



KARLA SANTOS-JASSO, M.D.

National Institute of Pediatrics

Mexico City, Mexico

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9-year-old female patient

- Referred to us due to fecal incontinence

Past Medical History

- Anorectal malformation with recto vestibular fistula
- Primary PSARP (5 days after birth)

Clinical appearance

- ❑ Anus within the center of the sphincter
- ❑ Dilation was made with Hegar number 13 (at the anus level, it allowed a 15 Hegar, but it was not possible to progress beyond 1.5 cm)

X-ray

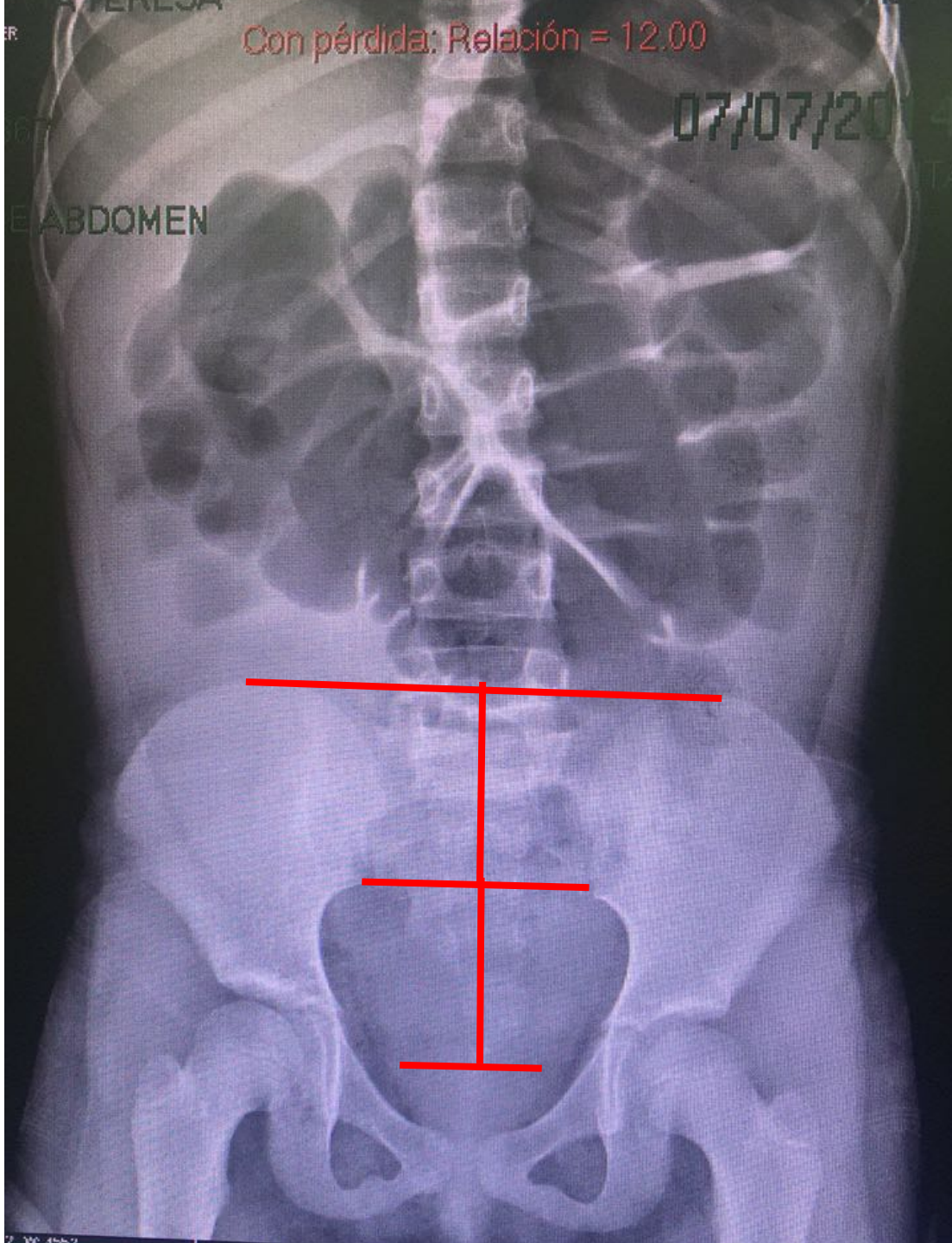


The patient can't pass stool and gas
through rectum



We performed three enemas
(500 ml saline solution)
One enema per day

SI AP 0.96



Contrast enema



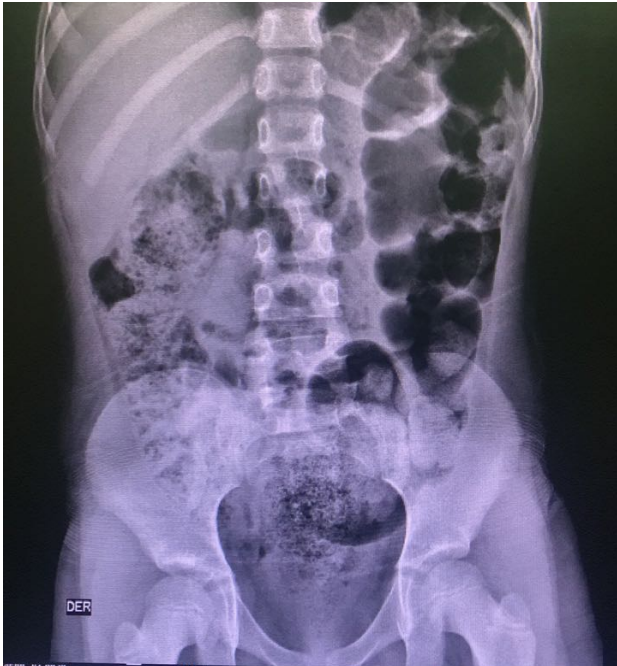
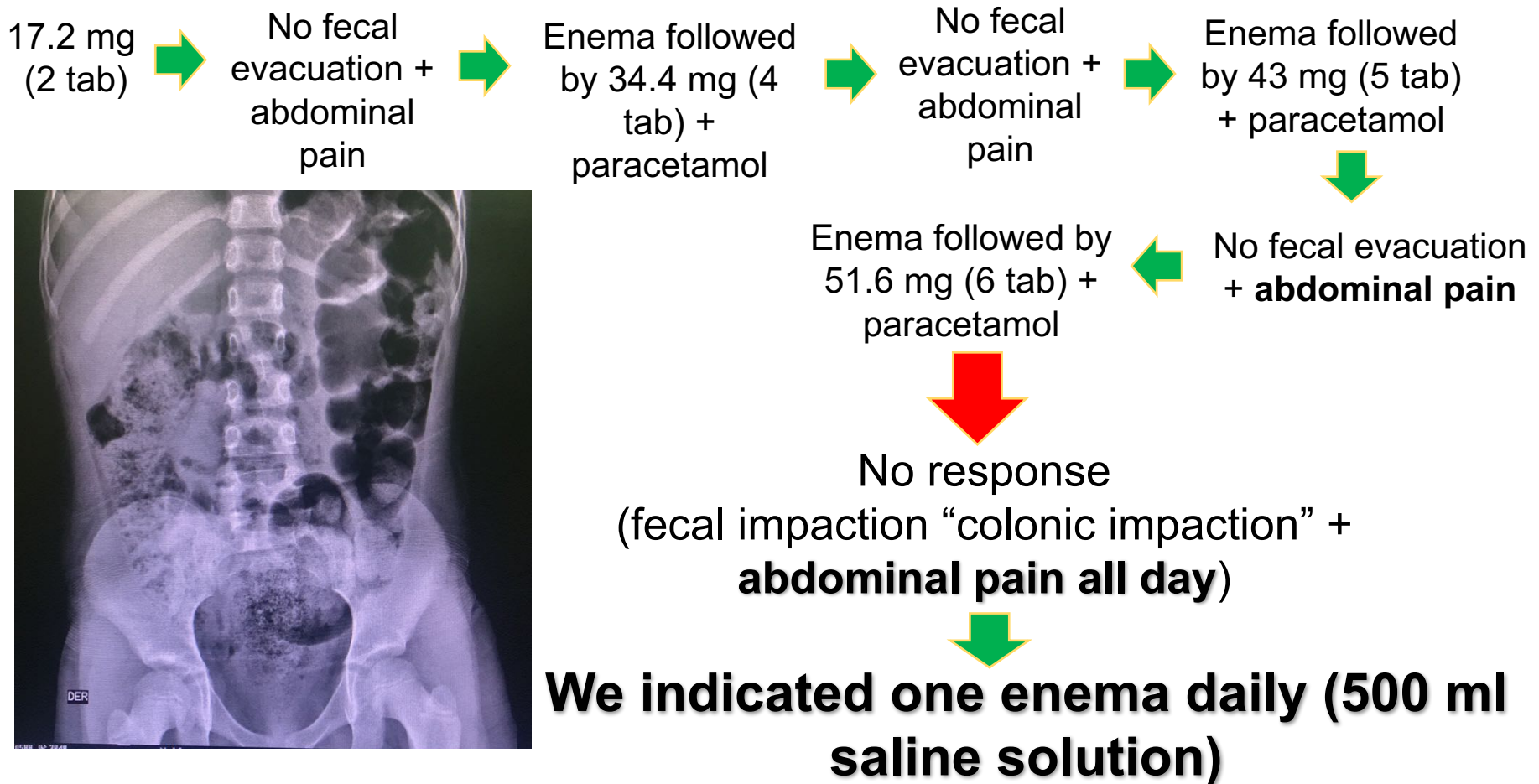
What is your diagnosis?

