

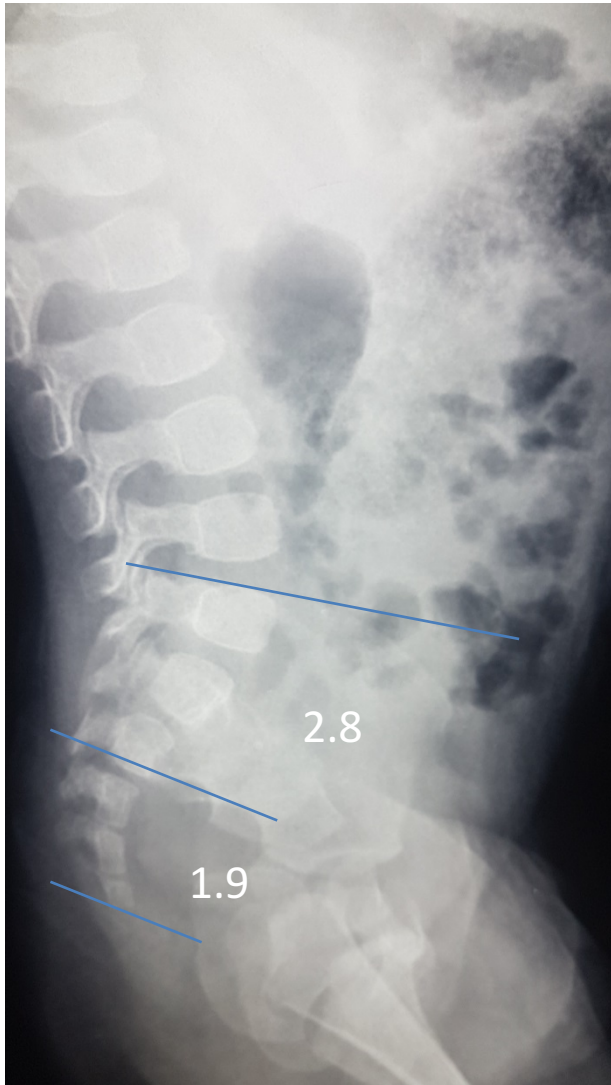
Case 1.

Dr. Antonio Francisco Gallardo
Guadalajara - Mexico

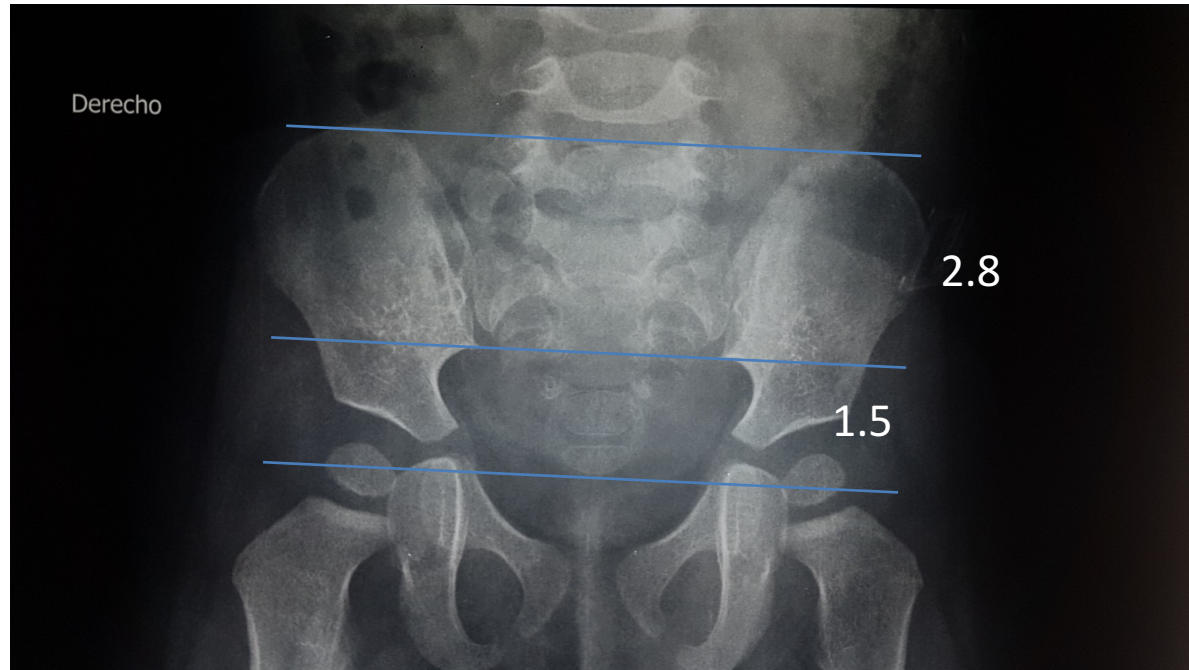
1-year, 8-month-old female patient, born with a cloacal anomaly, underwent colostomy opening on first day of life.

