

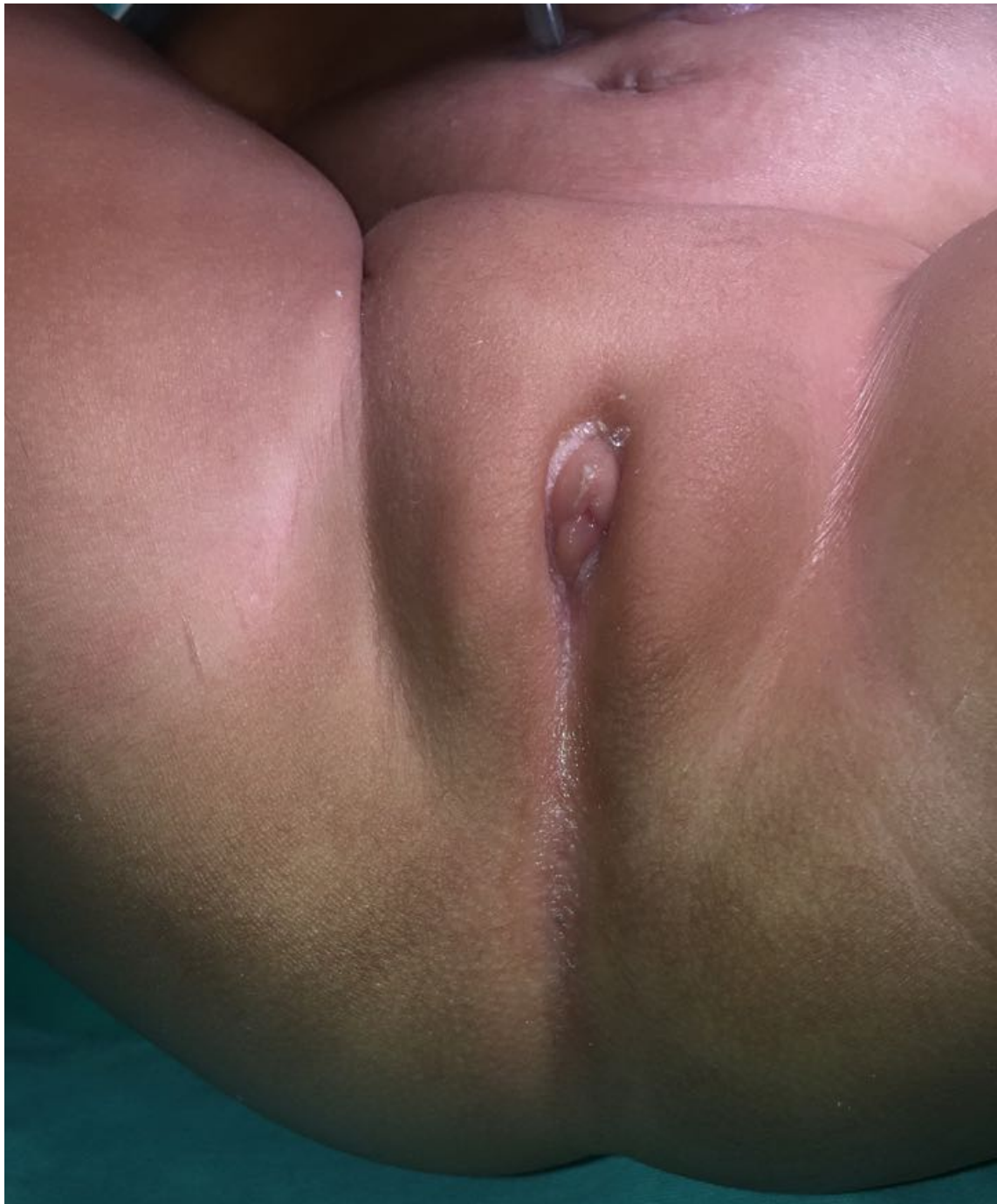
National Institute of Pediatrics

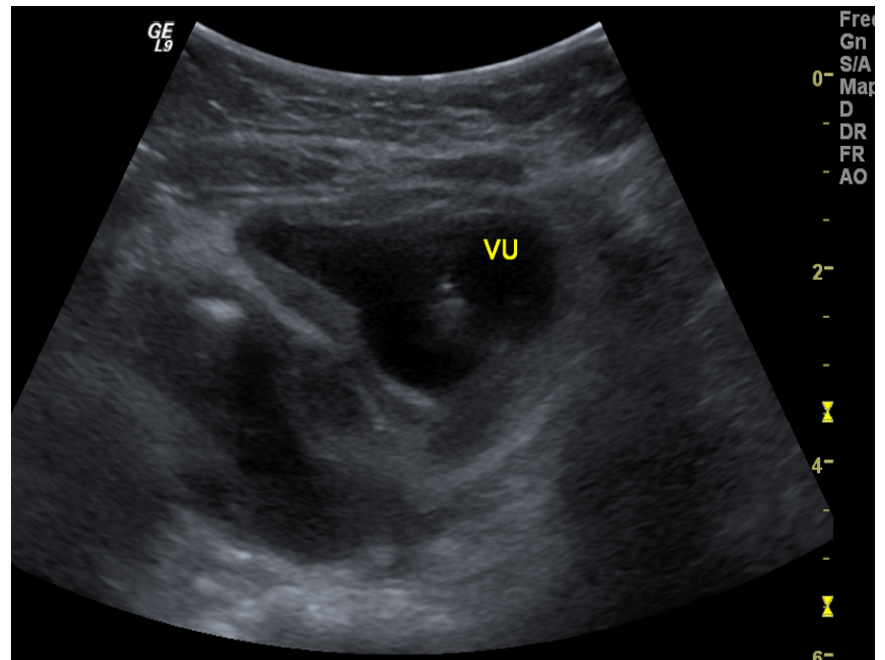
