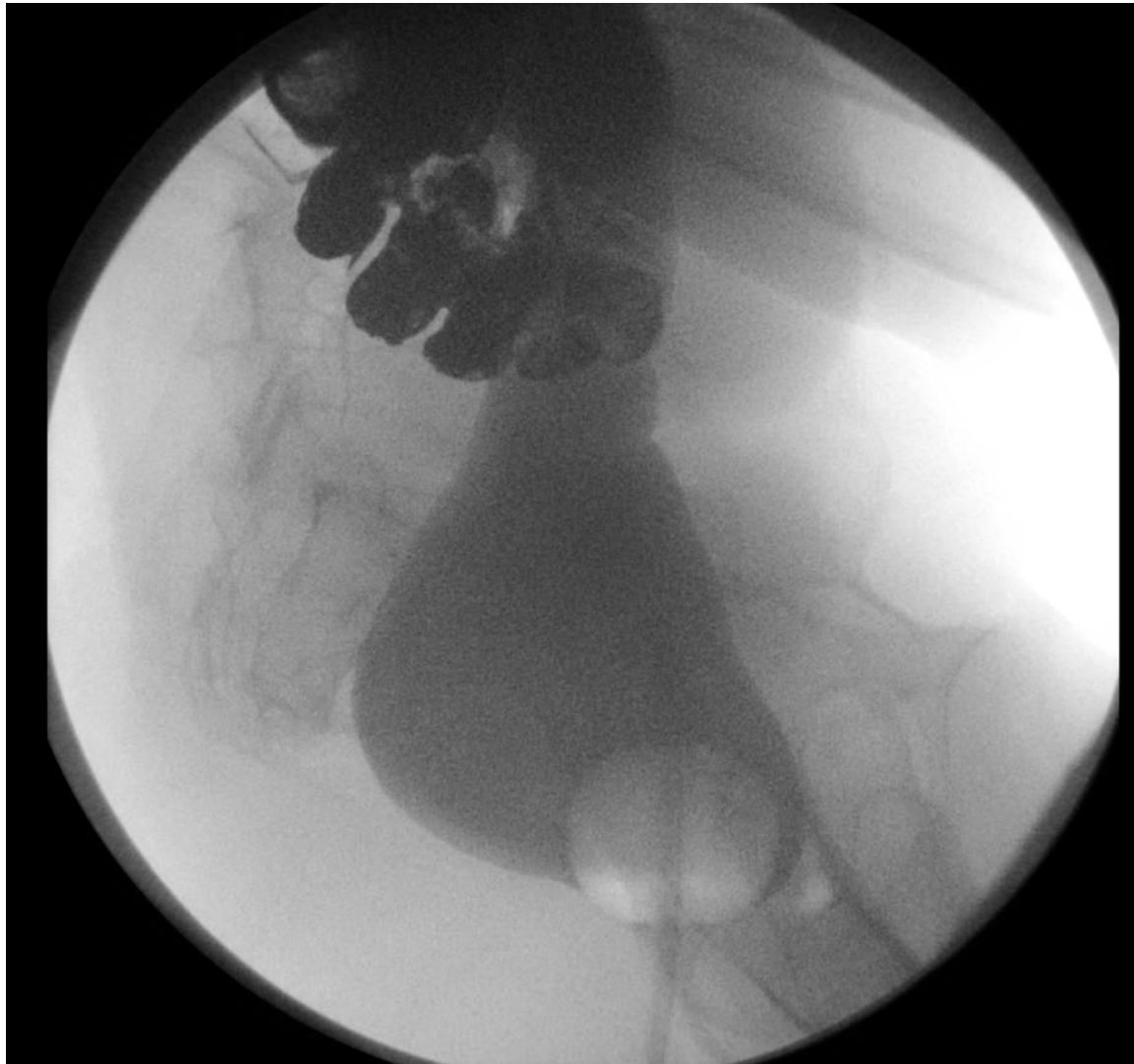
She now presented with the same symptoms as 3 years ago, but this time to Children's Hospital.

What would be your next step?

