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Past Medical History....

1. Colostomy 2 days after birth... bowel obstruction (neonatal)
2. Colectomy with pull through and colon-rectal anastomosis type Duhamel (7 months)



Acquire rectal obstruction (anastomosis)



Ileostomy (2 years)

(he only pass liquid stool through the rectum with great abdominal distention)

Actually he was 4 year old

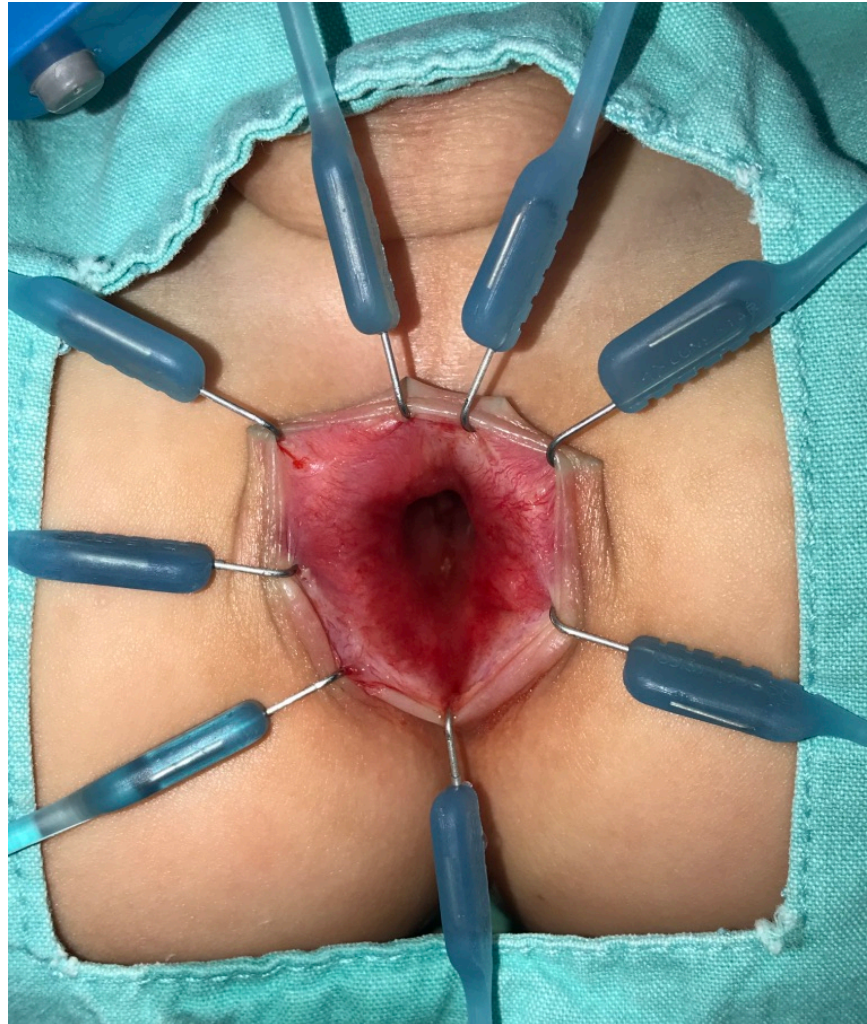
Clinical appearance....