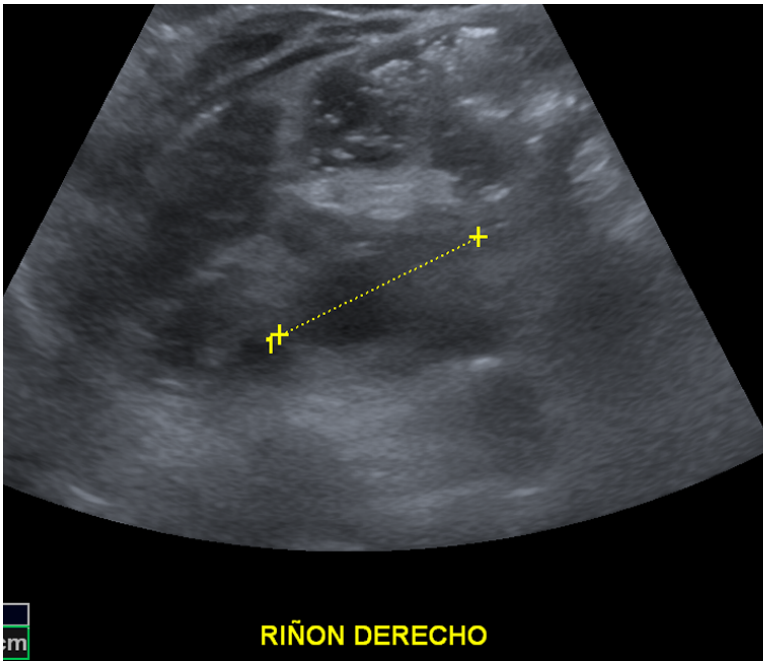
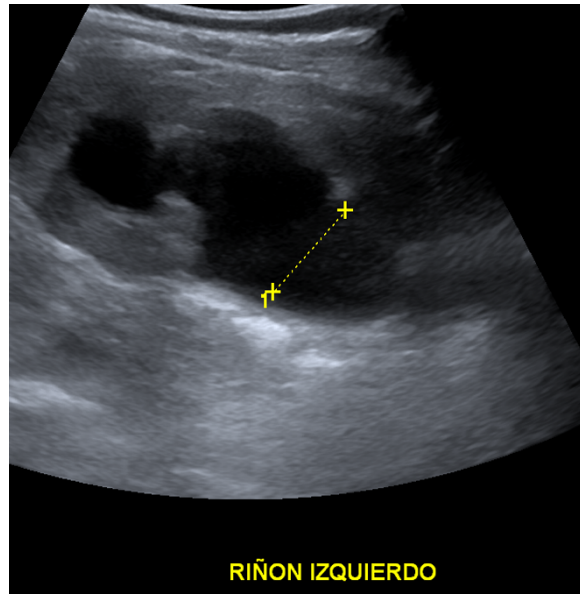
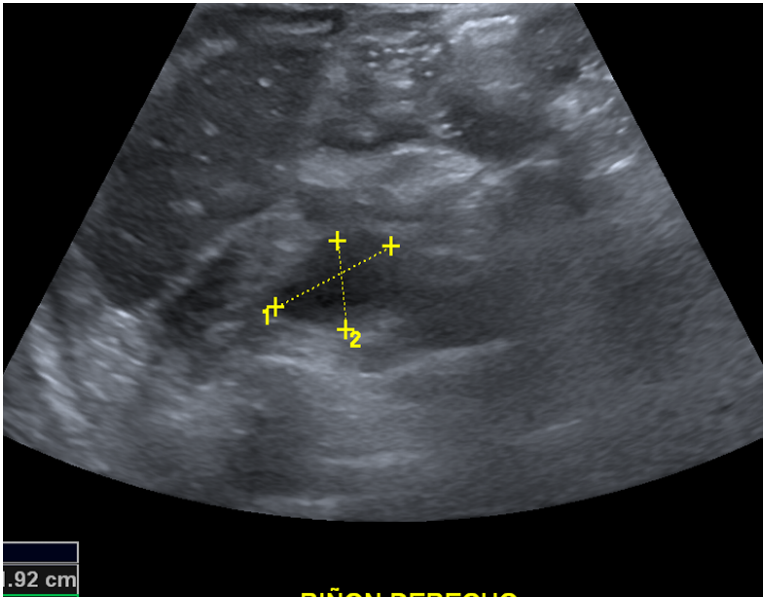
Karla Santos Jasso MD

