

Case 2.

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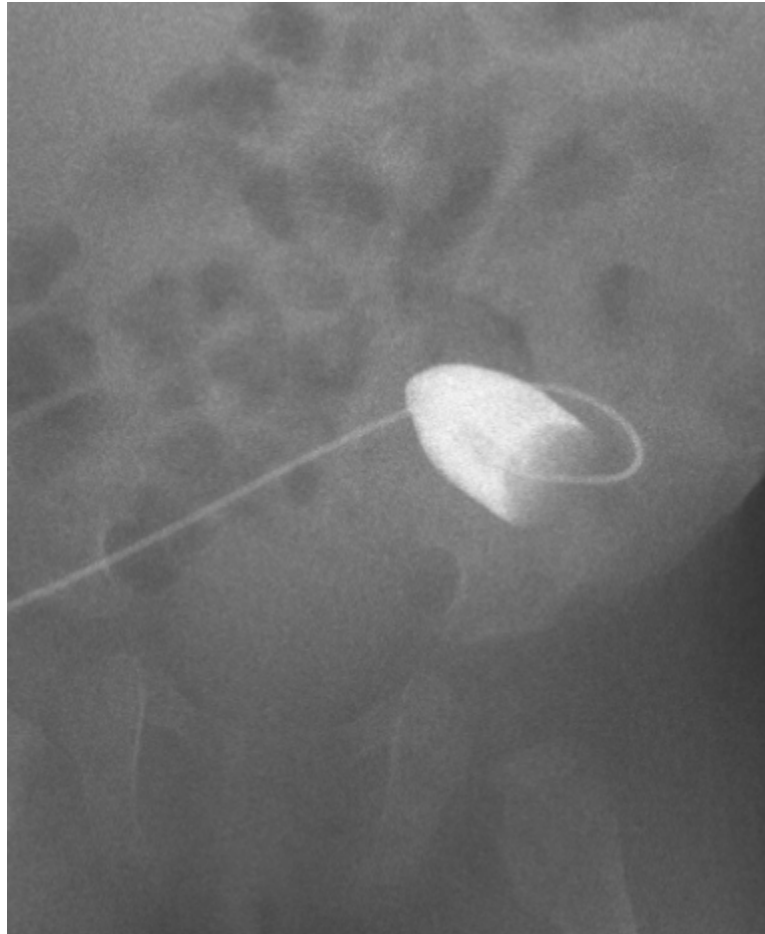
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History

- Features of Down syndrome.
- Imperforate anus. S/P colostomy creation.
- Large PDA with mainly R-L shunt indicative of Pulmonary HTN.

History

- A 14-months-old known case of Down Syndrome
- Imperforate anus with colostomy
- Status post PDA device closure
- Asthma
- Grade 1 left hydronephrosis
- GERD: with recurrent chest infection
- Failure to thrive

