



The dilemma of pulling-through long segment Hirschsprung Disease

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History

- **Our patient is a one-year-old male child who was born at full term by caesarean section.**
- **No history of chronic maternal illness or significant obstetric history.**

History

- **According to the patient's notes, he developed progressive abdominal distention with refusal of feedings during the first week of life and underwent abdominal exploration.**
- **Upon exploration, a transition zone was identified at the transverse colon and divided defunctioning transverse colostomy was created**



History

- **Multiple biopsies were taken from rectum, sigmoid colon, descending colon, proximal and distal stoma during the first operation.**
- **The biopsies confirmed the diagnosis of Hirschsprung Disease with ganglionated proximal stoma**

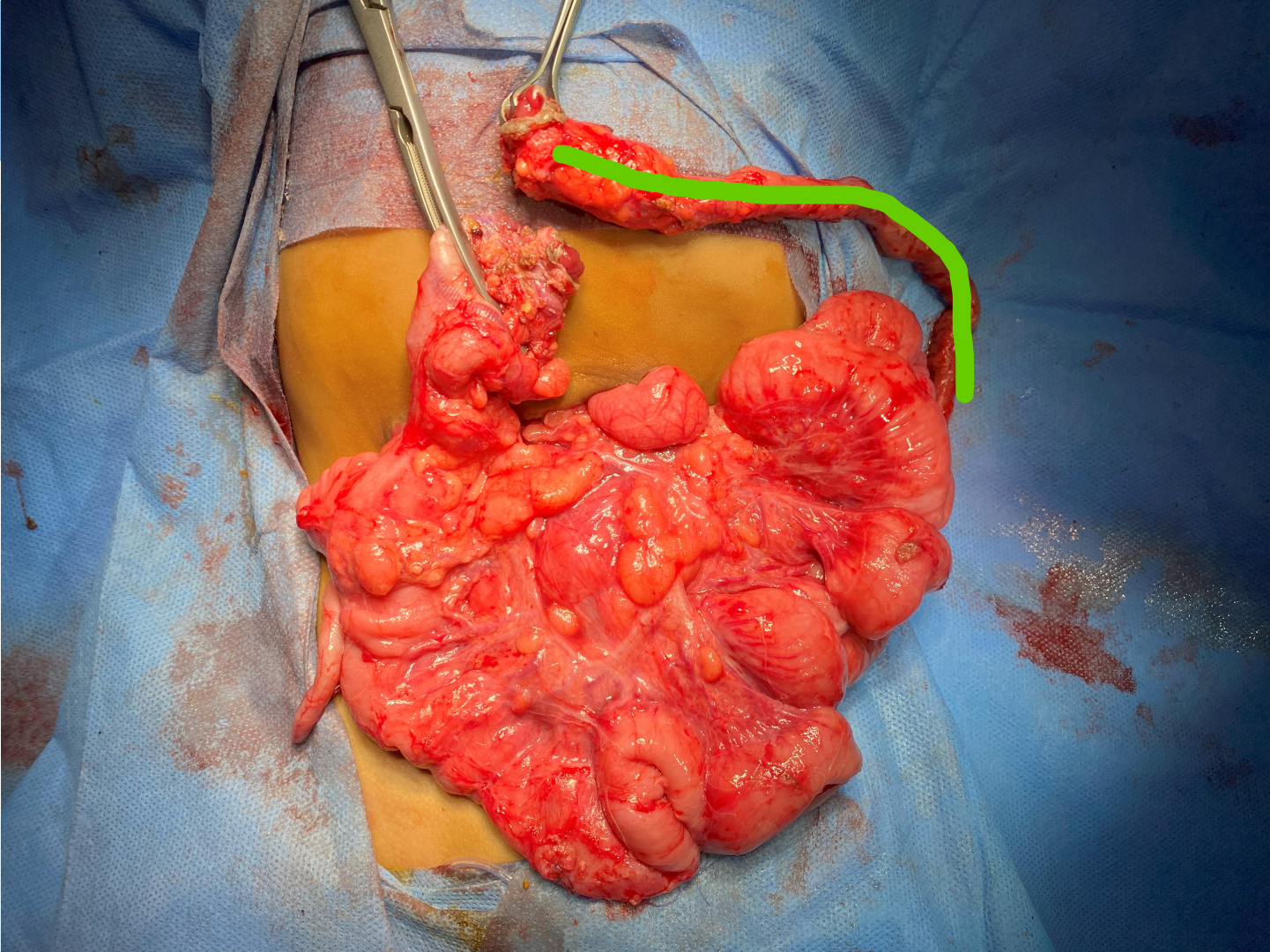
Question?