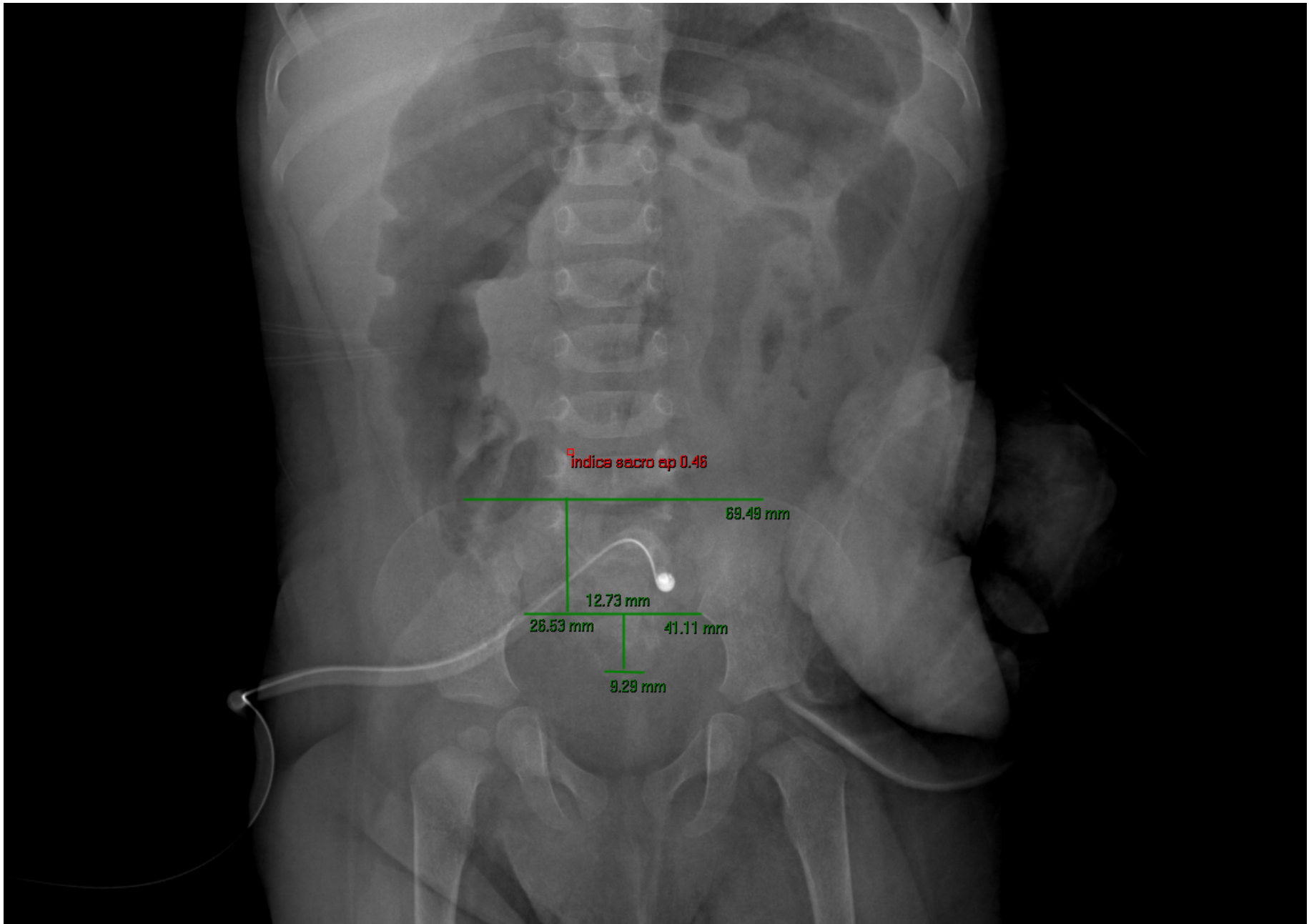
Rodrigo Prado - Pediatric Surgery Resident

Past Medical History

- 1-year-old Female
- Colostomy after birth
- Failed vesicostomy
- Cystostomy (twice)...vaginostomy