Contrast Enema



Exploration under anesthesia

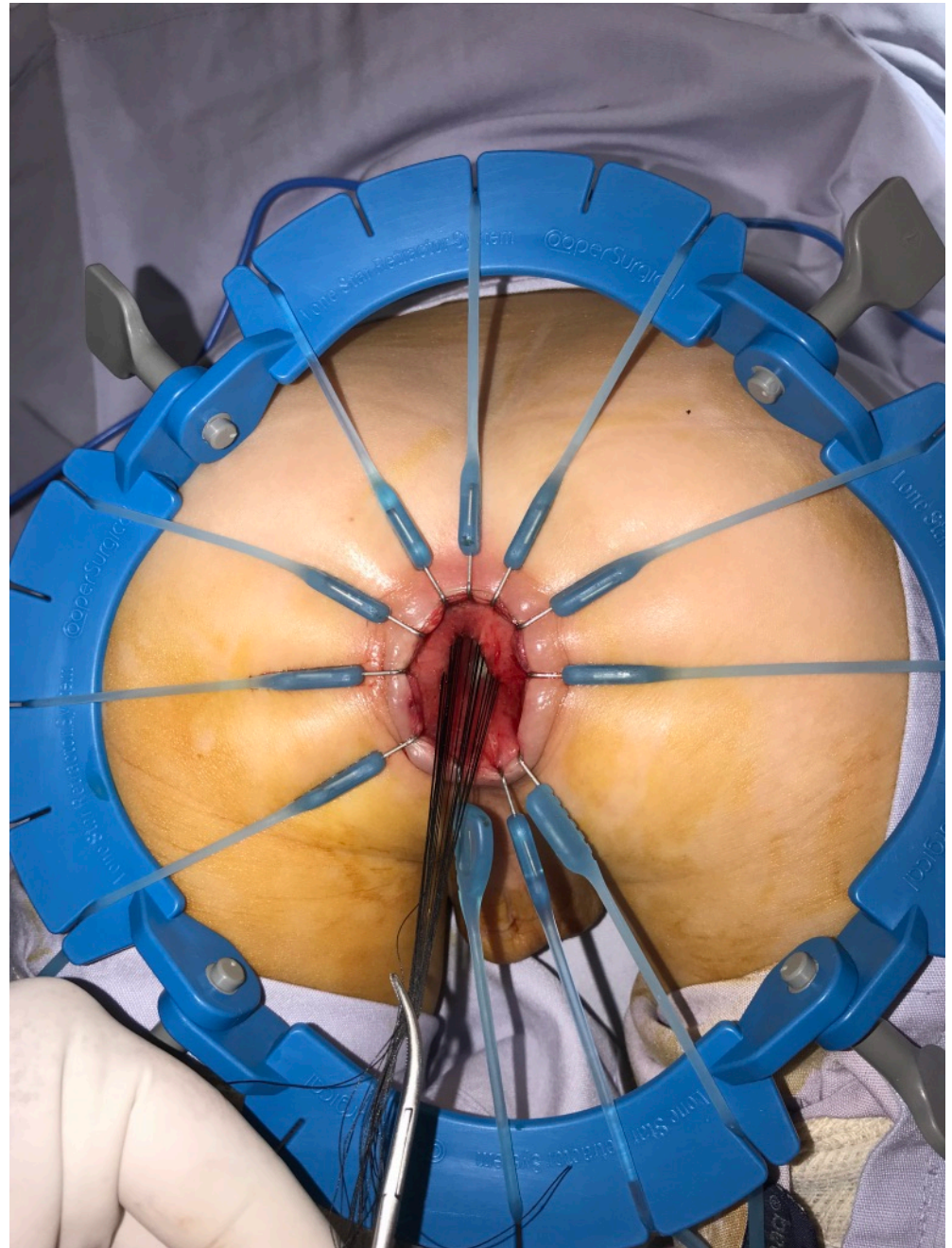


With previous images...

