



Colorectal Web Meeting

Hospital Infantil de Mexico Federico Gomez

Mexico City

Background

- 11 year old, female
- Born with an ARM
- Diagnosed as a “cloaca”.
- Managed with colostomy and “anorectovaginoplasty”. Dx. Postop: Complex persistent cloaca.
- First seen at our hospital for “fecal impaction”.
- Physical exam:
 - “Patent urogenital sinus”
 - Anorectal stenosis with neoanus posterior and lateral to the center of the sphincter.

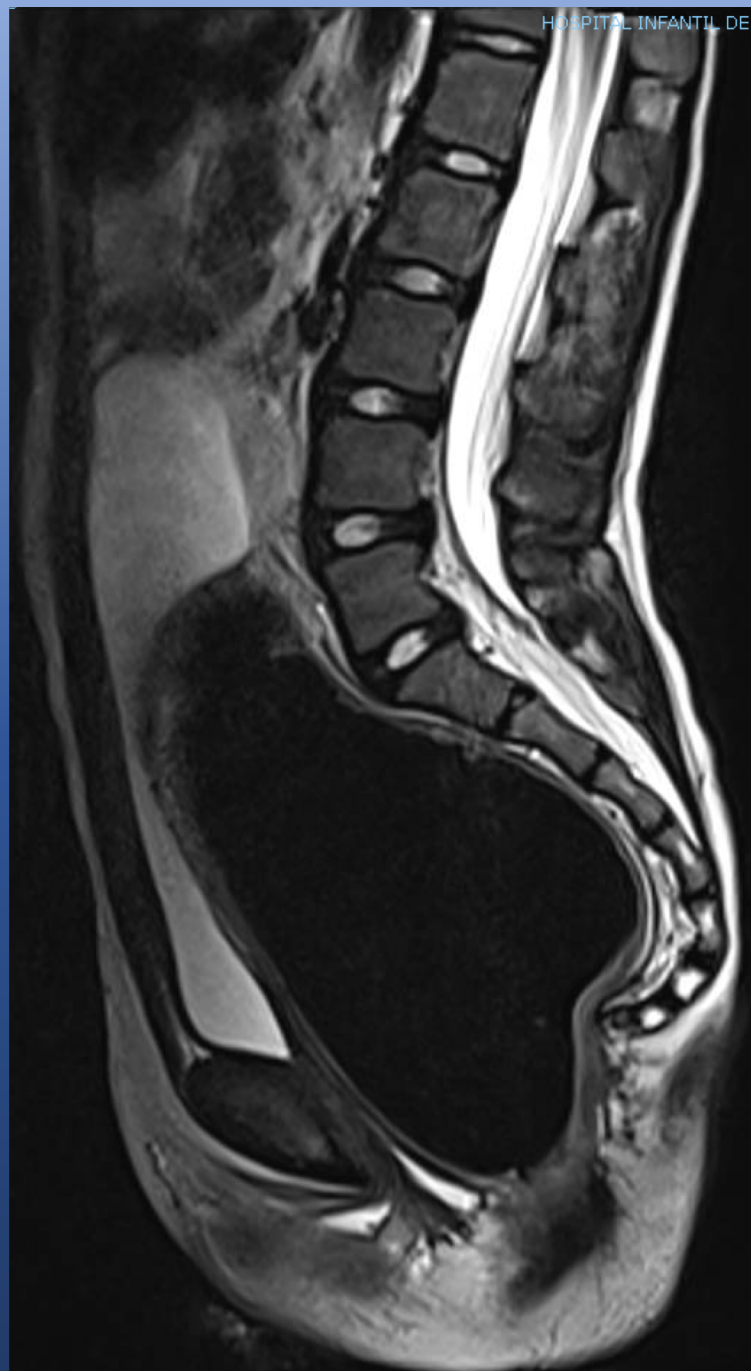
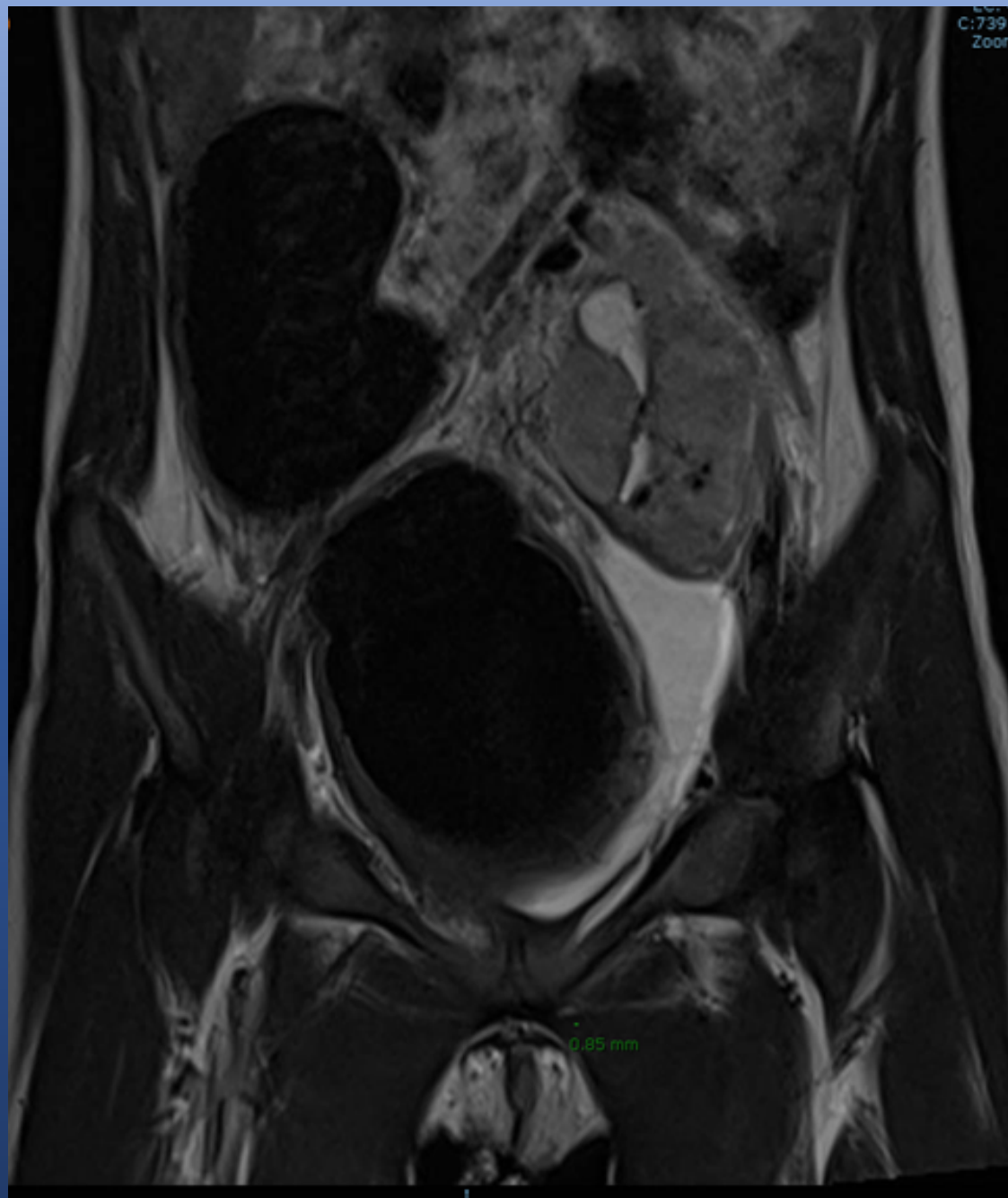


Cystoscopy

- 2 cm common channel (urogenital sinus).
- 2 cm urethra.
- Only a 2 cm vaginal pouch.
- No cervix identified.

- Neurogenic bladder, pelvic horseshoe kidney.
- Mild mitral valve insufficiency (incompetence).