Indica sacro ap 0.46

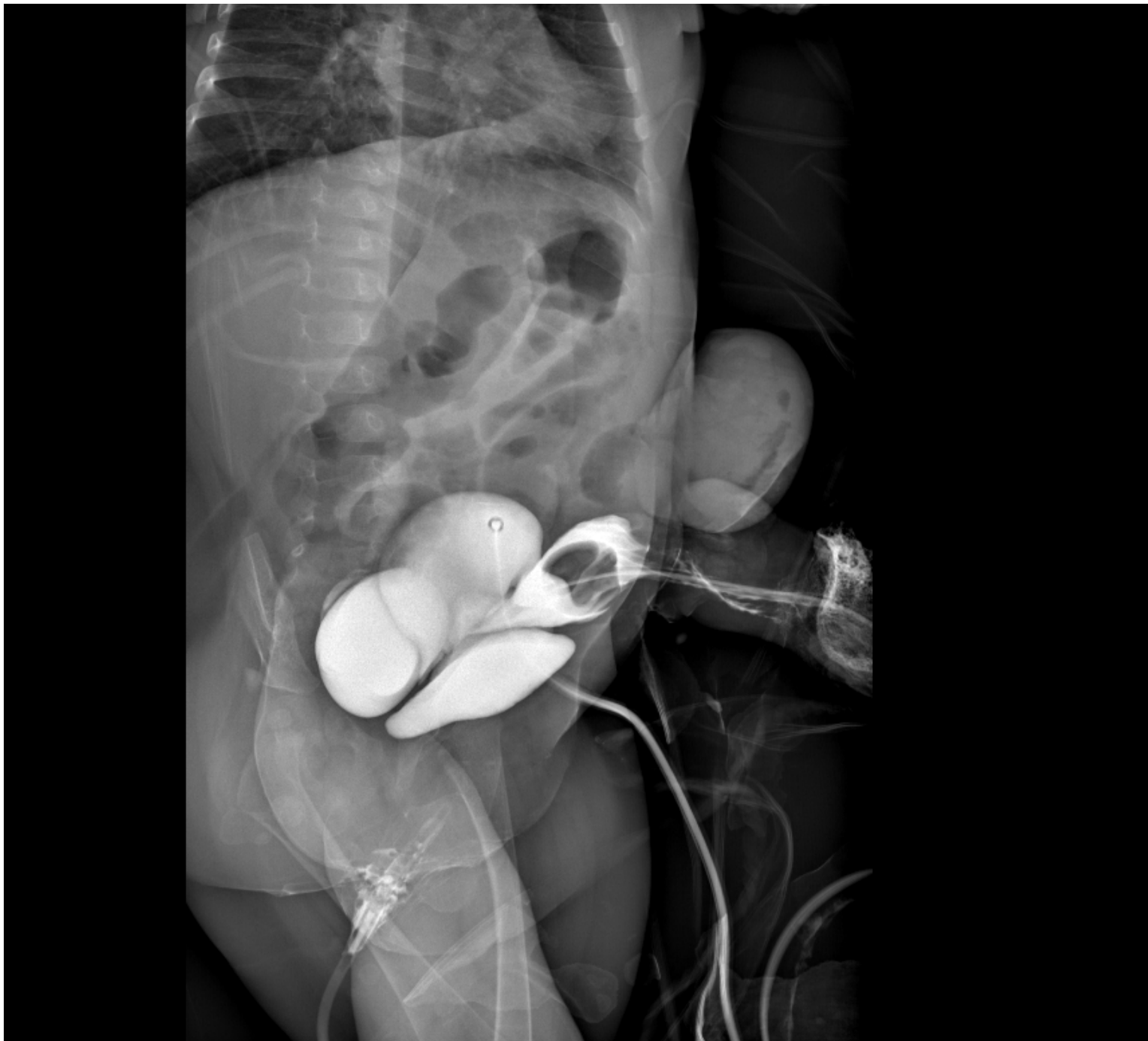
69.49 mm

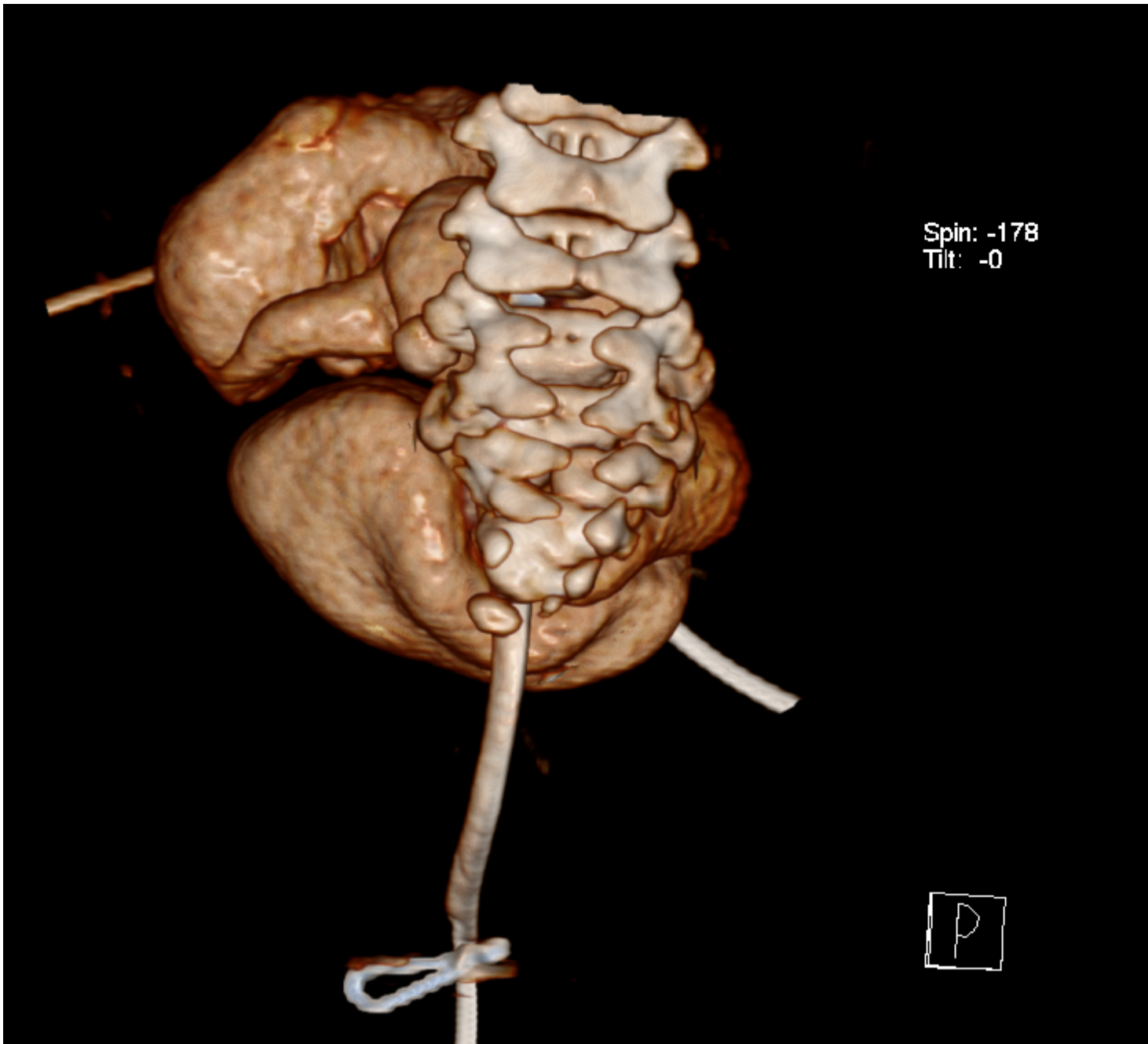
12.73 mm

26.53 mm

41.11 mm

9.29 mm