1. Constipation associated with anorectal malformation
2. We need to rule out Hirschsprung disease with rectal biopsy
3. Acquired stenosis of the rectum
4. Fecal incontinence secondary to anorectal malformation
5. I don't know

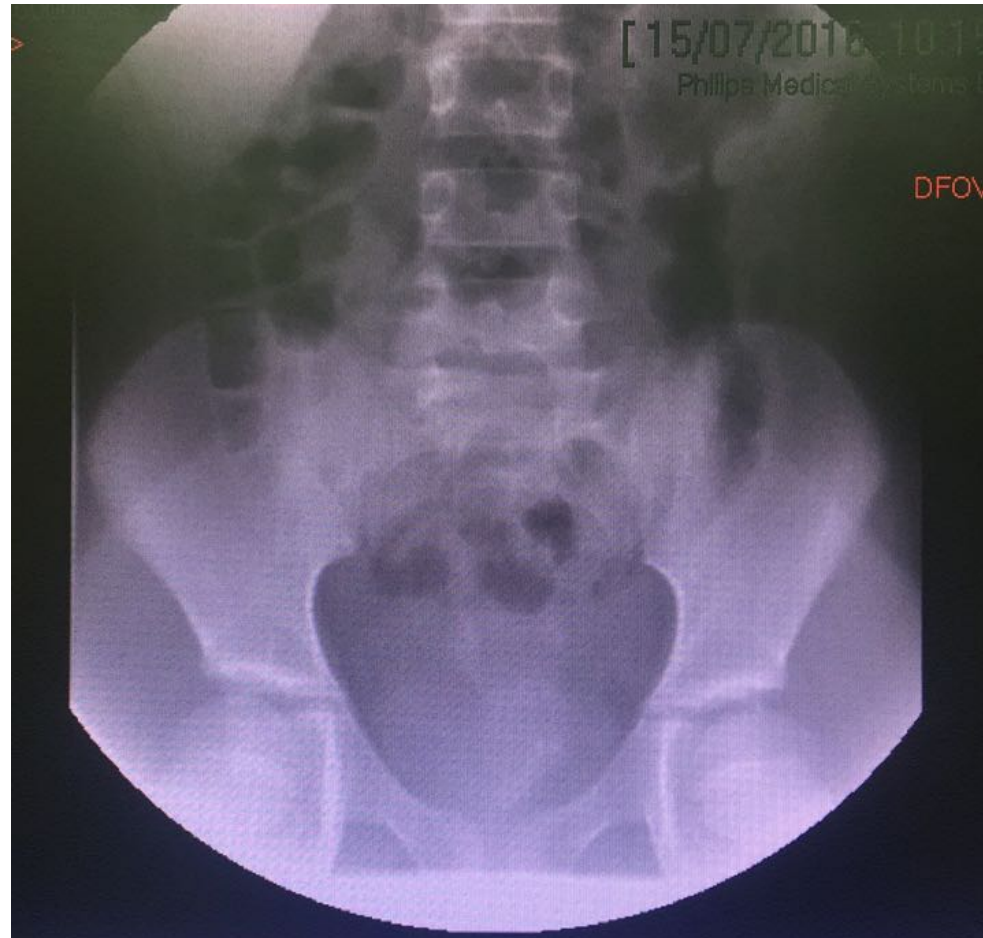
Acquired stenosis of the rectum



We started laxative: senna tablets 8.6 mg
We increased doses until 6 tablets (51.6 mg)
every day in a single dose