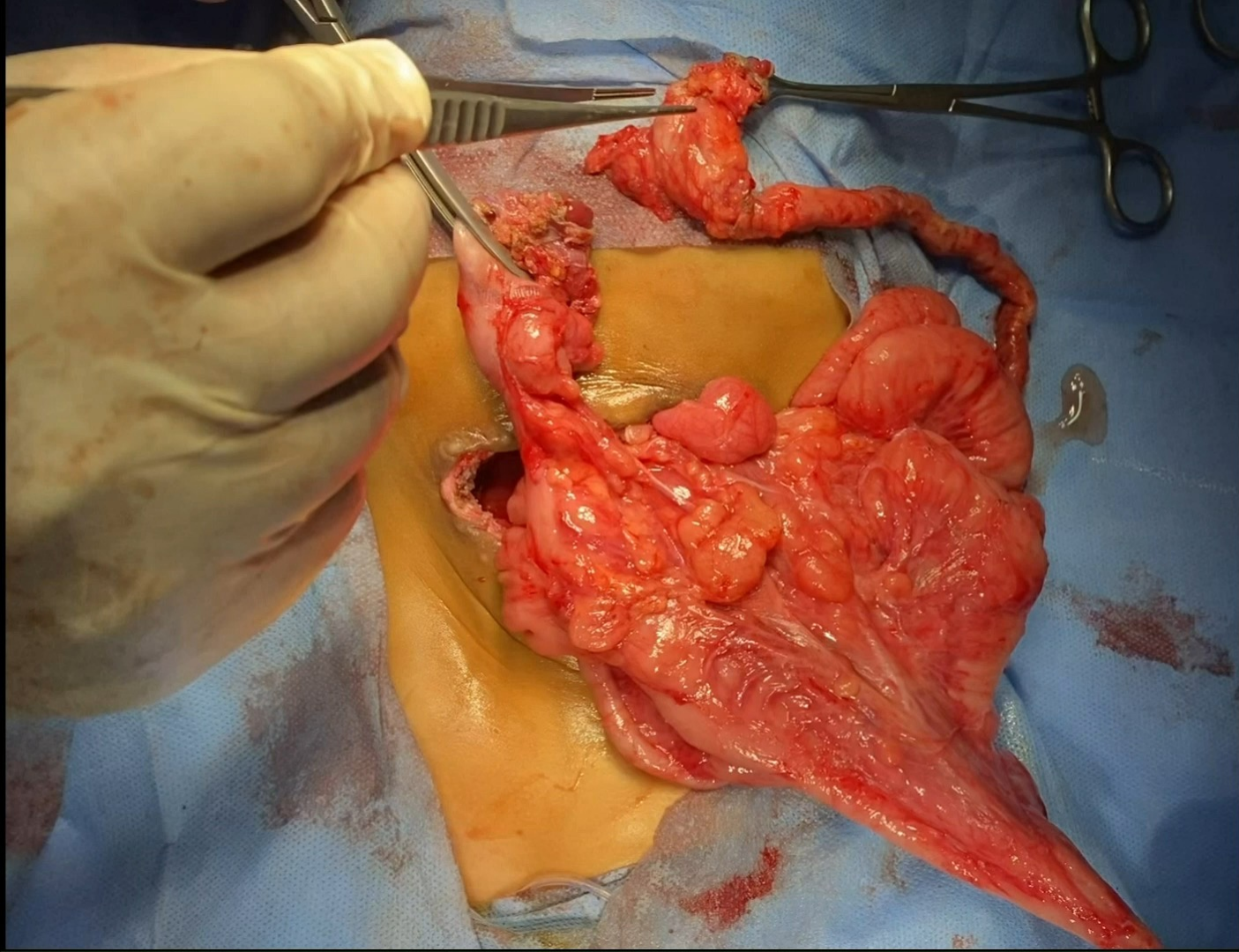
What would you do next?

- 1) Contrast study from the stoma/ Contrast enema
- 2) Go for surgery: Stoma take down and stoma pull-through
- 3) Go for surgery: Pancolectomy and ileoanal anastomosis
- 4) I am not sure

History

The patient was admitted, bowel preparation was done and was prepared for stoma take down and stoma pull-through.

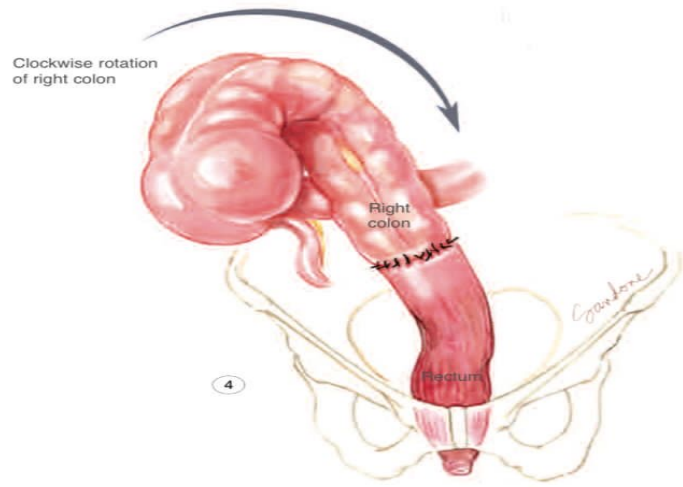
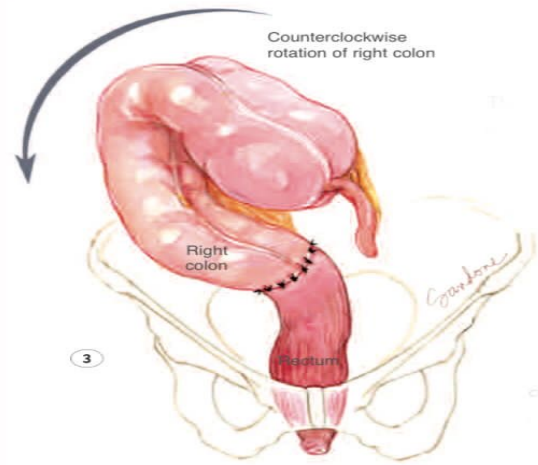