1. Attempt another “primary” repair of the vaginal septum
2. Drain the vagina permanently, study the patient and plan for surgical repair
3. I don’t know



- Patient underwent hydrocolpos drainage with a permanent tube.
- Contrast enema with sacral ratio, kidney ultrasound, and injection of contrast through the drain were ordered.

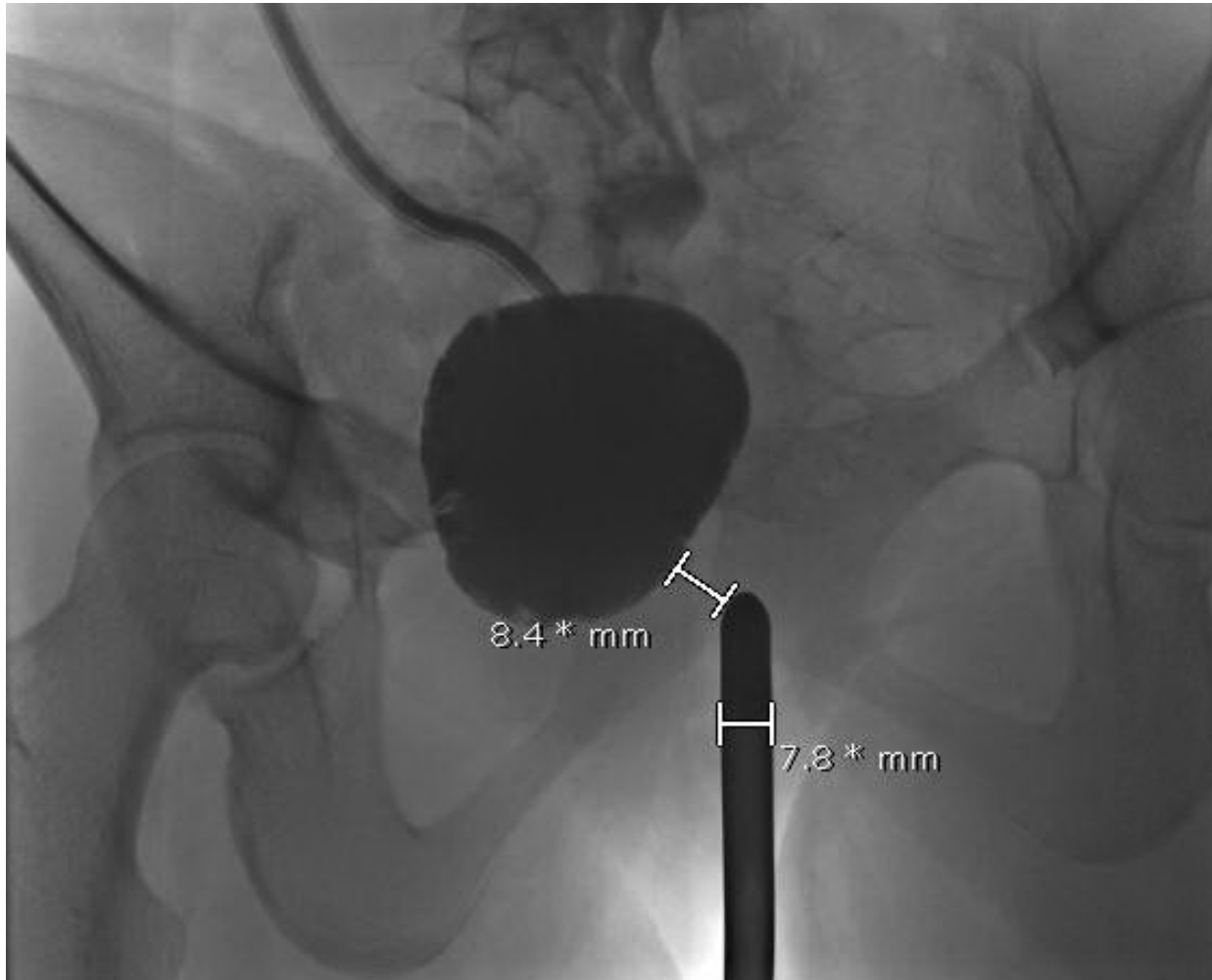