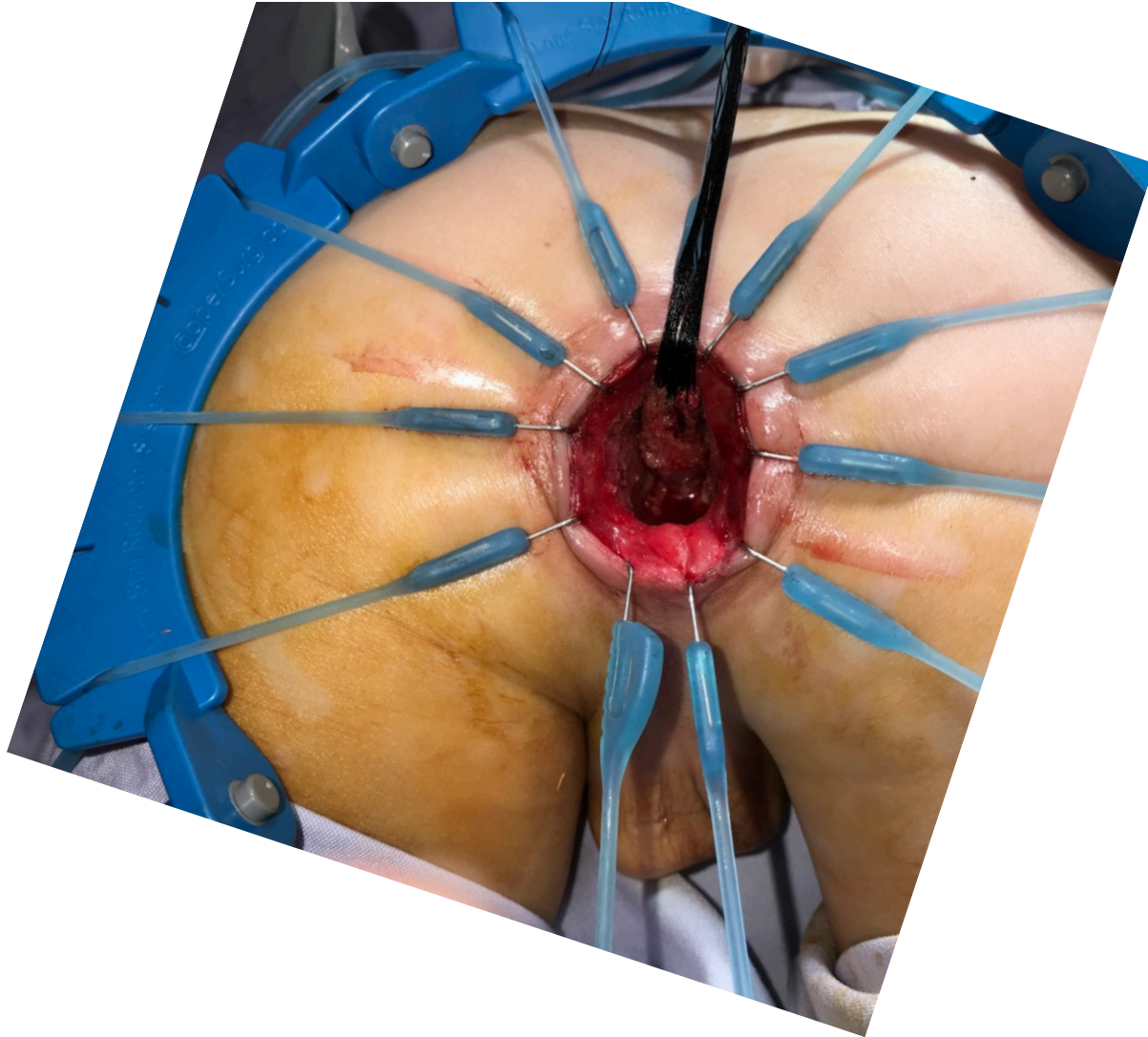
What treatment would you propose?