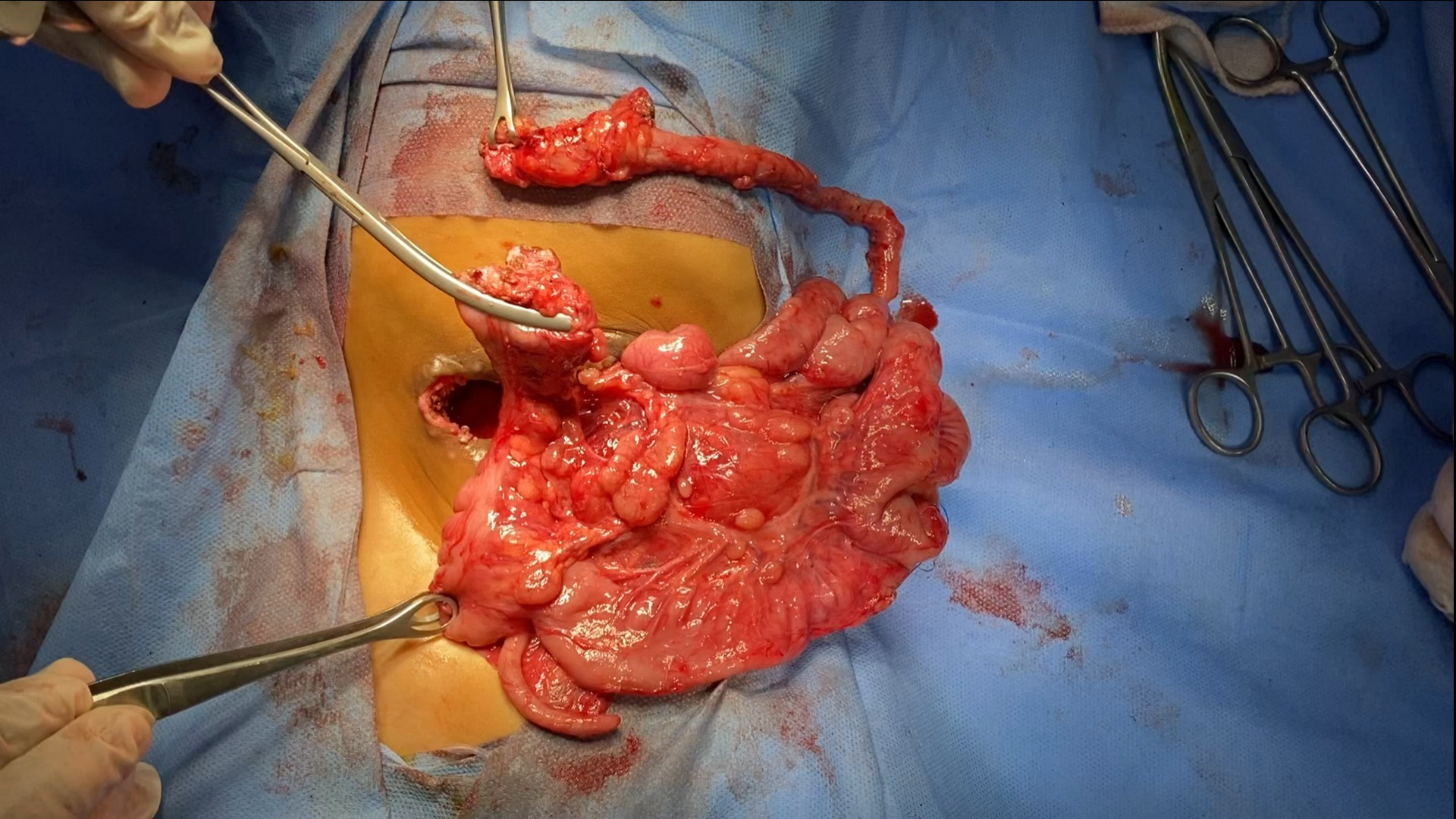


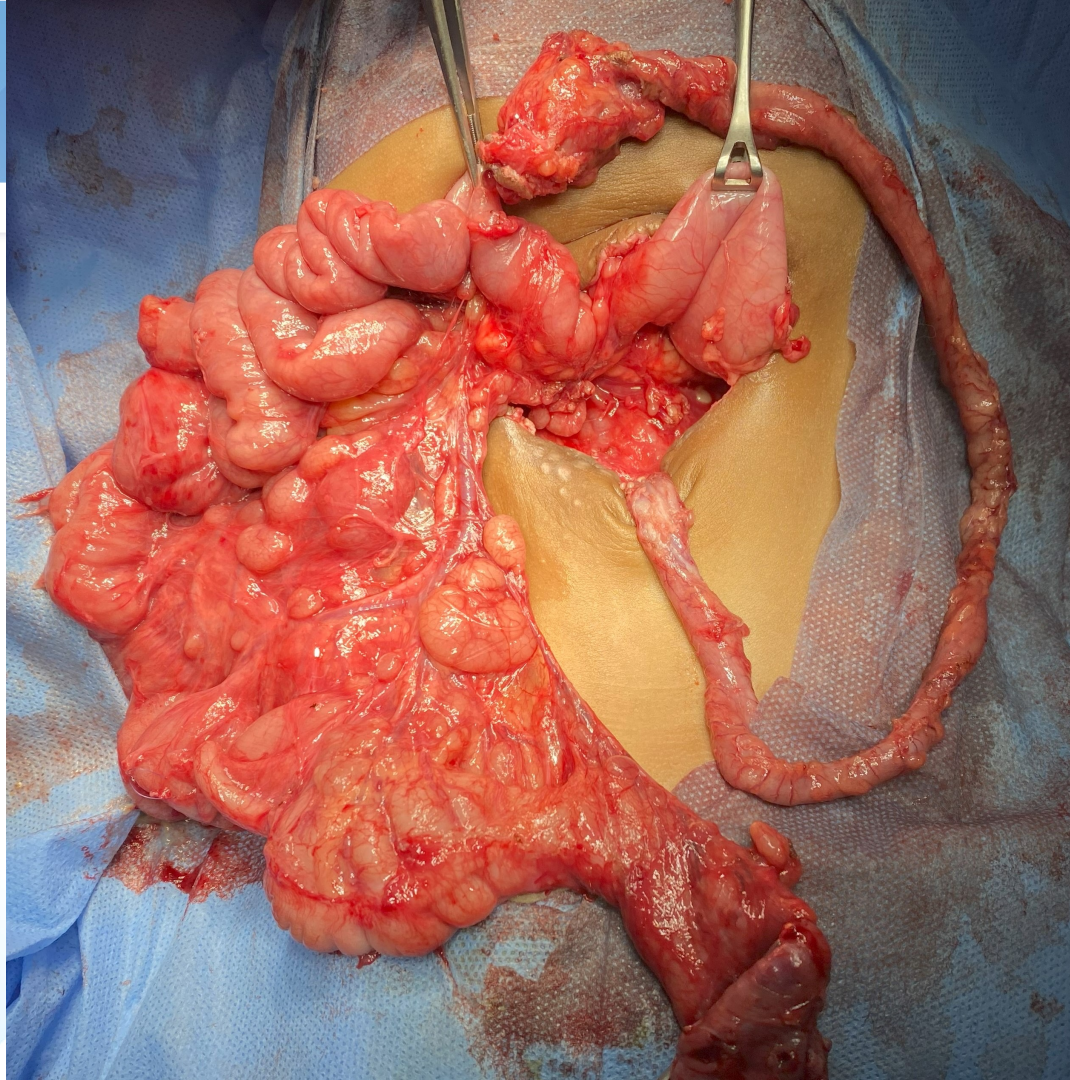
Question?