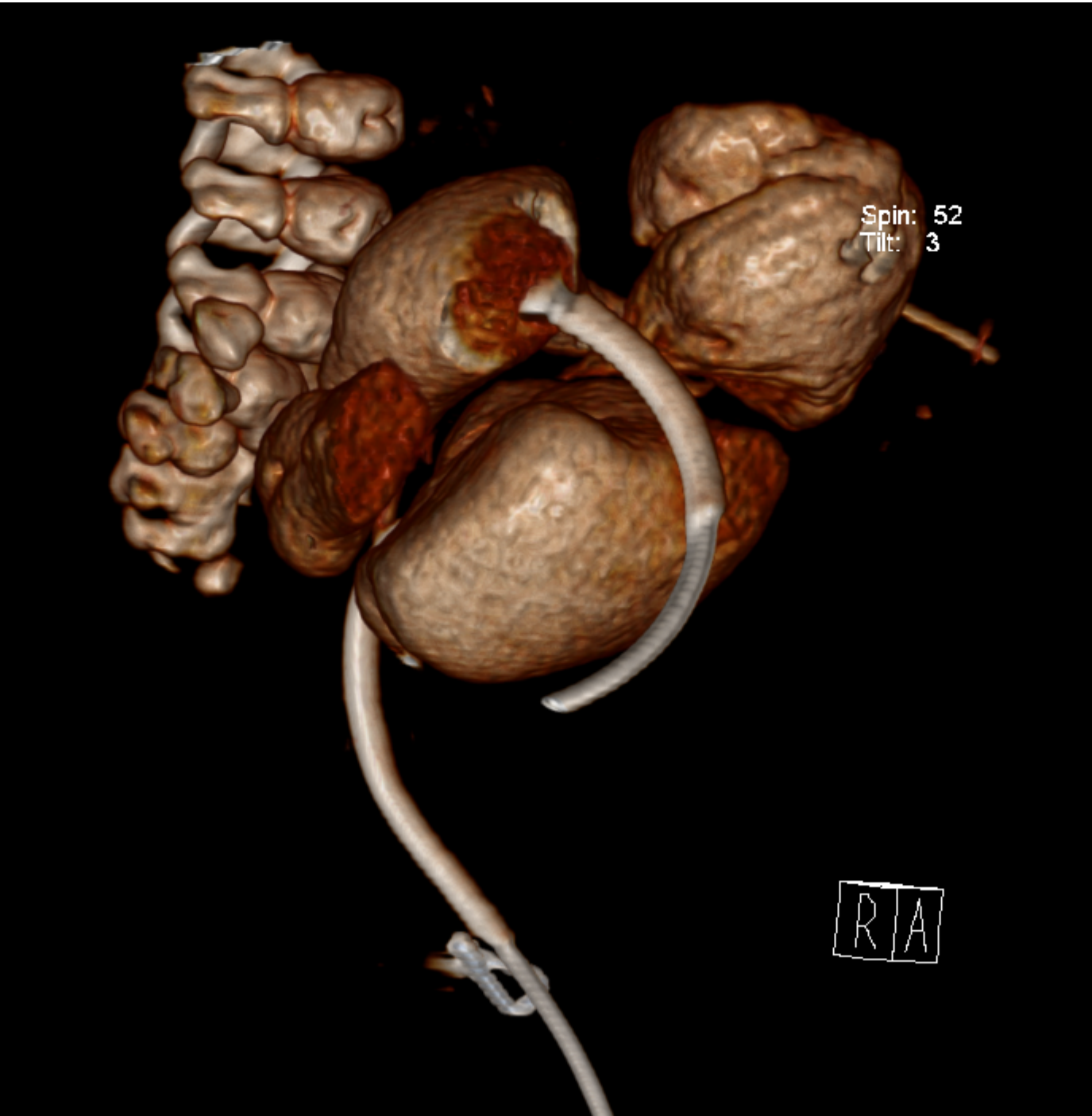
Spin: -178
Tilt: -0

P



Spin: -110
Tilt: -1





Spin: 52
Tilt: 3

R A

MAG 3 :

Right kidney, no renal perfusion