1. Posterior sagittal approach with resection of stenosis of colorectal anastomosis
2. Only remove the impaction of the anastomosis
3. Transanal approach with resection of the native rectum and remove stenosis of anastomosis colorectal and new colonic pull through (Swenson procedure) and new colorectal anastomosis
4. Abdominal approach with resection of the stenosis
5. Options 3 and 4

Transanal approach with resection of the native rectum and remove stenosis of anastomosis colorectal and new colonic pull through (Swenson procedure) and new colorectal anastomosis



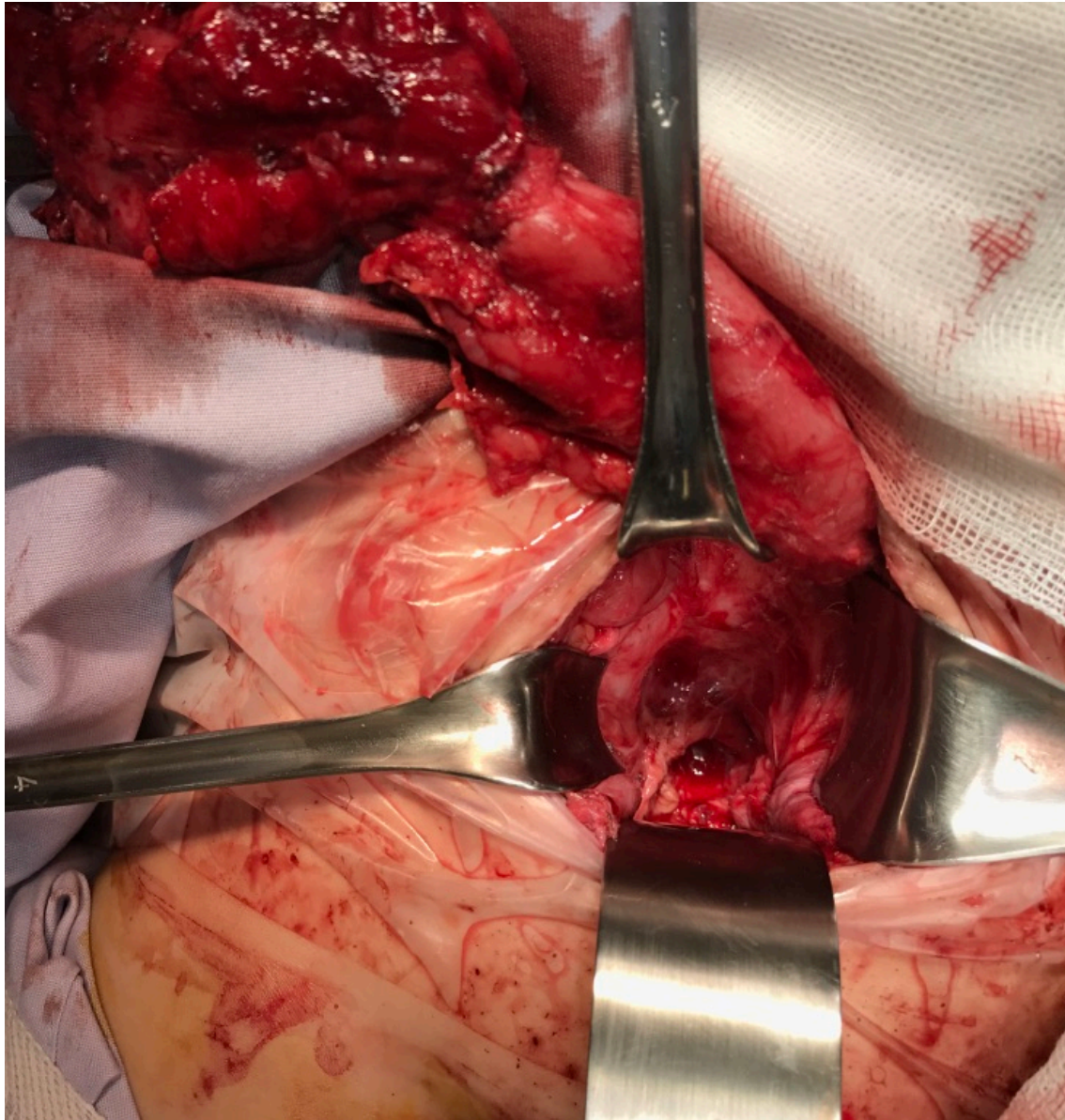
Dissection of the rectum (transanal Swenson)