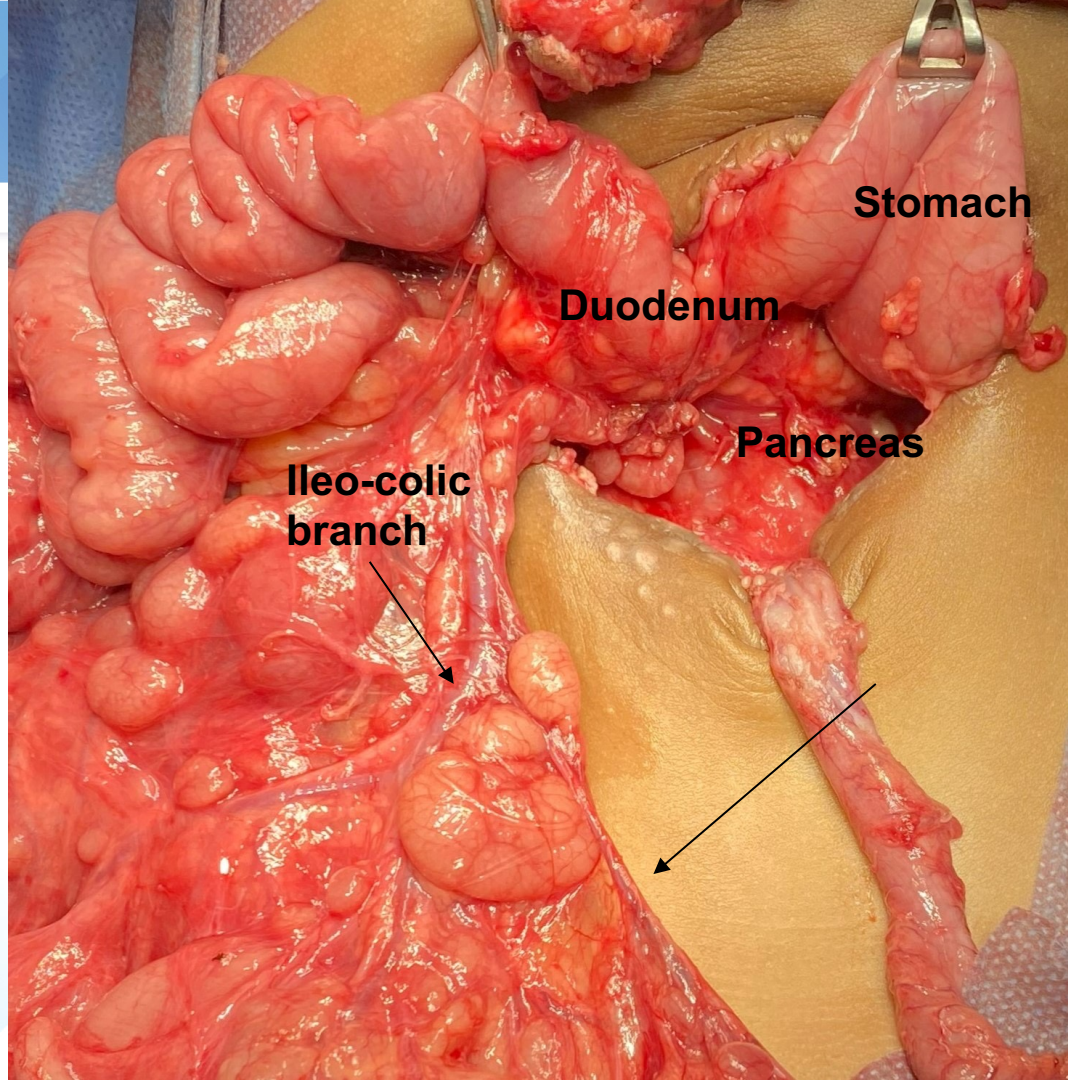
What would you do next?