- Normal Sacrum
 - IS 0.62.
- MRI
- Cord at L2
- Thickened fillum



- Transverse colostomy was performed as initial treatment

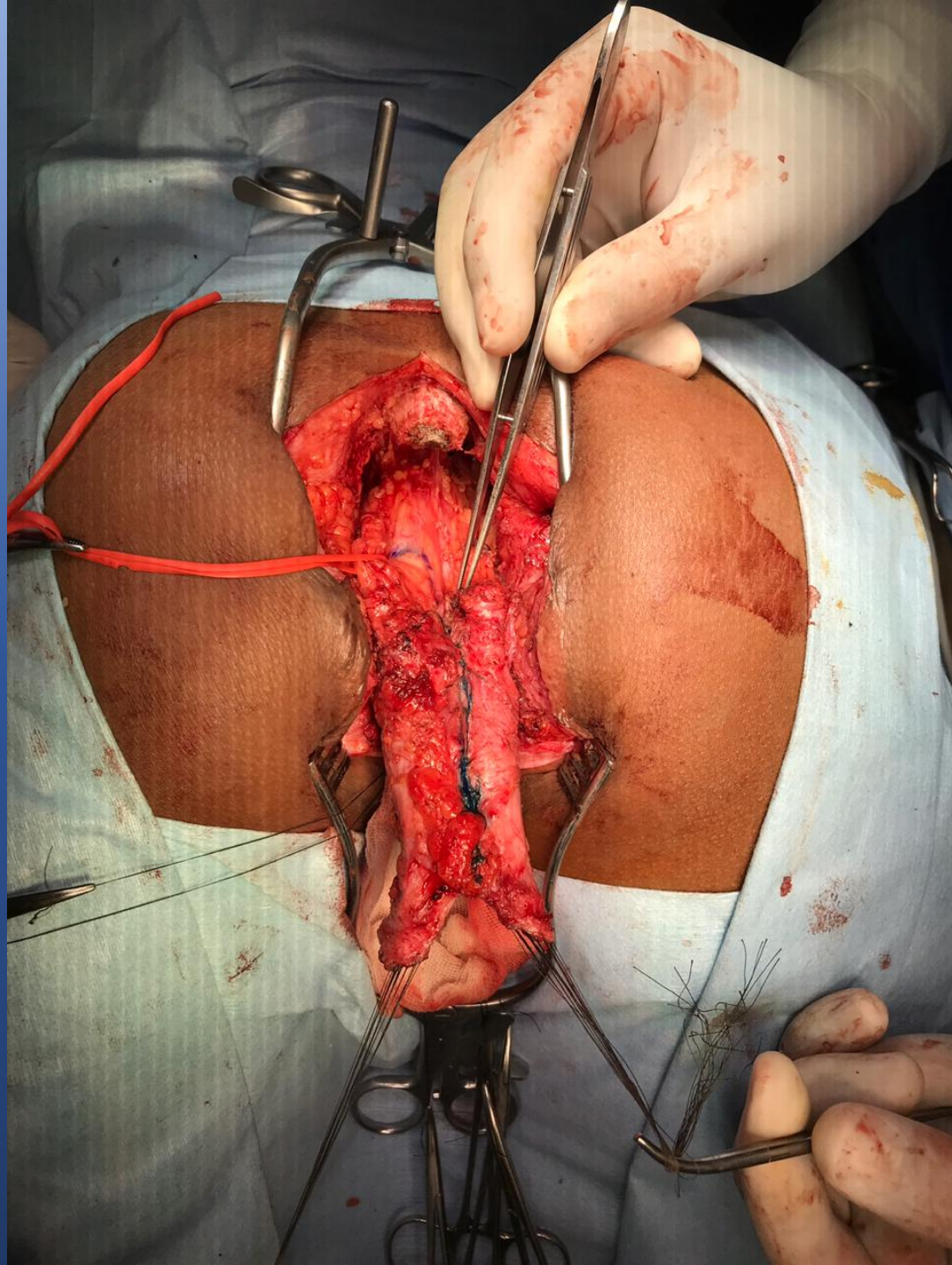
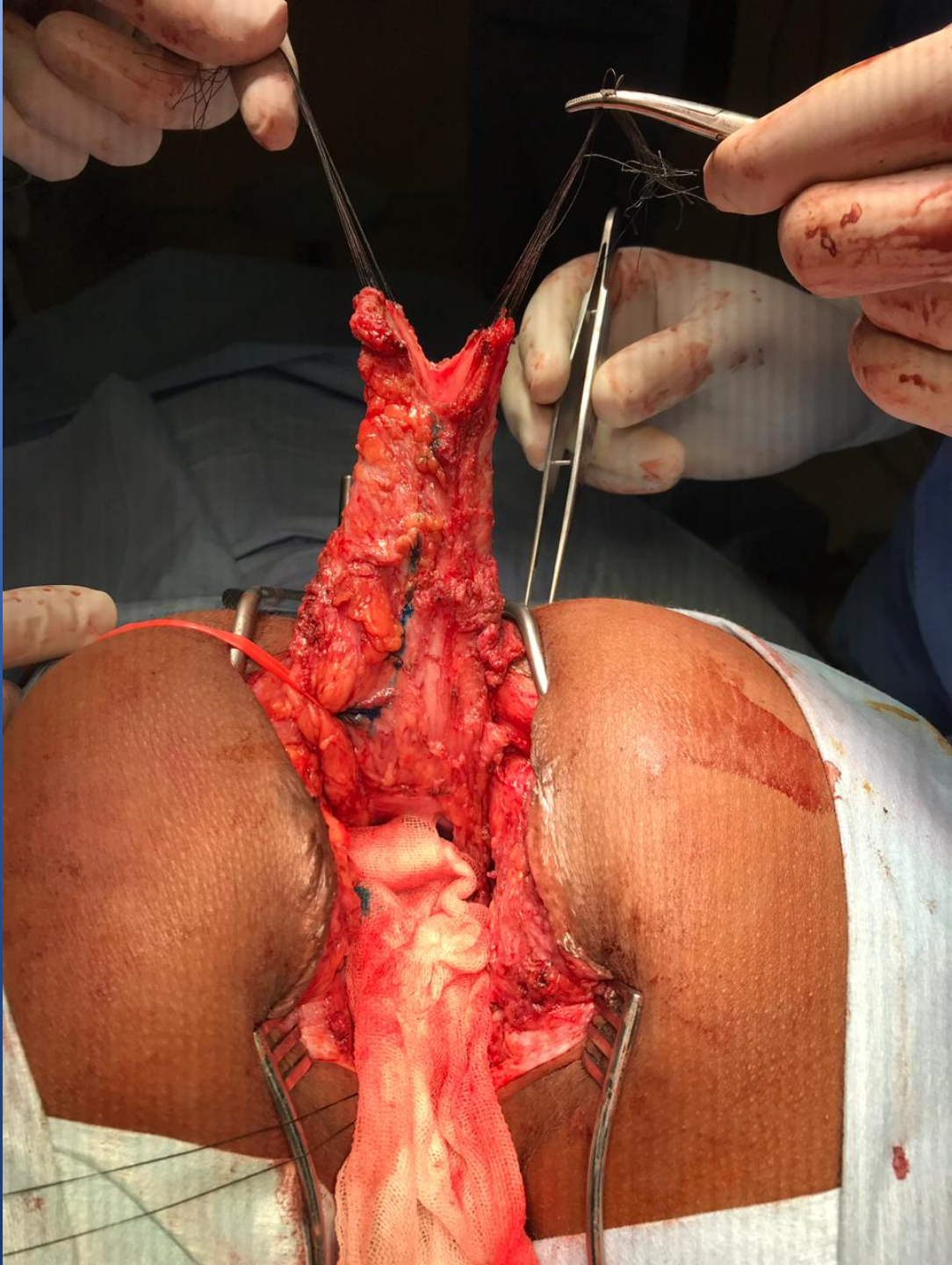
How would you reconstruct the vagina in this patient?