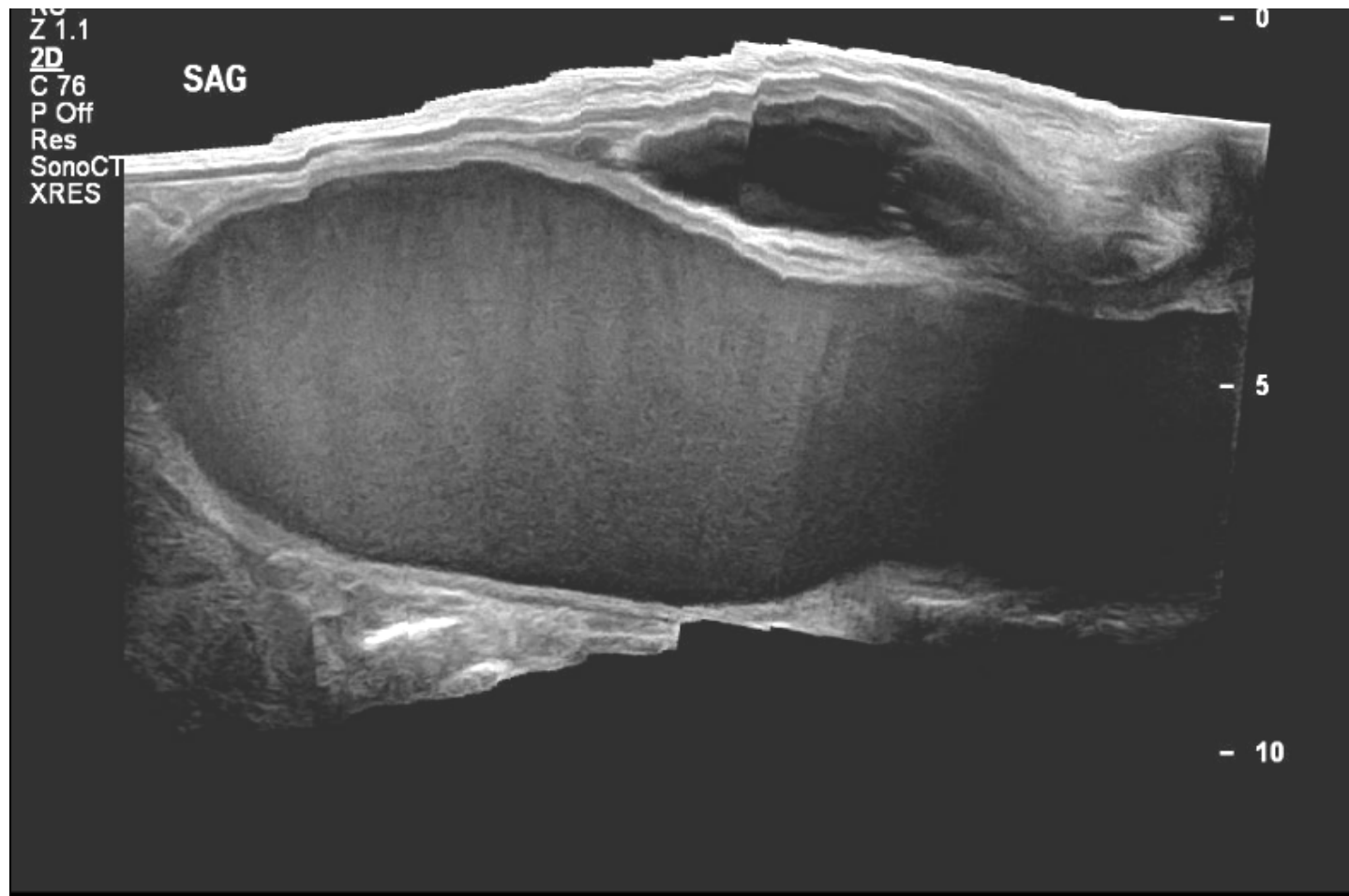


- Patient presented with decreased urinary output and an empty stoma bag for 3 days.
- No h/o bilious emesis
- No clinical signs of intestinal obstruction, palpable mass was noticed in the center of her abdomen, mobile, non tender
- Perineum was examined and showed no anus, normal urethral opening with Foley in place, normal external vaginal opening (as far as I could examine)