Which studies would you order?

1. Sacral X-ray AP and lateral
2. Kidney and pelvic ultrasound
3. Distal colostogram/cloacogram
4. MRI to rule out tethered cord
5. All of the above



Sacral Ratio: 0.67



Sacral Ratio: 0.53

27-02-2016

28-04-2017

7:42:00

bladder

vagina

rectum



Rectum
opening in
between
both hemi-
vaginas

kV: 96
mAs: 2.9
D: 100

S4_1

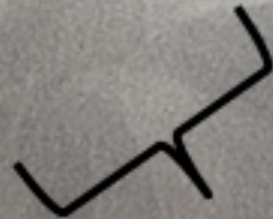
H: 0 %
F: 58 %
C: 791
B: 307

UNIDAD DE PAT

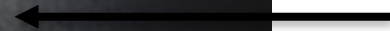
bladder

vagina

rectum



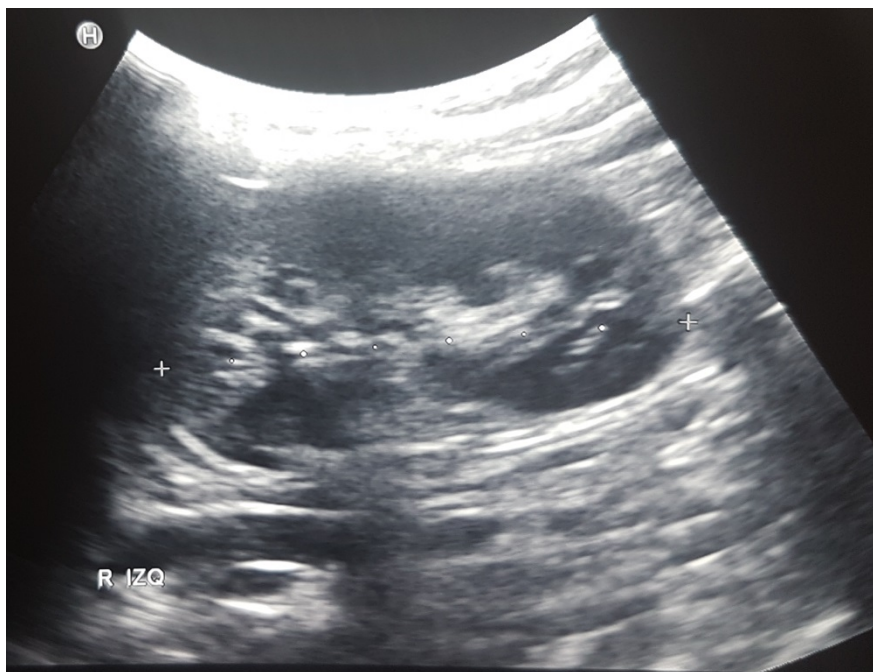
Common channel