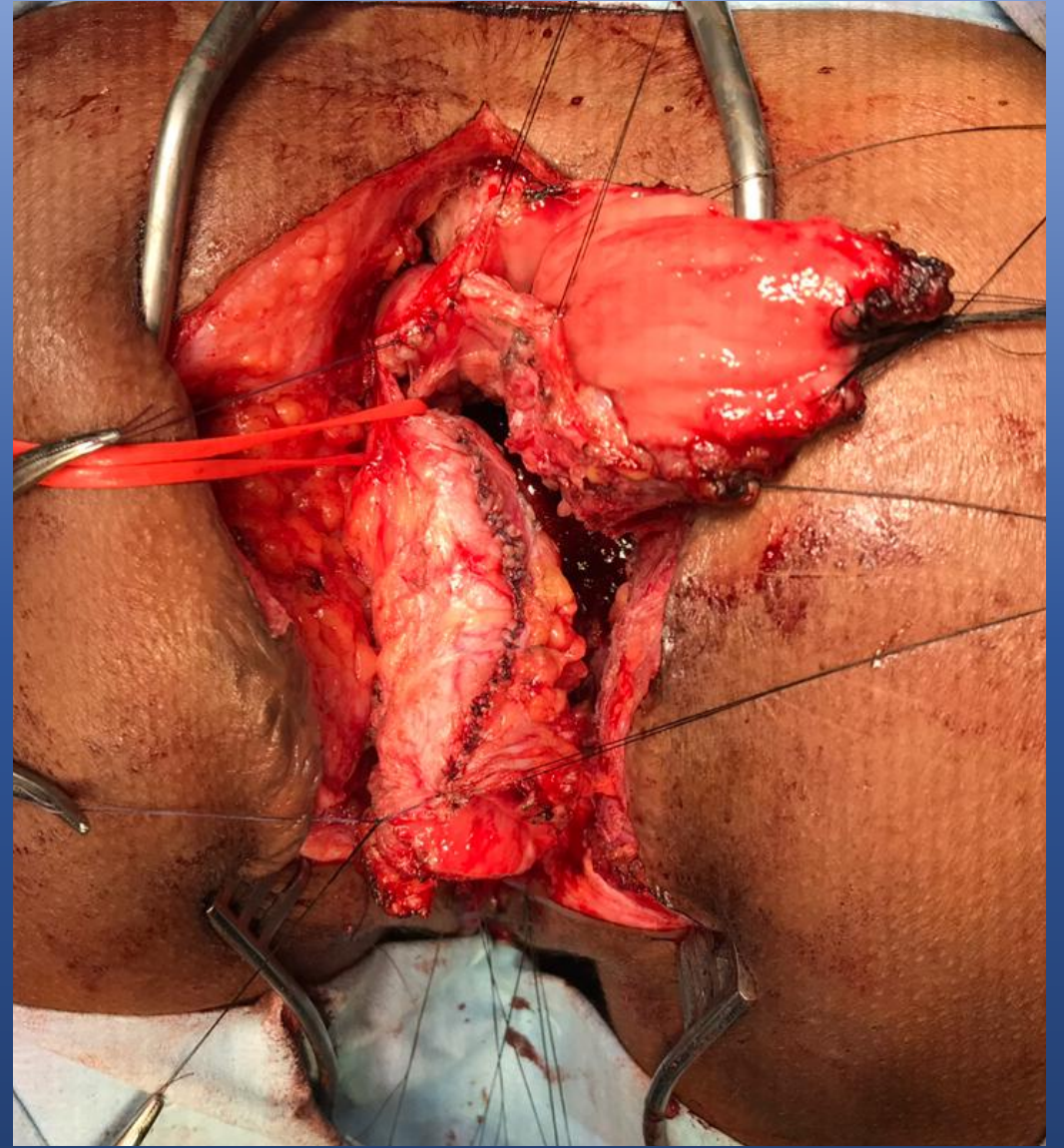
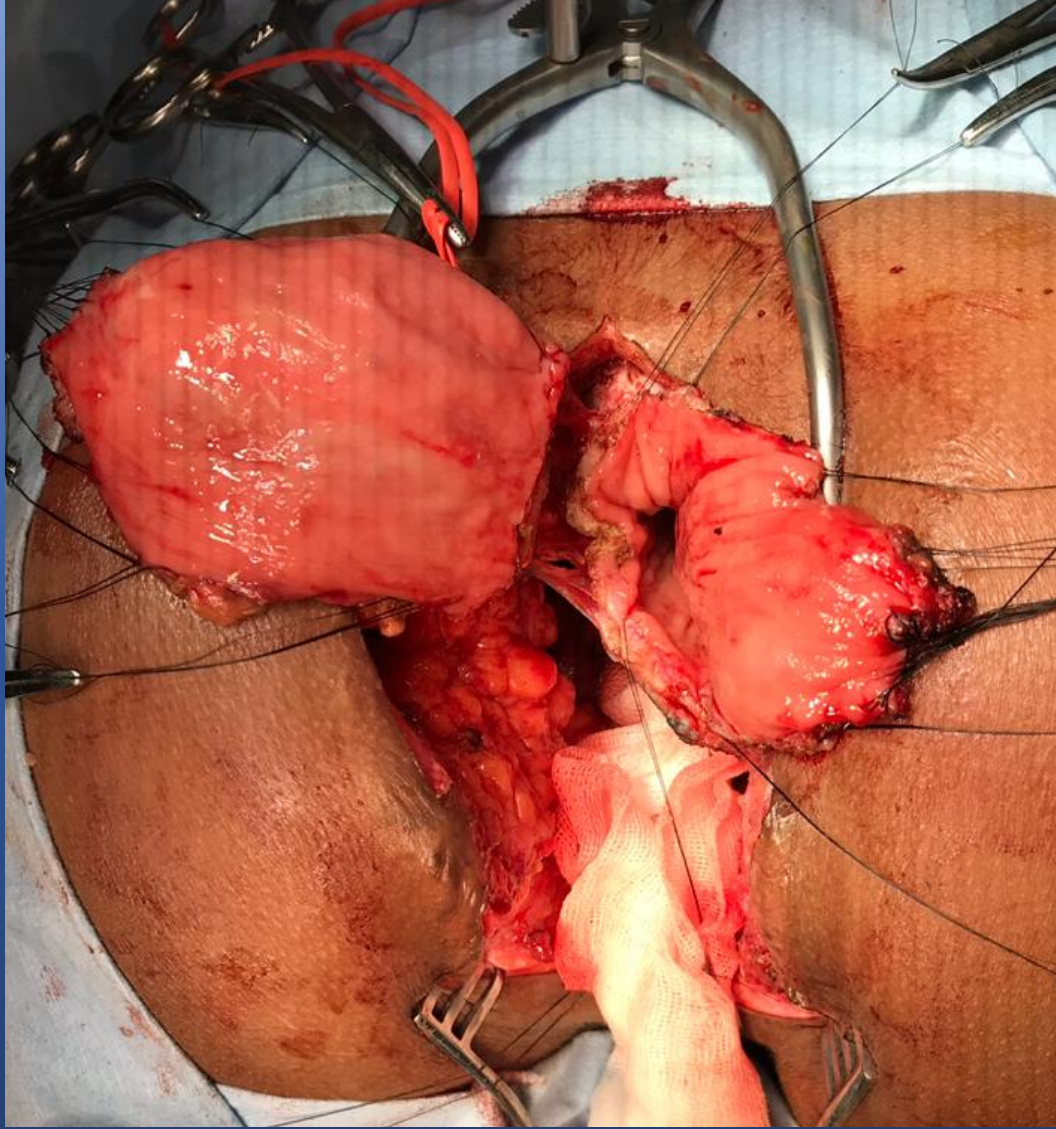
1. Skin flap neovagina
2. Distal rectum neovagina
3. Longitudinal division of the rectum neovagina
4. Sigmoid neovagina
5. Descending colon neovagina
6. Ileum neovagina
7. I don't know