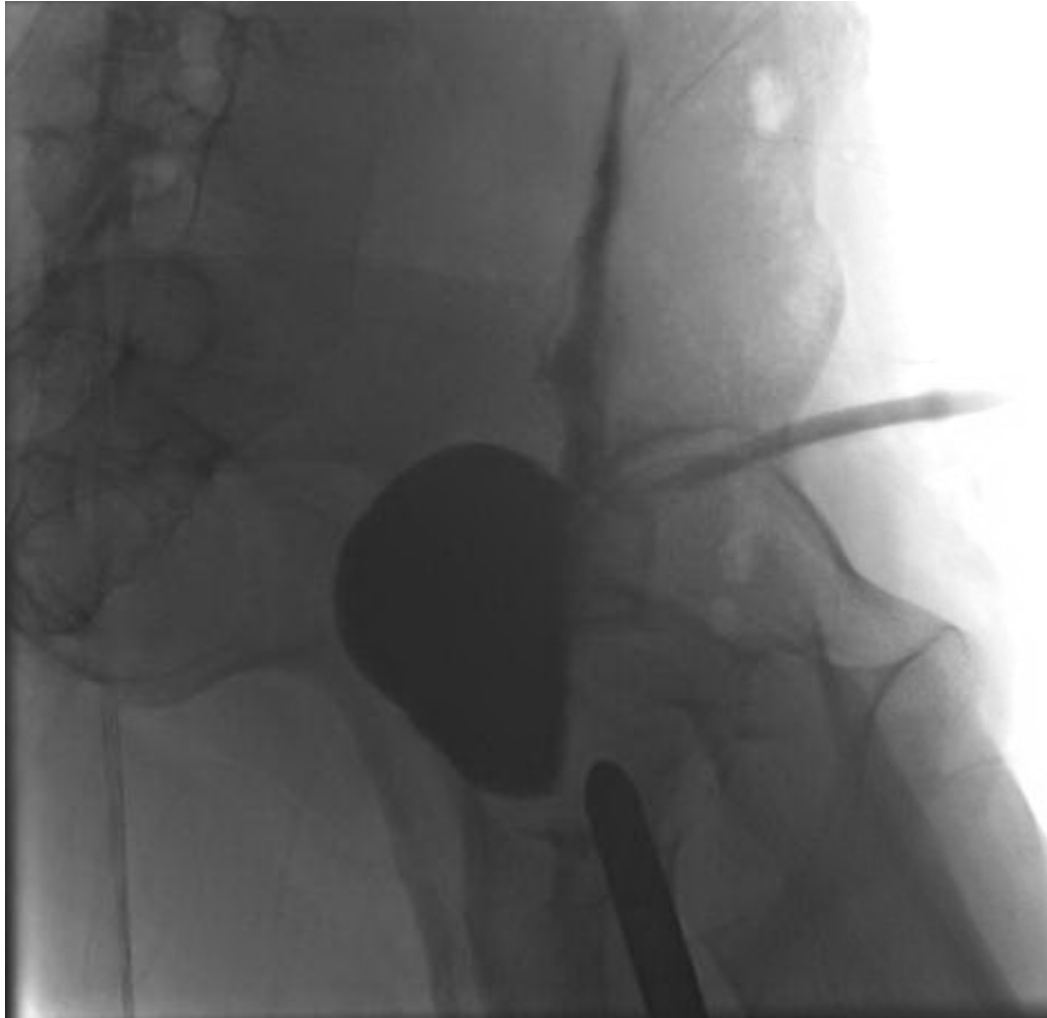


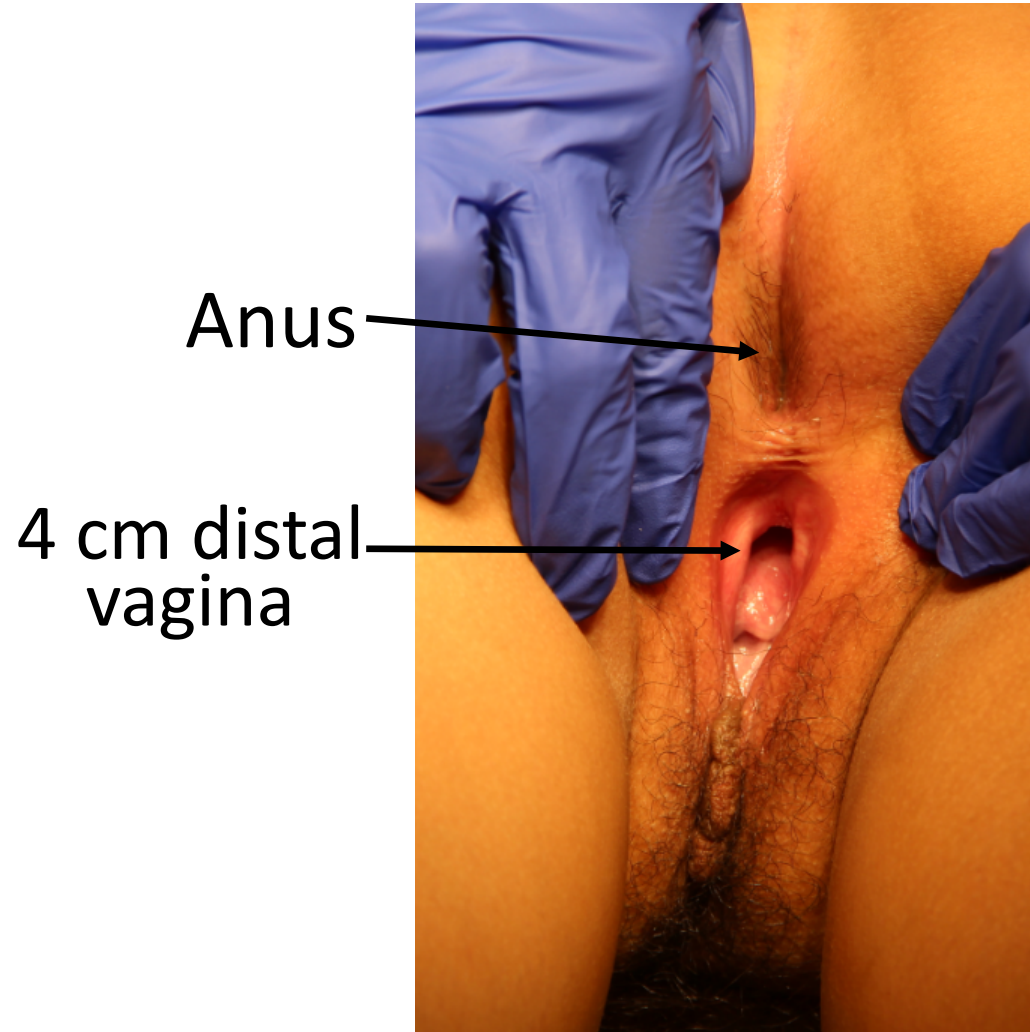






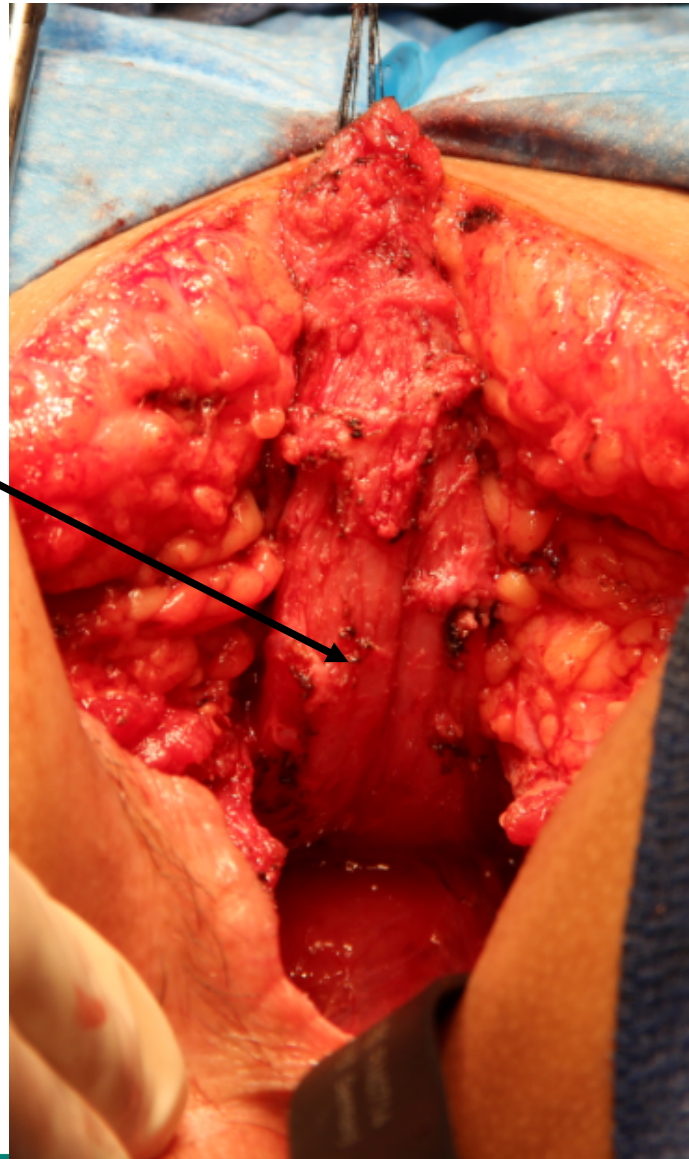
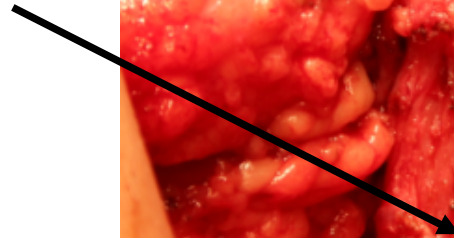






