

# Colorectal Web meeting 12/21/17

## Colorectal Center and Hirschsprung Institute for Children

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Children's  
Hospital of Pittsburgh | of  
UPMC

Current age: Female 11 years.

Started at the age of 2 years with constipation.

MiraLAX 1 to 3 cups every day during 4 years.

Multiple fecal disimpaction in OR.

Multiple clean out with Golytely and NG-tube.

What is your next medical or surgical decision?

1. Contrast enema
2. Rectal biopsies
3. Rectal myectomy
4. Colostomy
5. I do not know



April 2011  
4 years old



What is your next medical or surgical decision?

1. Contrast enema
2. Rectal biopsies
3. Rectal myectomy
4. Fecal disimpaction, enemas, and laxative trial
5. I do not know

**6 years old**

**September 2012**, Fecal disimpaction and rectal myectomy. Presence of ganglion cells.

What is your next medical or surgical decision?

1. Contrast enema
2. Rectal biopsies
3. Colostomy
4. Fecal disimpaction, enemas, and laxative trial
5. I do not know

**6 years**

**October 2012**, Fecal disimpaction, resection of megarectum and megasigmoid with descending end colostomy. Ganglion cells present in the rectum and sigmoid.



What is your next medical or surgical decision?

1. Laparoscopic assisted endorectal pull-through
2. Transanal Swenson pull-through
3. Colostomy closure
4. Transanal Soave pull-through
5. I do not know

## **6 years old**

**June 2013**, Soave Pull-through using the descending colon. Four days after the pull-through she develops acute abdominal pain, abdominal distention, dilation of the colon and she the diagnosed with toxic megacolon was proposed.

**June 2013**, the surgeons found an obstruction in the distal descending colon and ischemia/necrosis of the proximal colon. In consequence, they close in Hartmann pouch the pull-through and resected the necrotic bowel including the descending, the transverse, and most of the ascending colon.

Creation of colostomy with the ascending colon.

Ganglion cells present in left. transverse and right colon.

What is your next medical or surgical decision?

1. Pull-through of ileum
2. Pull-through of ascending colon
3. Permanent colostomy
4. Anastomosis of colostomy to the Hartman pouch
5. I do not know

# Contrast enema February 2016



**10 years**

**October 2016:** EGD/Colon through stoma for abdominal pain: mild lower esophageal erythema, rest was grossly normal Path from the esophagus, duodenum, stomach, terminal ileum was normal.

**December 2016,** Soave pull-through with the remaining ascending colon. During this operation, they perform a resection of the previous stenotic endorectal pull-through, tapering of the residual ascending colon and cecum, and create a new loop ileostomy to protect the cool-anal anastomosis.

December, 2016  
PO Day 3





What is your next medical or surgical decision?