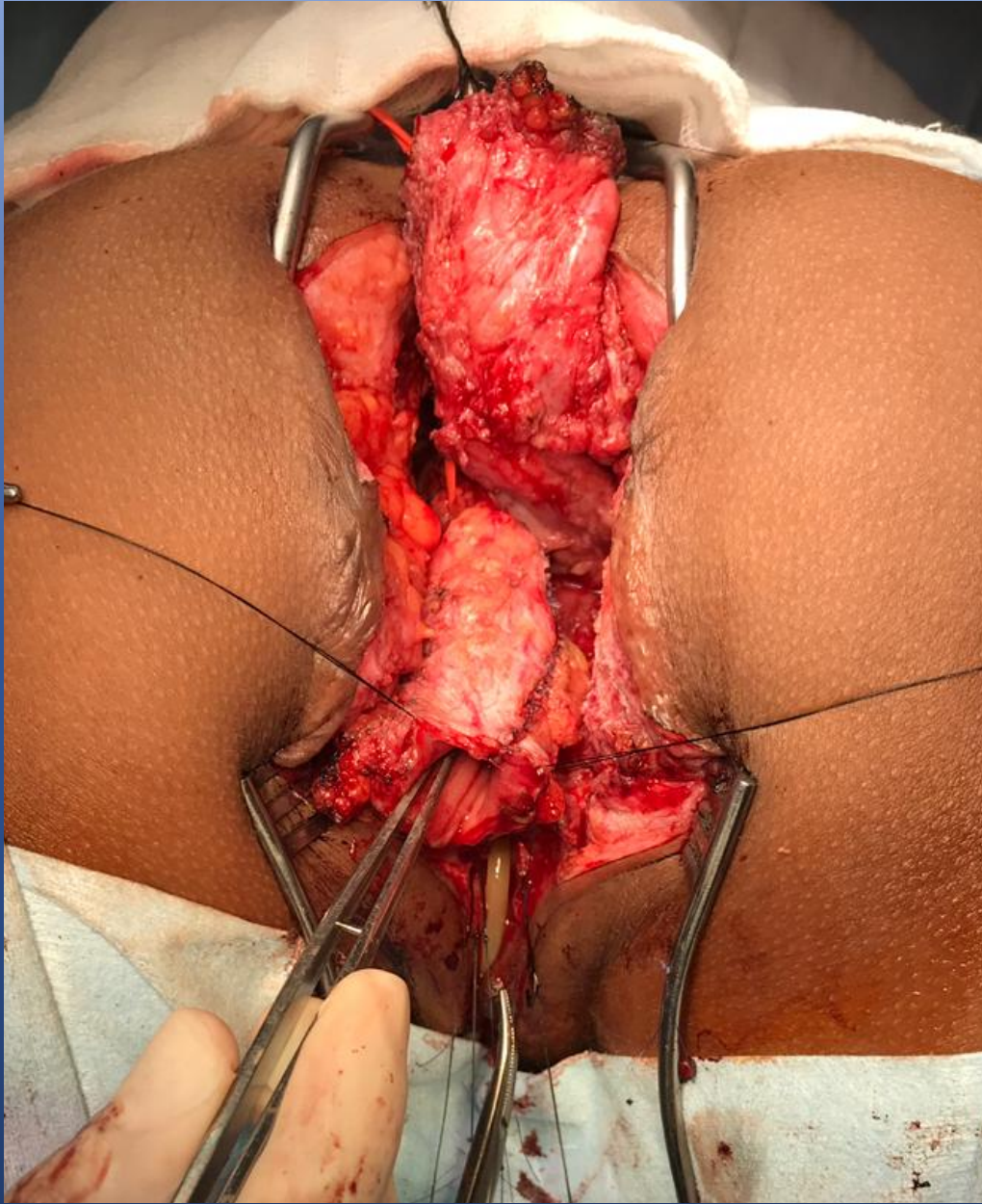












- COMMENTS