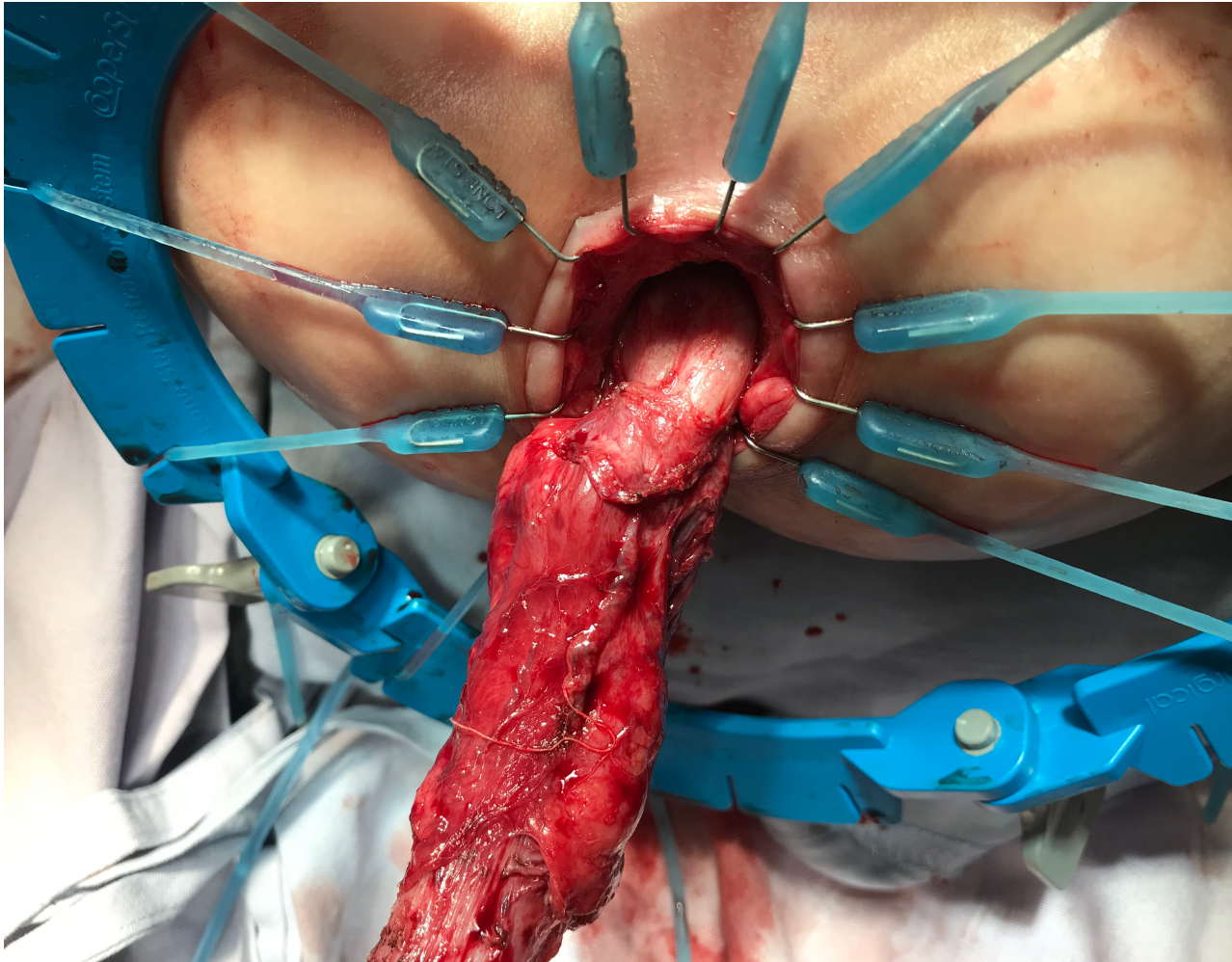
We needed abdominal approach for complete dissection of the colorectal anastomosis (stricture)