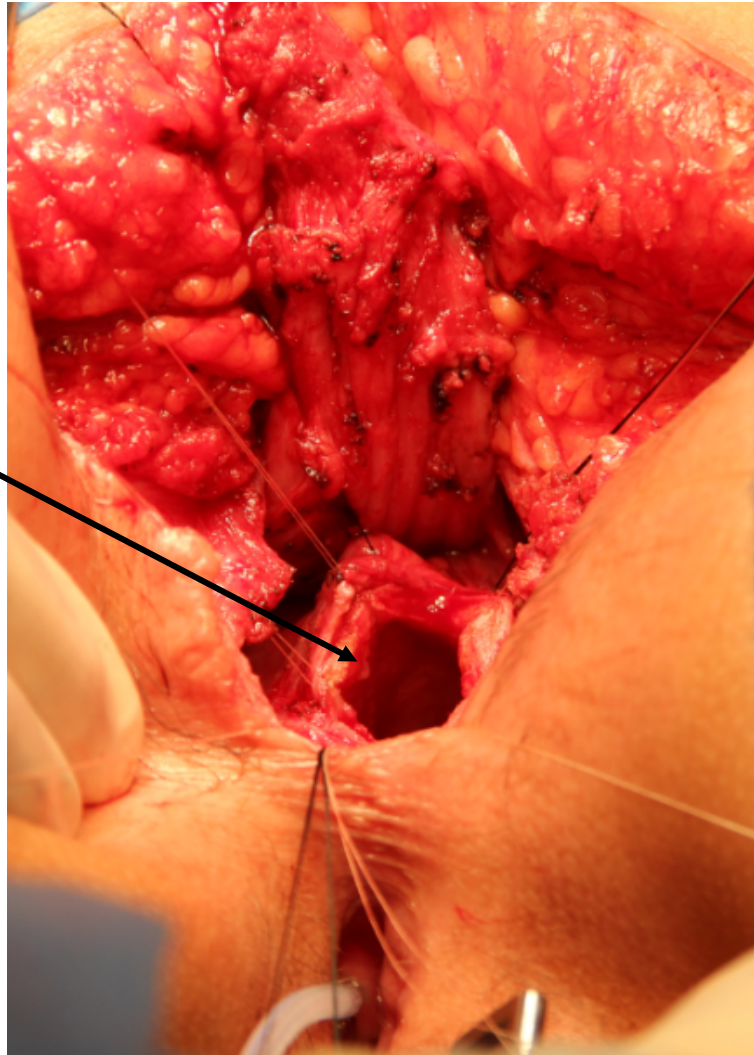


Mobilized
Rectum