- 1) Sacrifice the cecum and ascending colon and do ileoanal anastmosis
- 2) Do right side colon mobilization and clockwise rotation
- 3) Do right side colon mobilization and anti-clockwise rotation
- 4) I am not sure







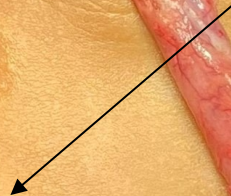


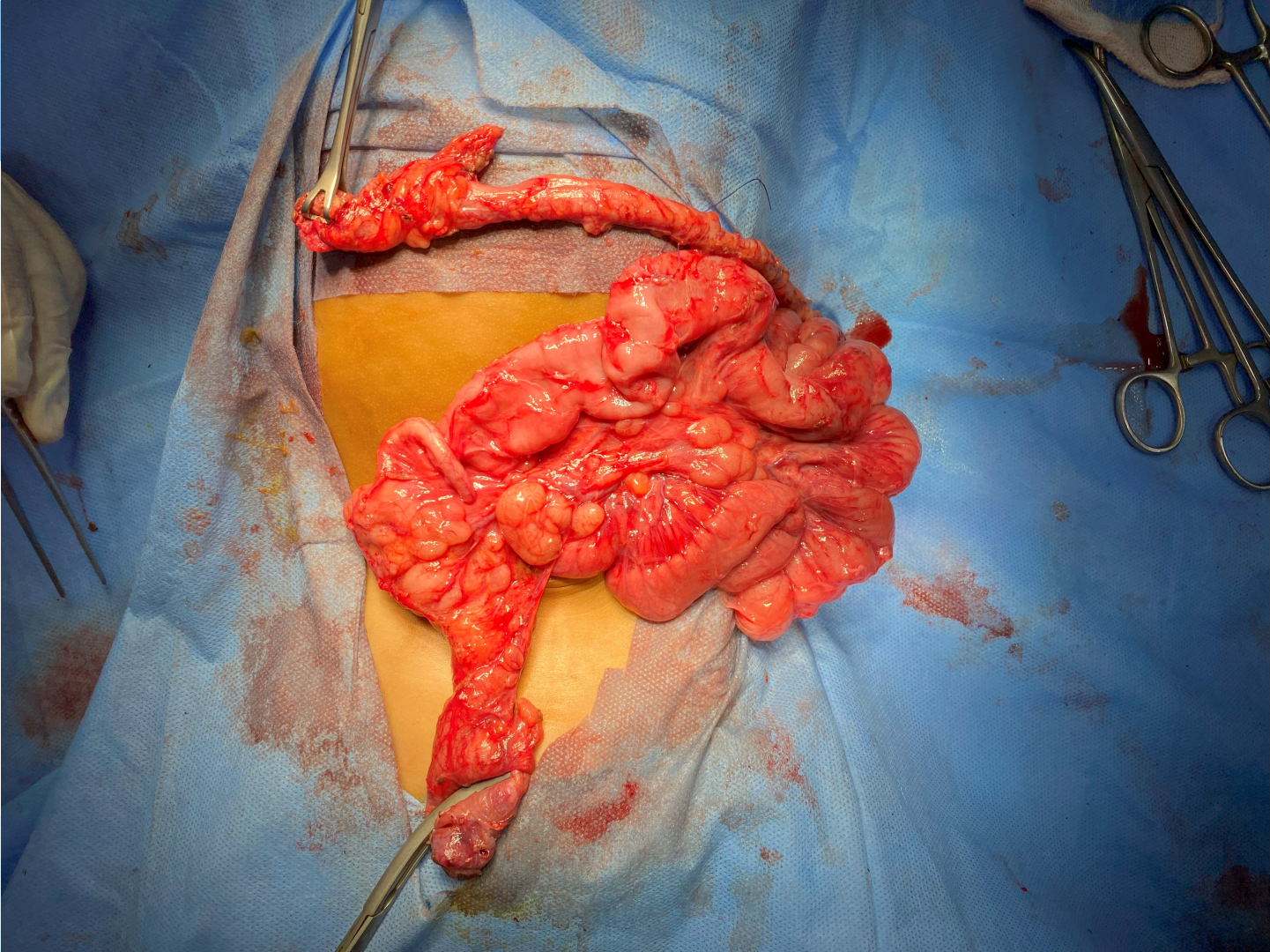
Stomach

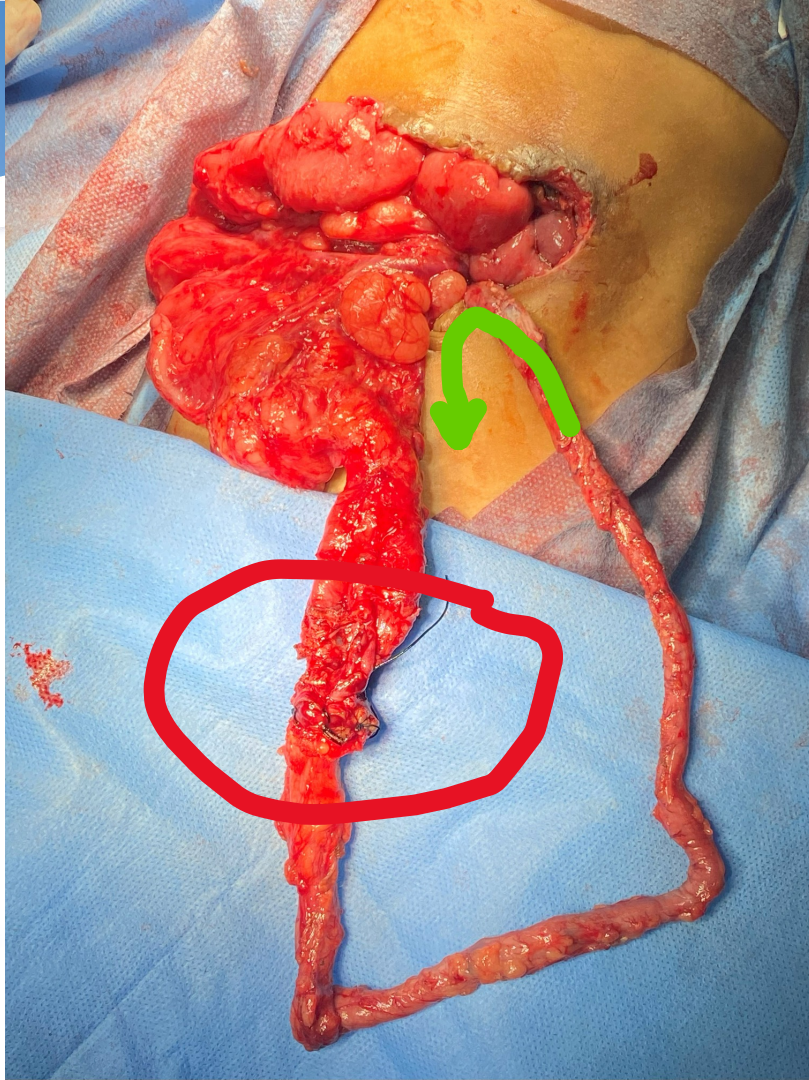
Duodenum

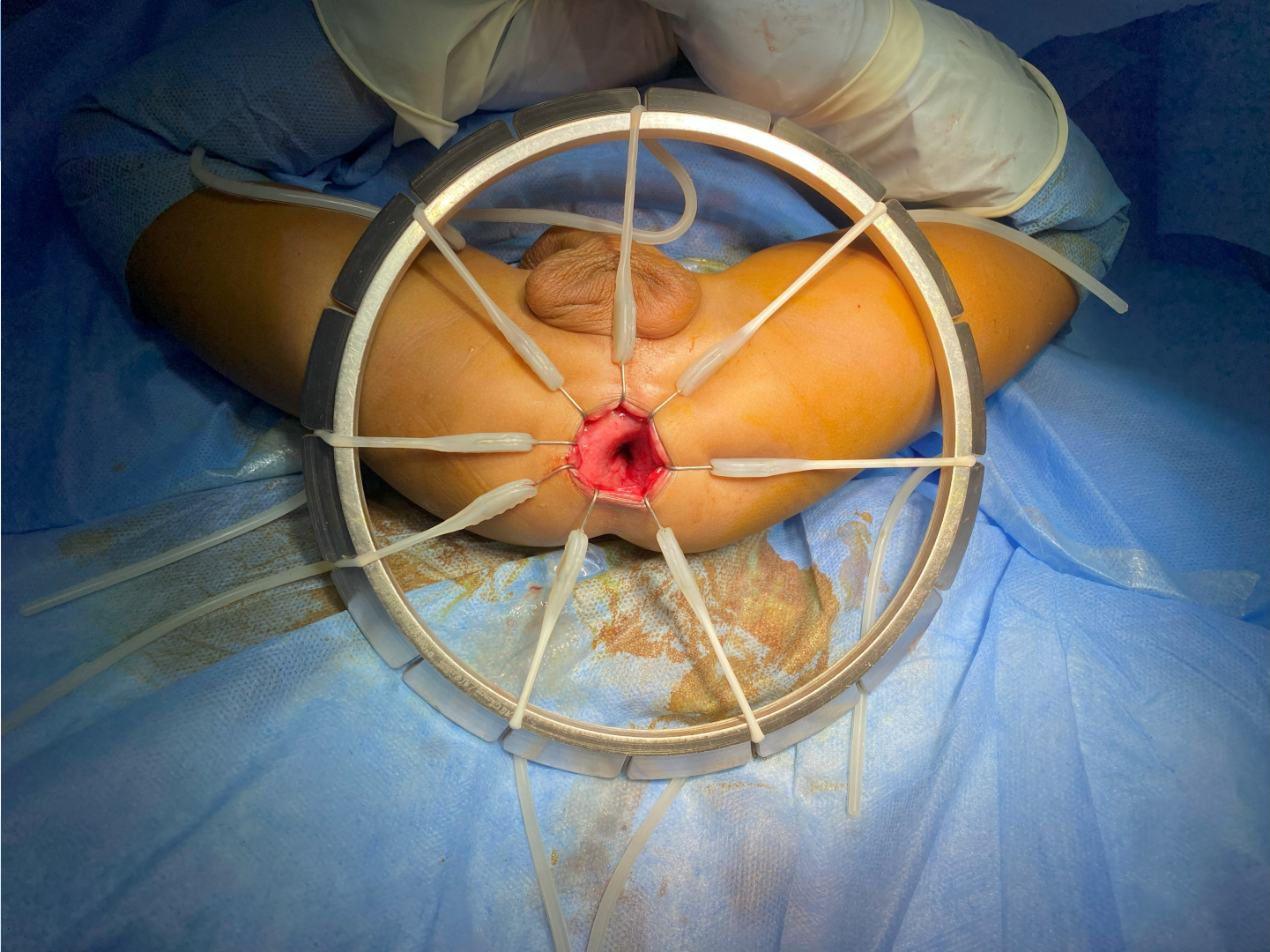
Pancreas