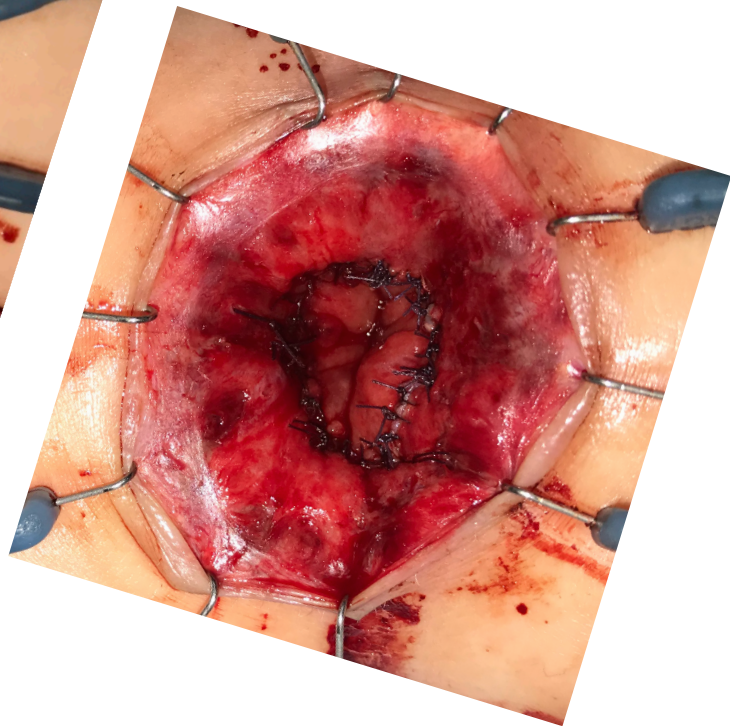
Intra-abdominal view



Pull through of the healthy colon,
resection of rectum and colorectum
anastomosis with stenosis

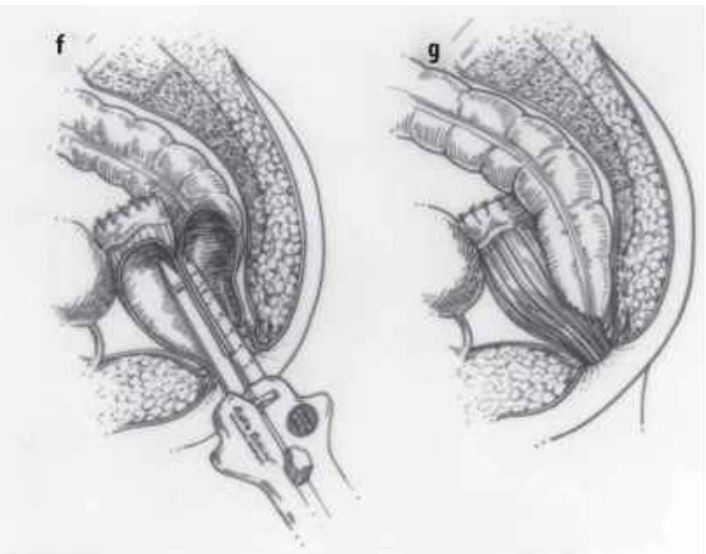


New colorectal anastomosis



Discussion

- New pull through and anastomosis colorectal are possible because the pectine line was conserved
- Important that we conserve the pelvic anatomy (ureters and pelvic innervation “bladder”), therefore abdominal approach is necessary



- The Duhamel procedure is an excellent procedure that conserved the pelvic structure but is a procedure with more complications (stenosis, or incomplete pull through of the colon)

thank you

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