- Opened proximal vagina

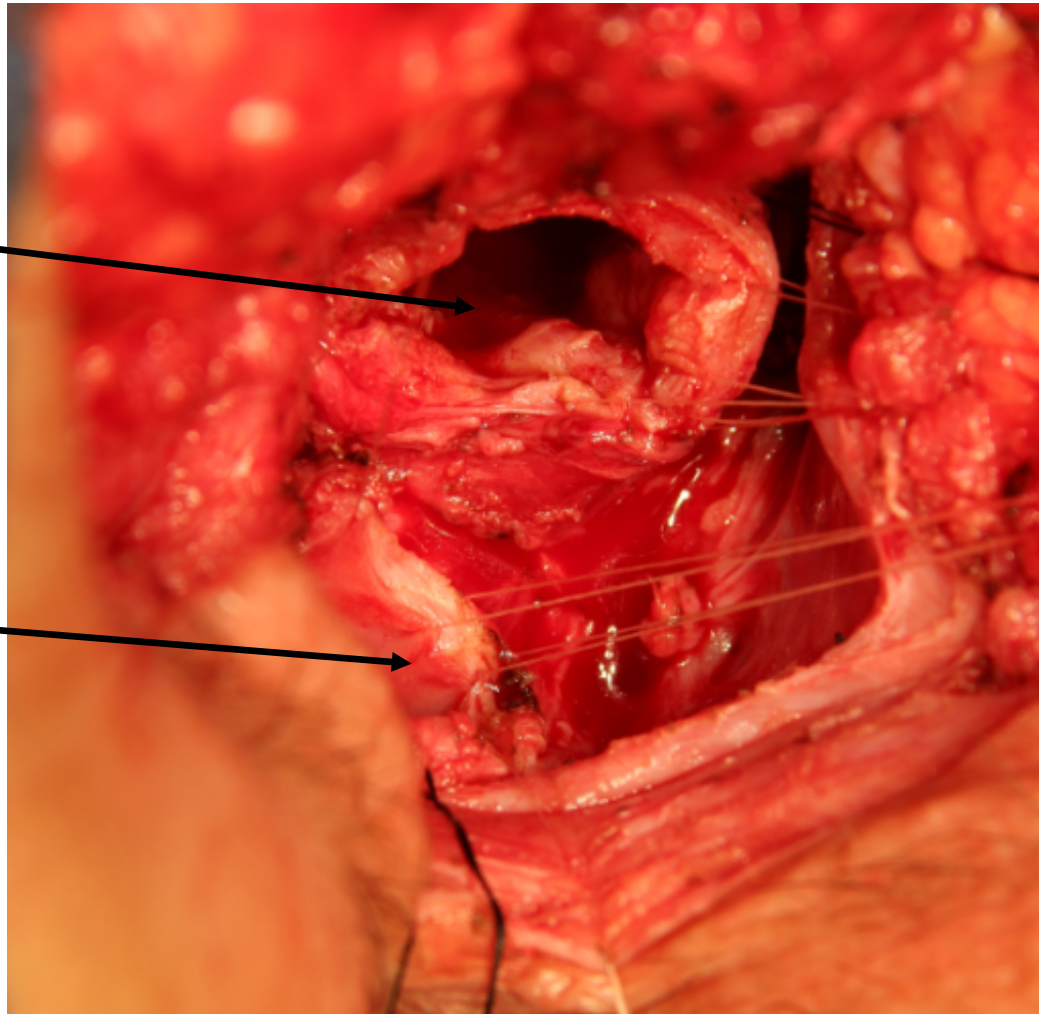