1. Ileostomy closure
2. Distal colostogram
3. Permanent colostomy
4. Contrast enema
5. I do not know

January 2016



**10 years**

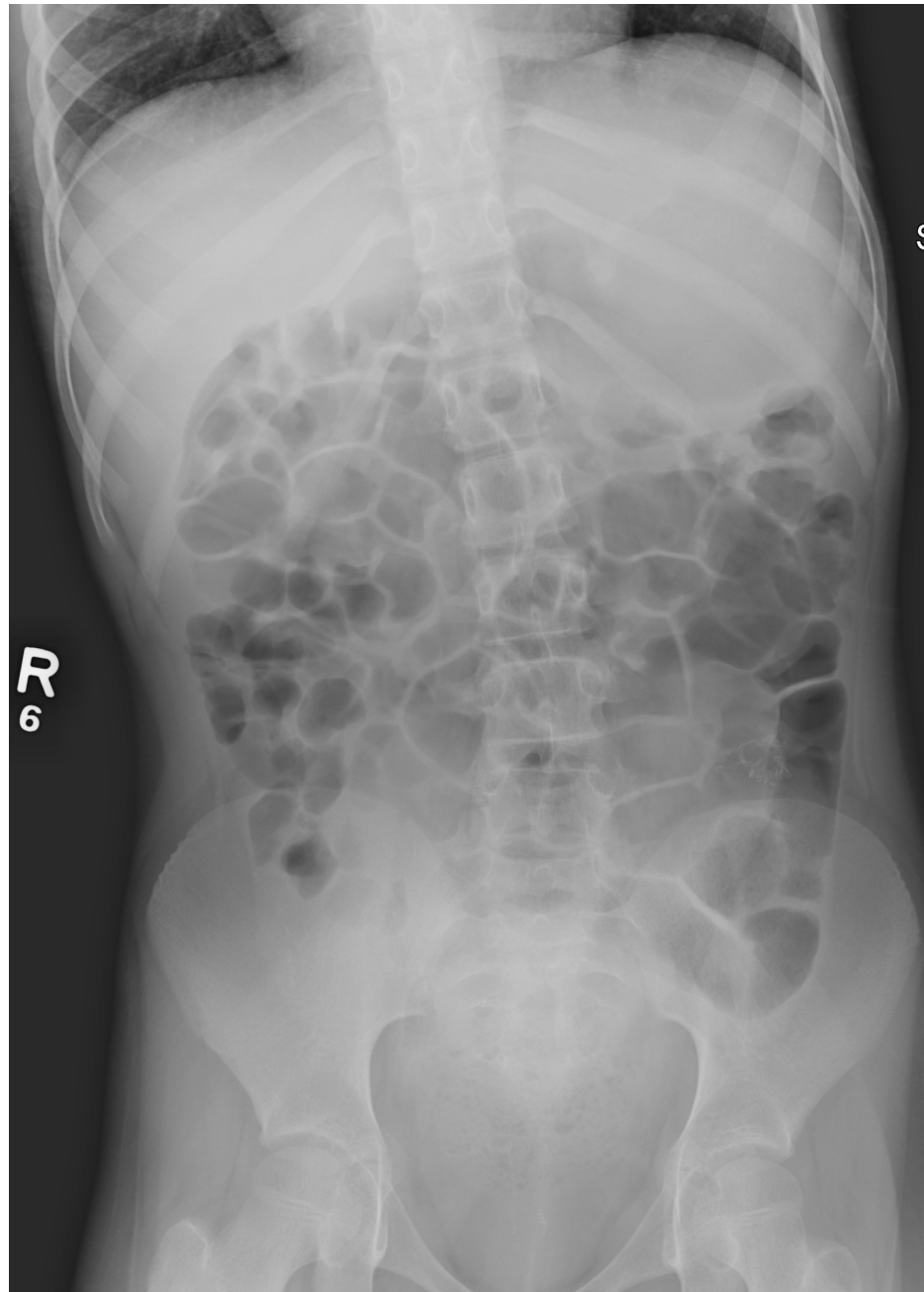
**March 2017**, the loop ileostomy was closed using a primary side-to-side stapled anastomosis

**11 years** Second opinion in the Colorectal and Hirschsprung Center of CHP

After the ileostomy closure, Emily has constantly struggled with small intestine bacterial over growth. Emily has been on alternating Flagyl and Cipro. She does get significant abdominal pain with the Cipro. If the family stops the antibiotics, she has a large amount of liquid stool.

Since the stoma closure, Emily has not had any control of her stooling. The constant stool output has lead to significant skin break down and multiple hospital admissions. She has also had multiple UTIs and family is concerned about antibiotic resistance. They have tried medications to decrease stooling. She is on loperamide 2 mg every 8 and Lomotil 1 tablet every 12 hours.