Left kidney, 45% function



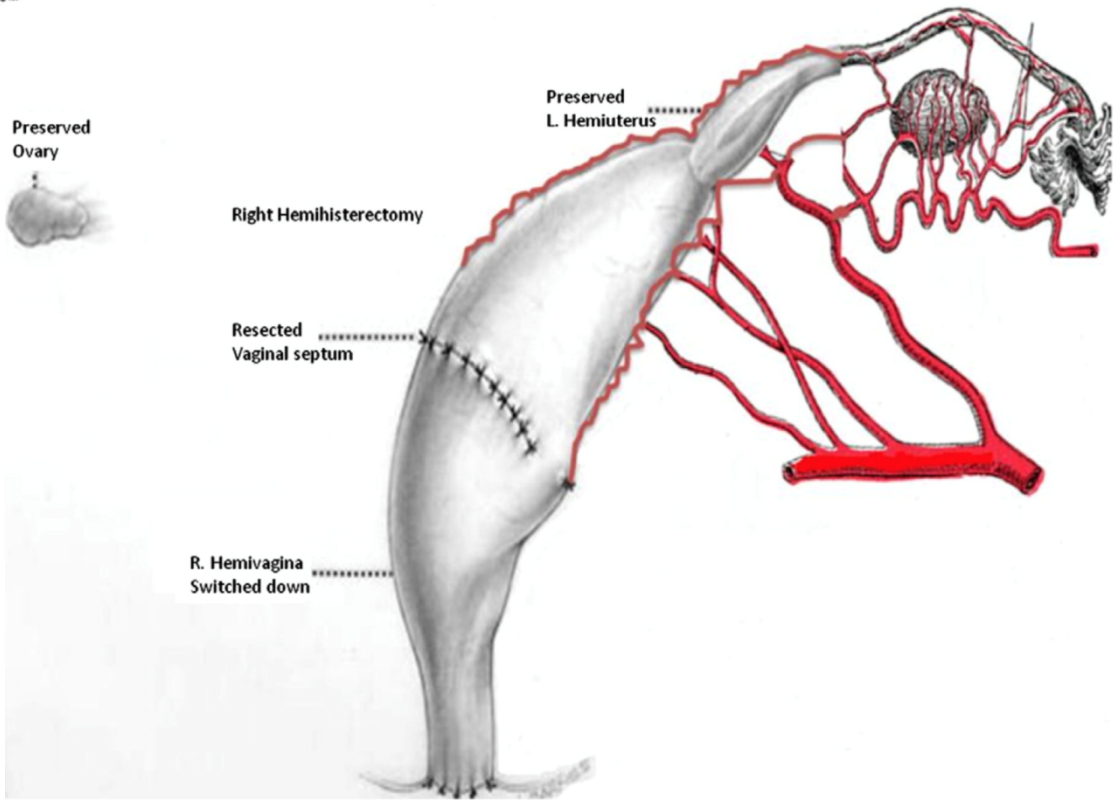
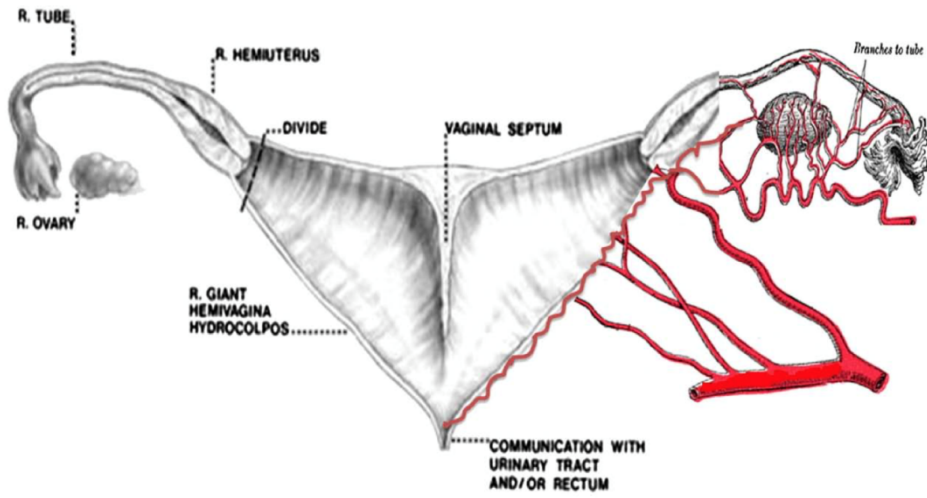
What procedure would you perform?