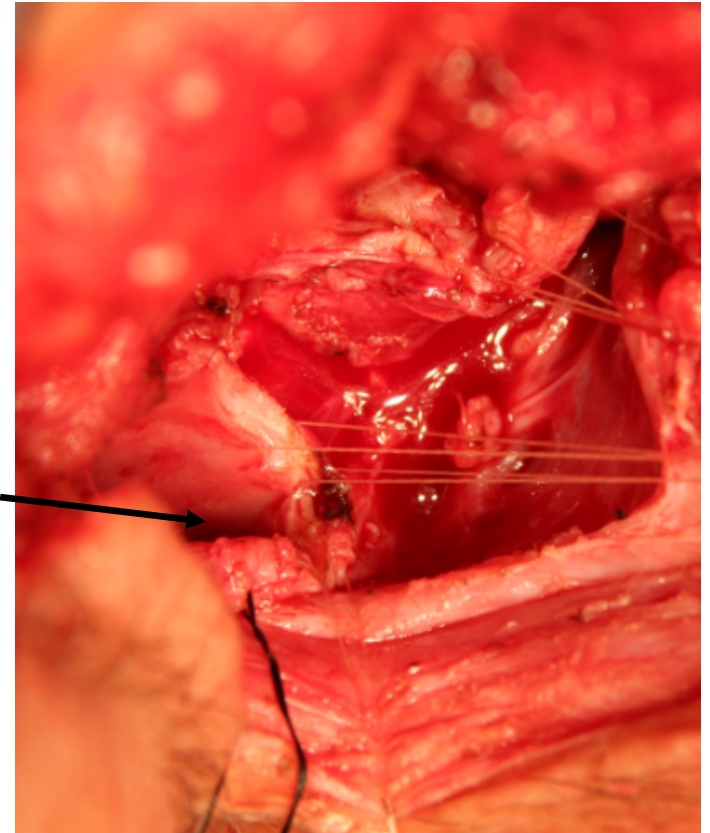
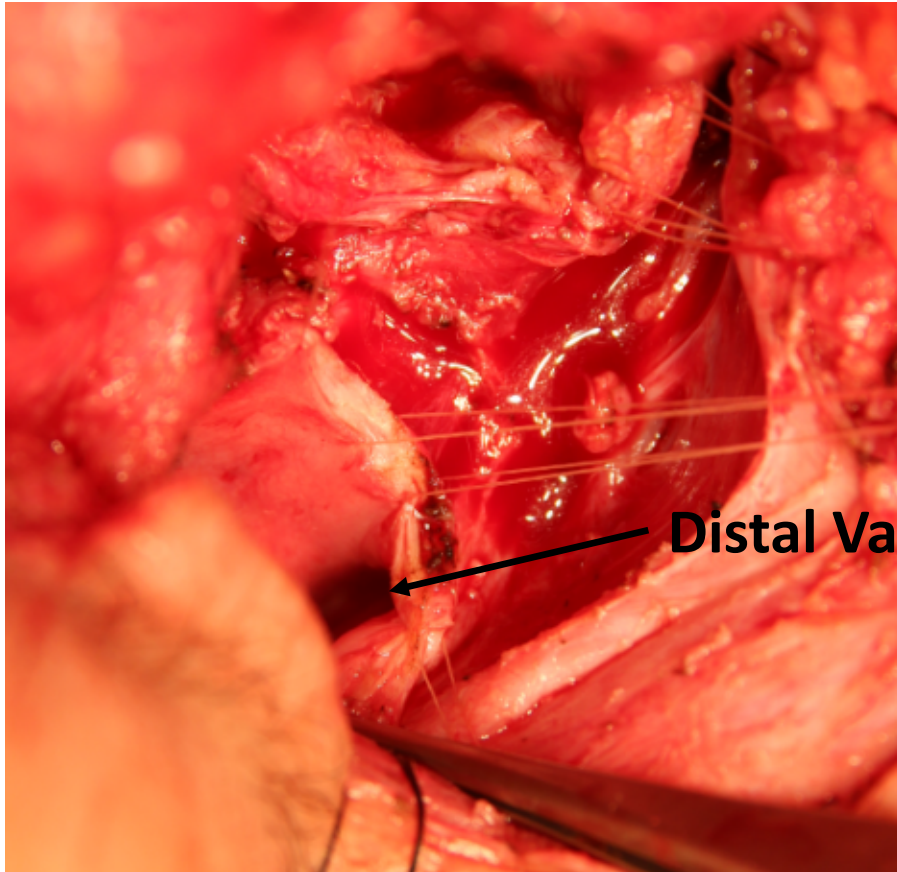