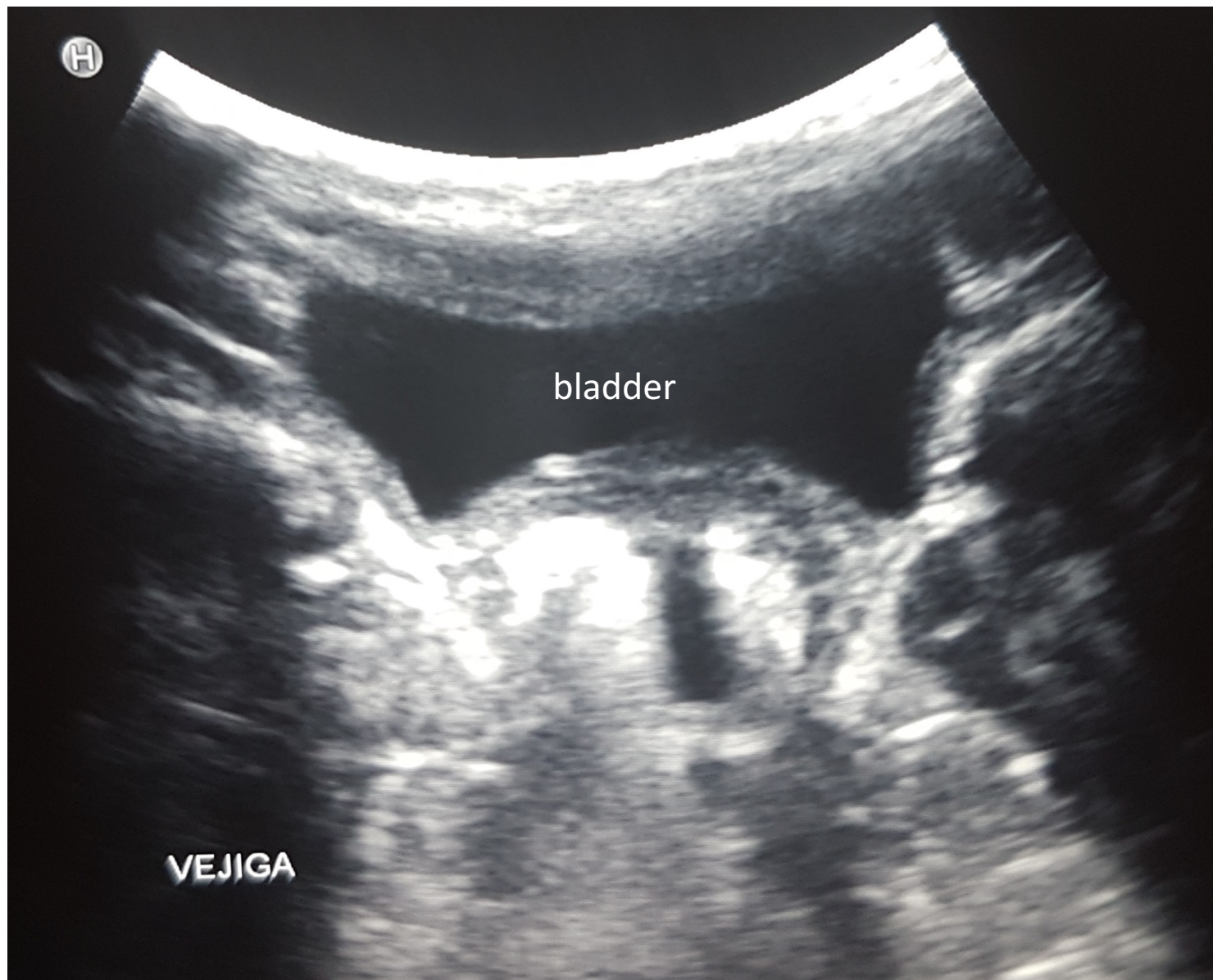




Right Kidney



Left Kidney



What would your approach be?

1. Remove distal colonic portion and bring proximal colostomy as neo-anus + total urogenital mobilization
2. Cystoscopy, total body preparation, start posterior sagittally and attempt total urogenital mobilization with consent for laparotomy as well as mobilization of mucous fistula, if indicated.
3. Start with laparotomy/laparoscopy for rectal mobilization and separation of vaginas from the bladder then posterior sagittal approach for anoplasty, vaginoplasty, and urethroplasty
4. I don't know