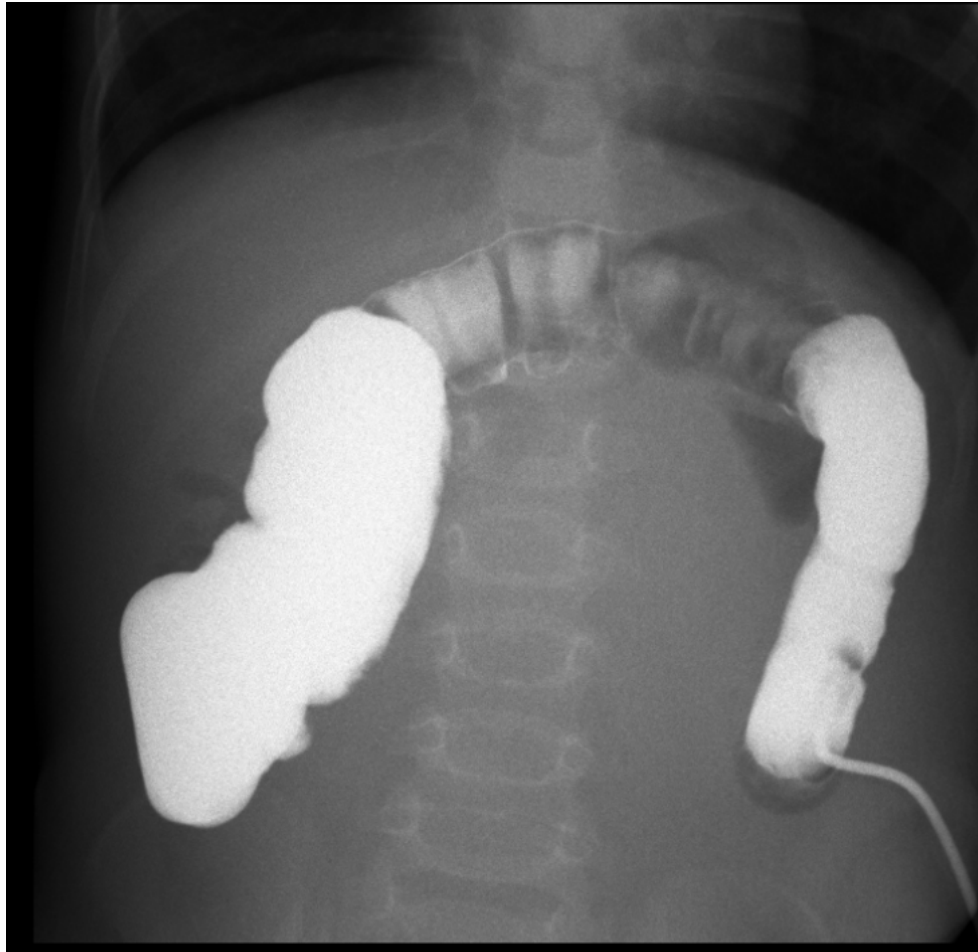
X-ray



US

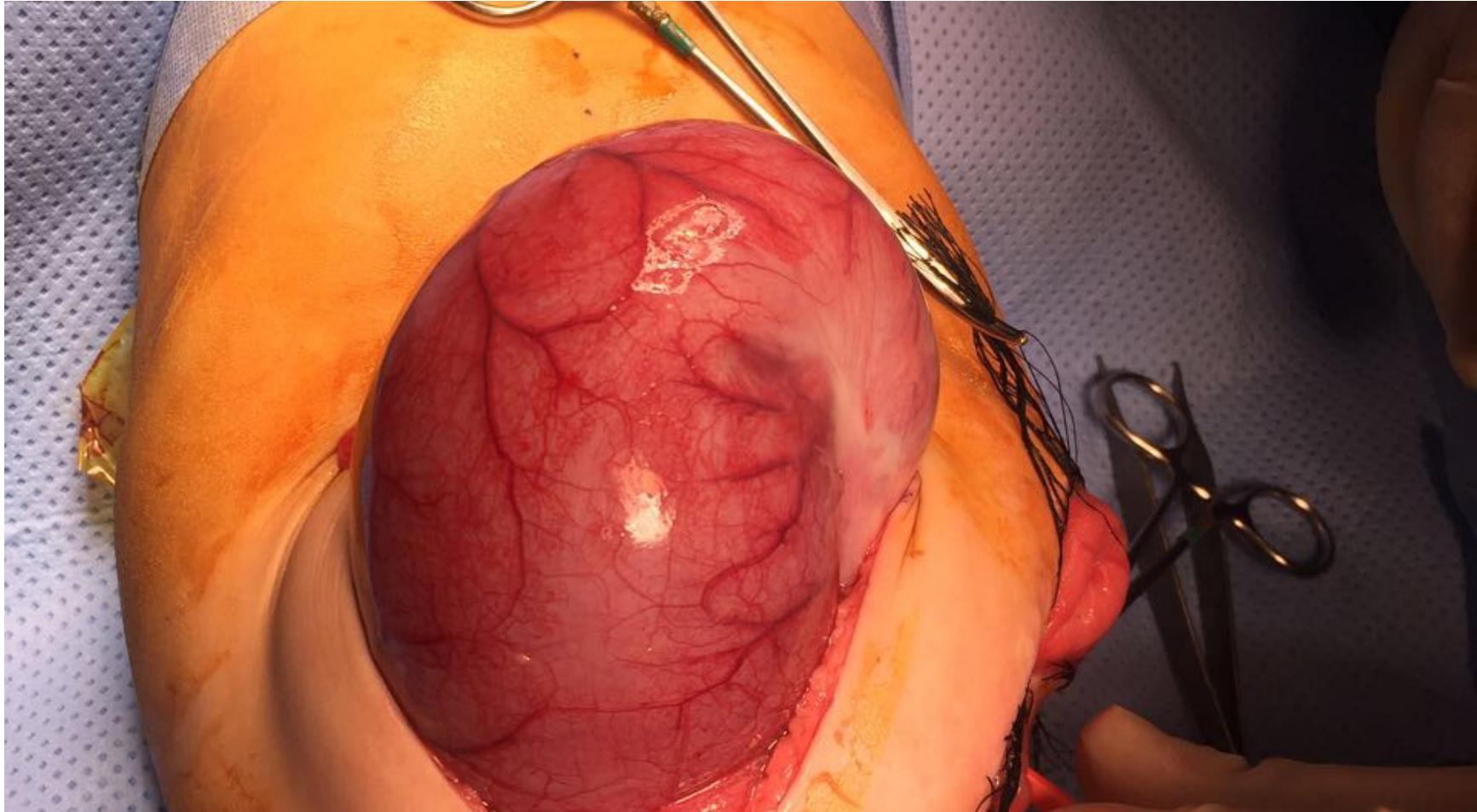


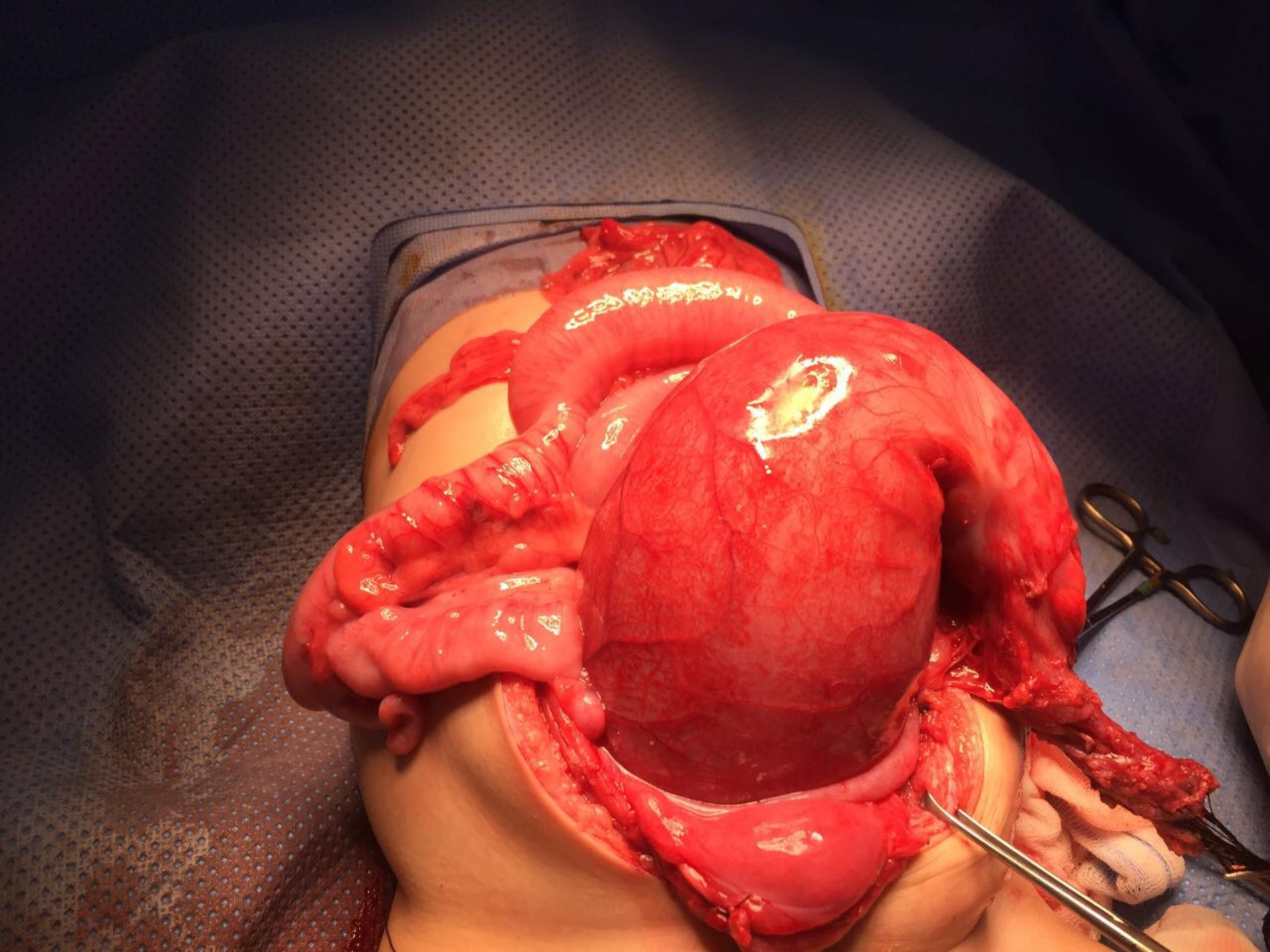
Contrast Study

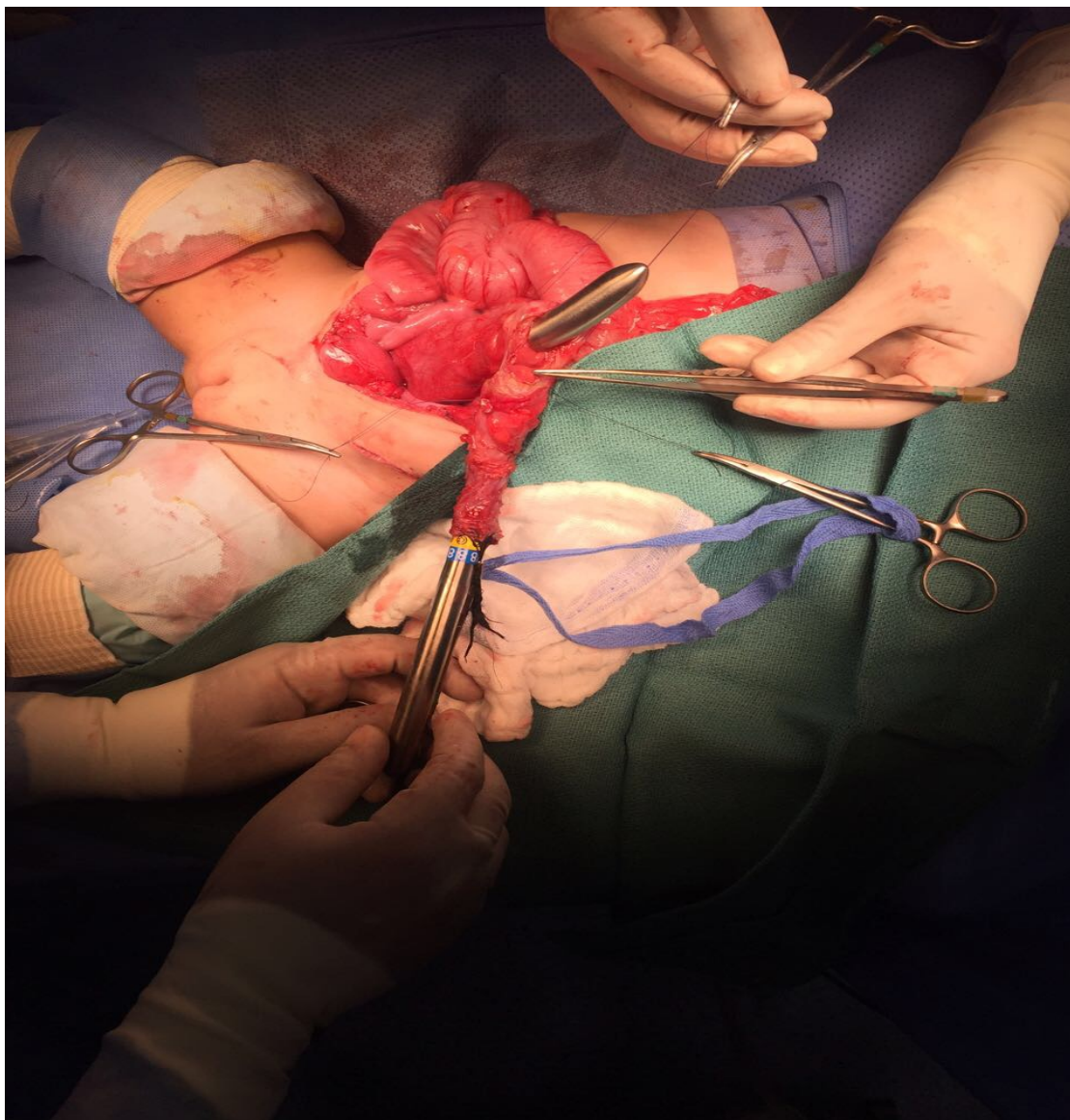


- Contrast study through the stoma showed no obstruction
- However, palpable mass was visible and noticed, causing external compression on the colon in plain X-ray and contrast images.

- Patient was taken to OR for Exploratory Laparotomy







- Colonic Atresia---Resected
- Because of severely dilated distal pouch, only revision of stoma was done

Thank you