Opened proximal
vagina

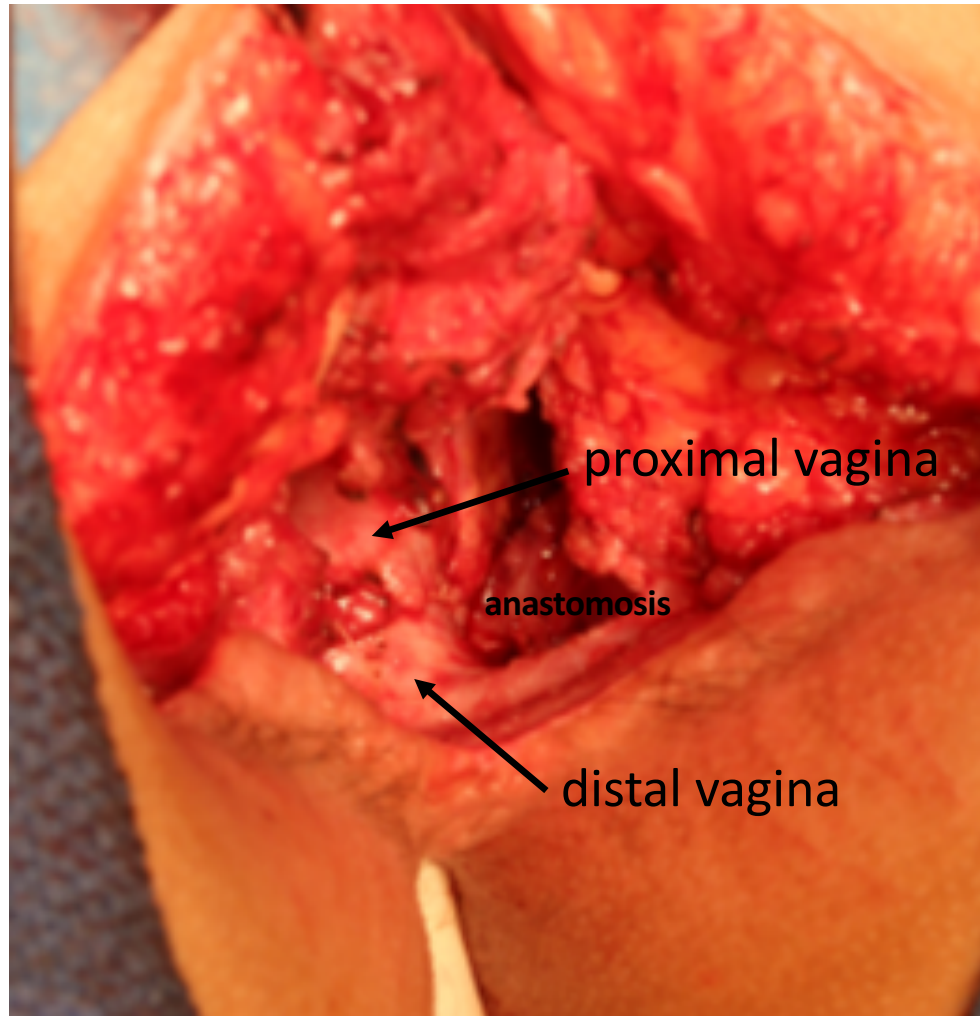


Opened distal
vagina





Distal Vagina





Follow up



3 months postoperative:

- Patient is doing well
- Anastomosis is patent
- Menstruating and having voluntary bowel movements