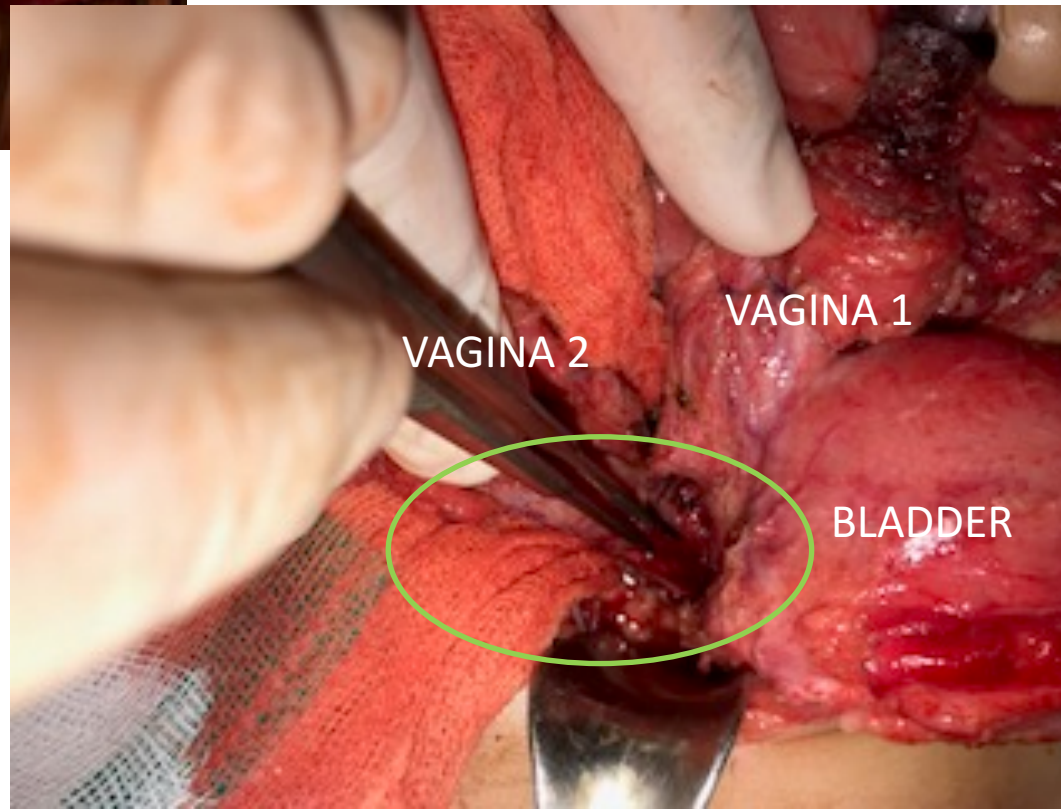
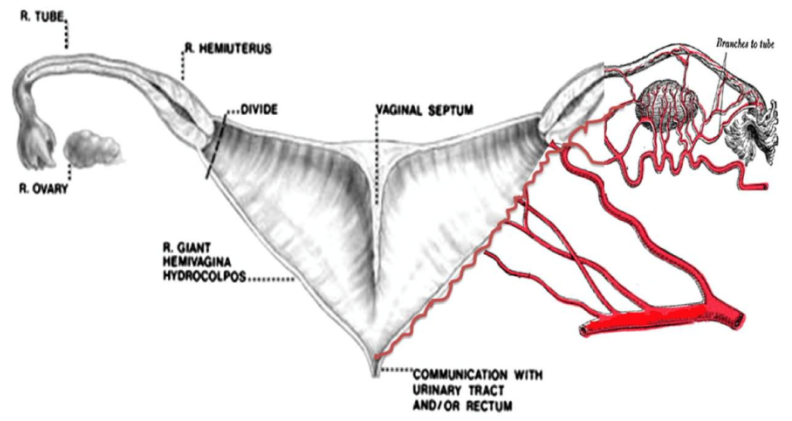
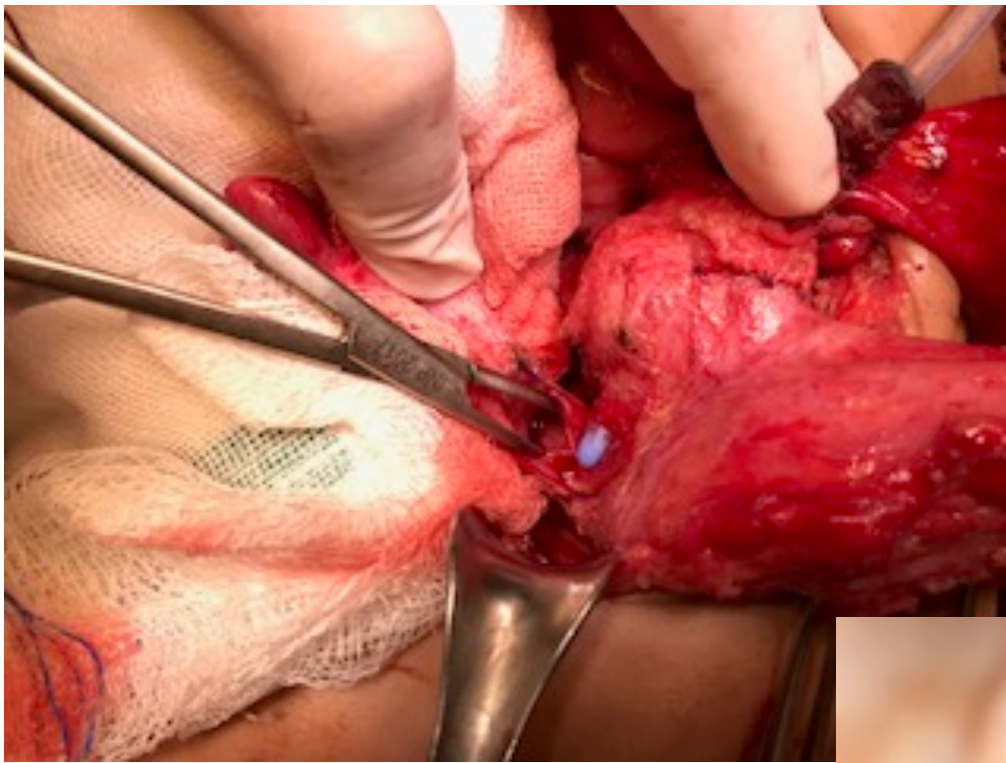
1. Posterior sagittal approach with total urogenital sinus mobilization plus anorectoplasty
2. Only anorectoplasty at this time
3. Posterior sagittal approach with ileum vaginal replacement
4. No mobilization of urogenital sinus, vaginal switch, and anorectoplasty.