**We indicated one enema daily
(500 ml saline solution)**



We performed **rectal dilations under anesthesia.**
Maximum dilated diameter 16 Hegar (operating room)

But in the clinic and at home, she never dilated more
than Hegar 13, because of **pain.**

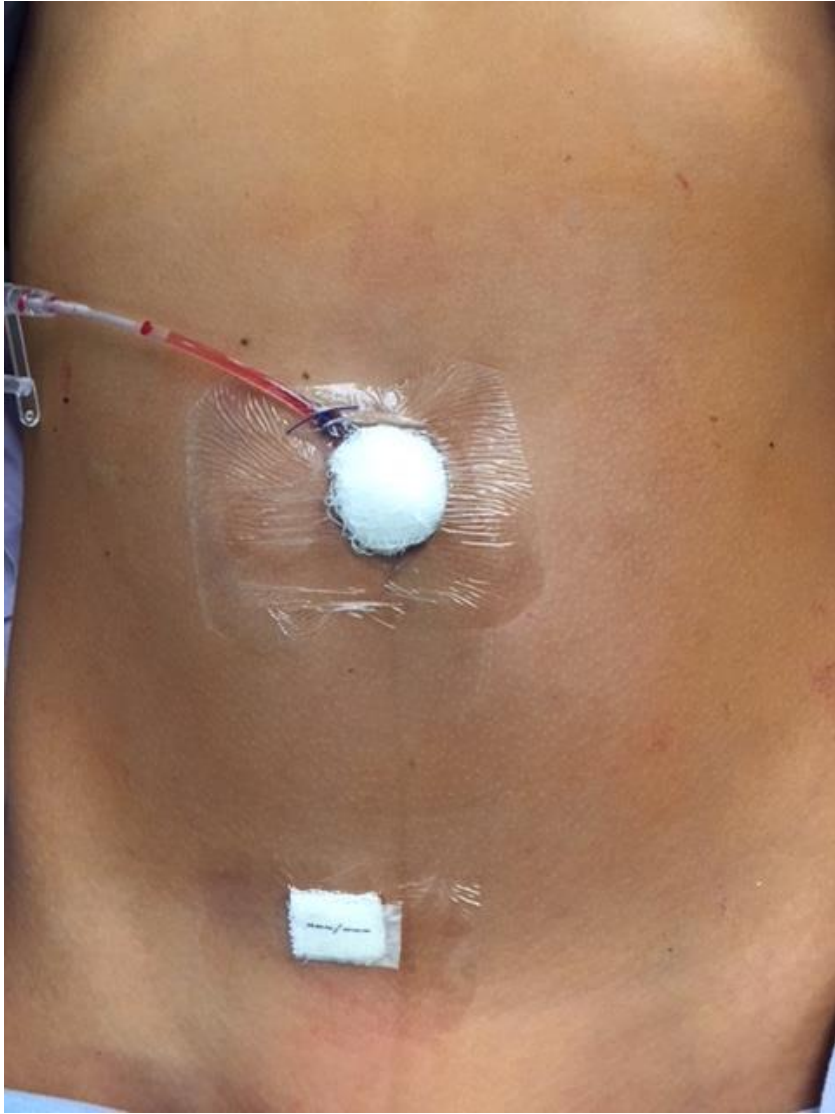
Looking at this stenosis of the rectum, which procedure do you think this patient needs?

1. Redo PSARP with previous colostomy
2. PSARP
3. Malone procedure after successful bowel management with enemas
4. I don't know

We performed a Malone procedure by laparoscopy...







**Currently, patient is on daily enema
(500 ml saline solution).**

**No accidents, and when she has
had episodes of diarrhea she is
fecally continent.**

Clinical follow-up time is 22 months

**Thank you
Karla Santos-Jasso MD
santosjasso@Hotmail.com**