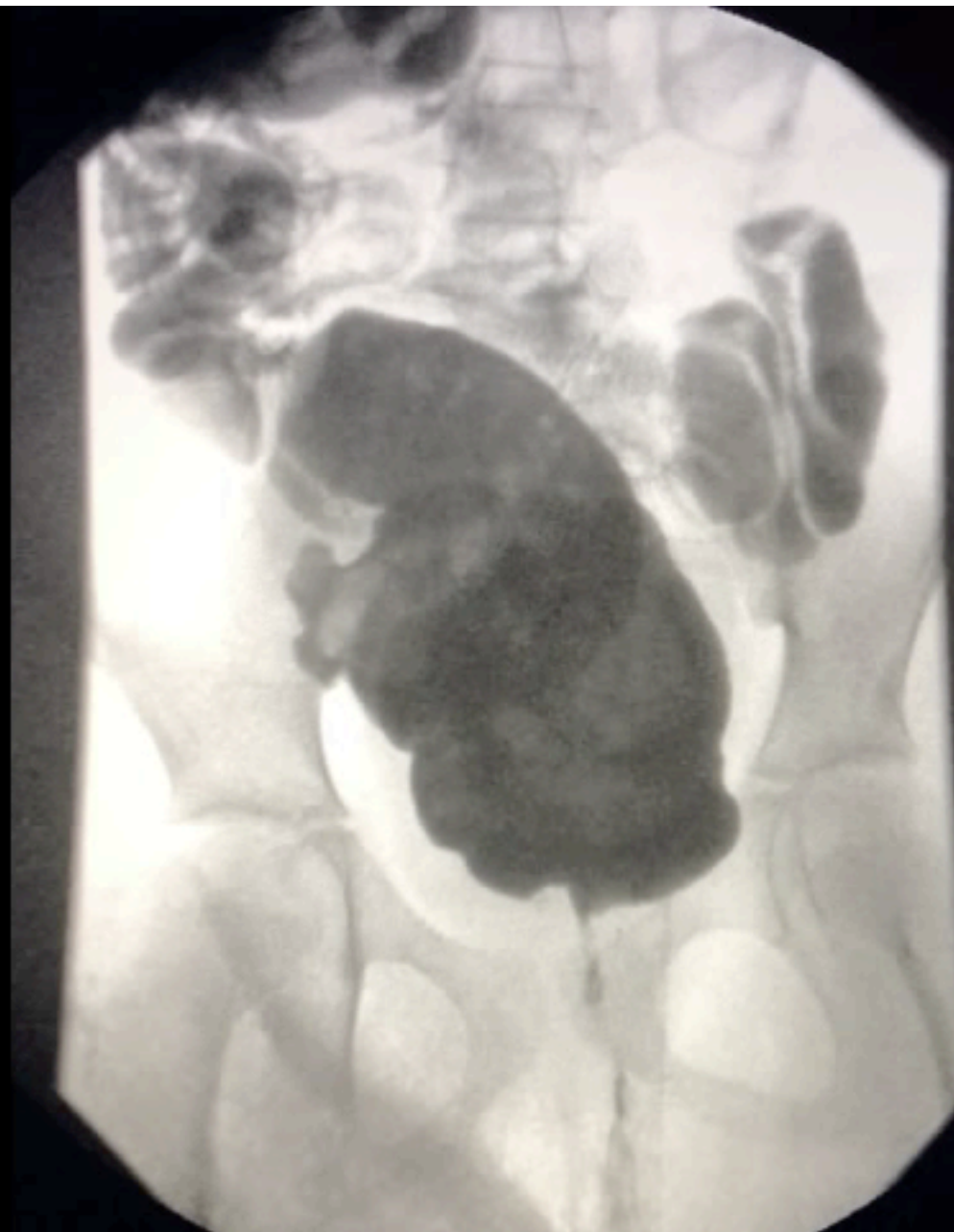
August 2017



What is your next medical or surgical decision?

1. Permanent ileostomy
2. Rectal irrigations
3. Contrast enema
4. Anorectal examination under anesthesia
5. I do not know













What is your next medical or surgical decision?

1. Permanent ileostomy
2. Rectal irrigations
3. Pull-through with ileum
4. Ileal pull-through with J-pouch
5. I do not know