- NO MOBILIZATION OF UROGENITAL SINUS
- VAGINAL SWITCH
- ANORECTOPLASTY
- NEPHRECTOMY (RIGHT)
- DOUBLE-J PLACEMENT (LEFT)

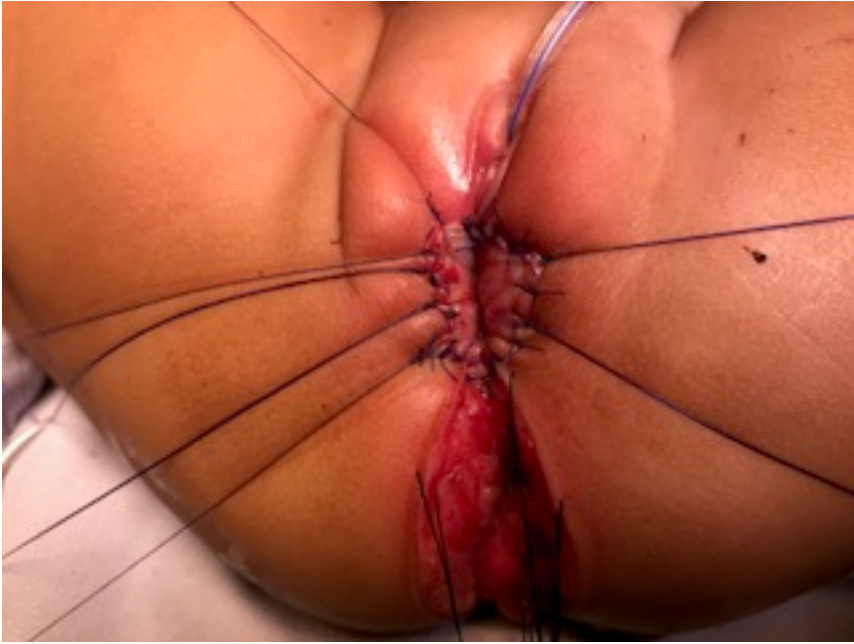












Conclusions

- Future: Bladder augmentation (with or without Mitrofanoff), and Malone procedure??
- If we had performed vaginal replacement with ileum (arterial supply) could make it difficult for future procedures.