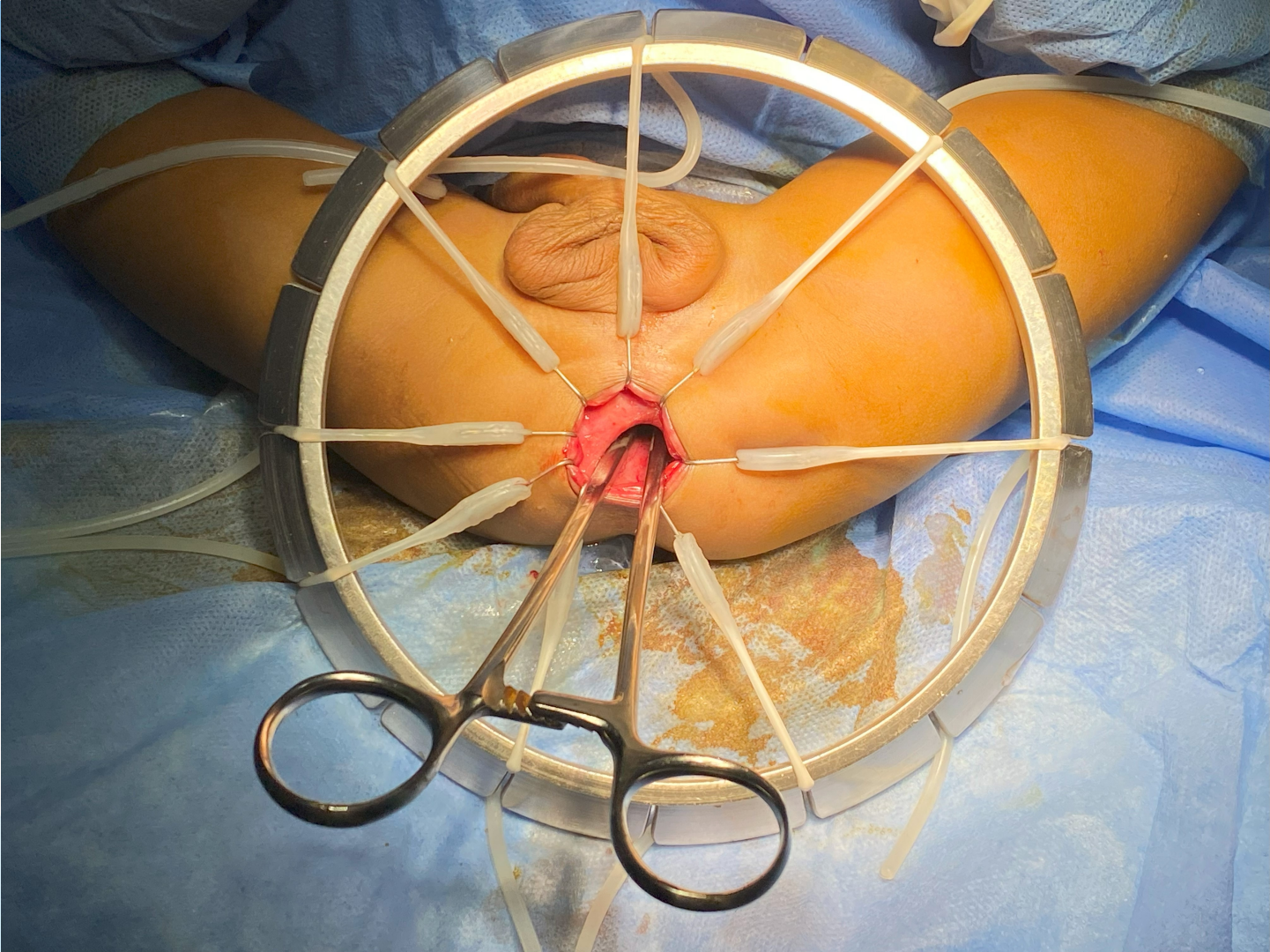
**Ileo-colic
branch**

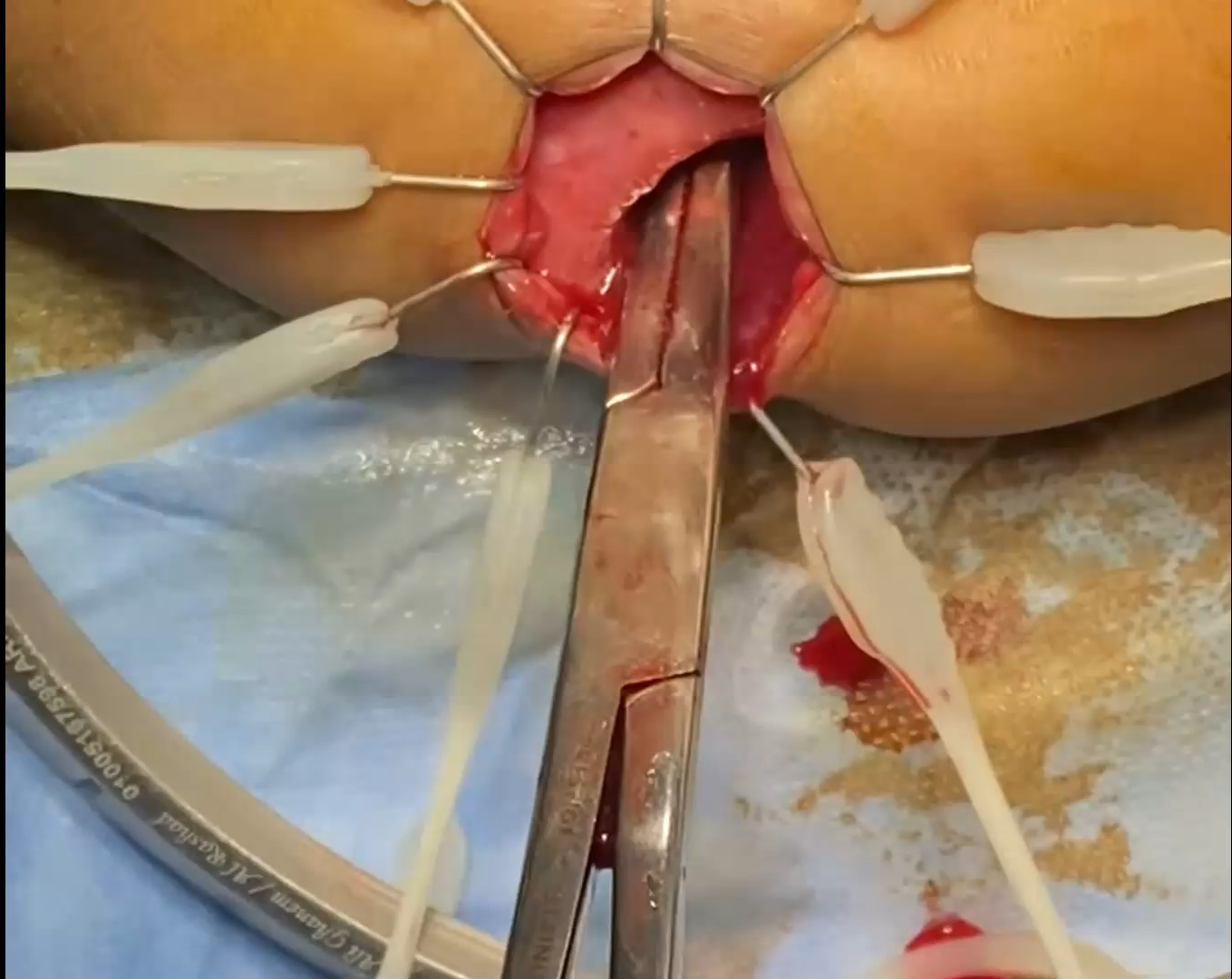


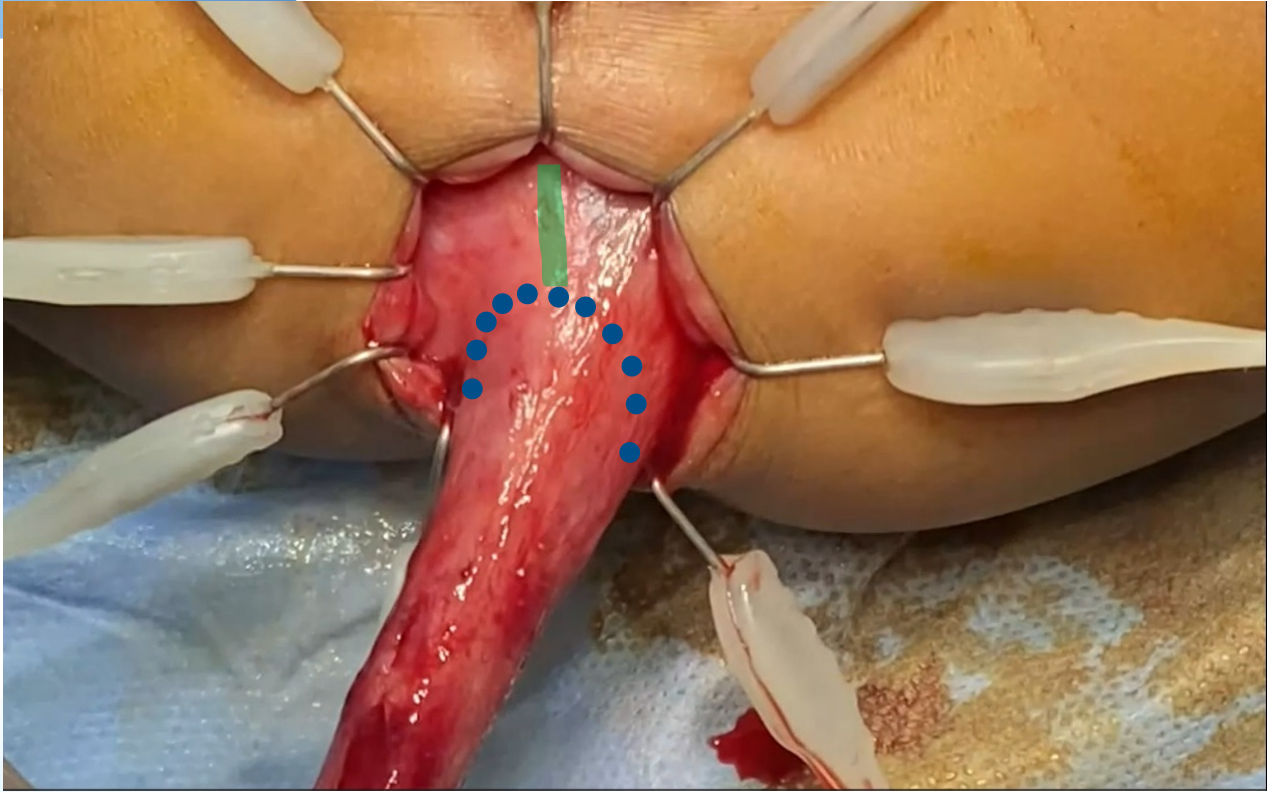


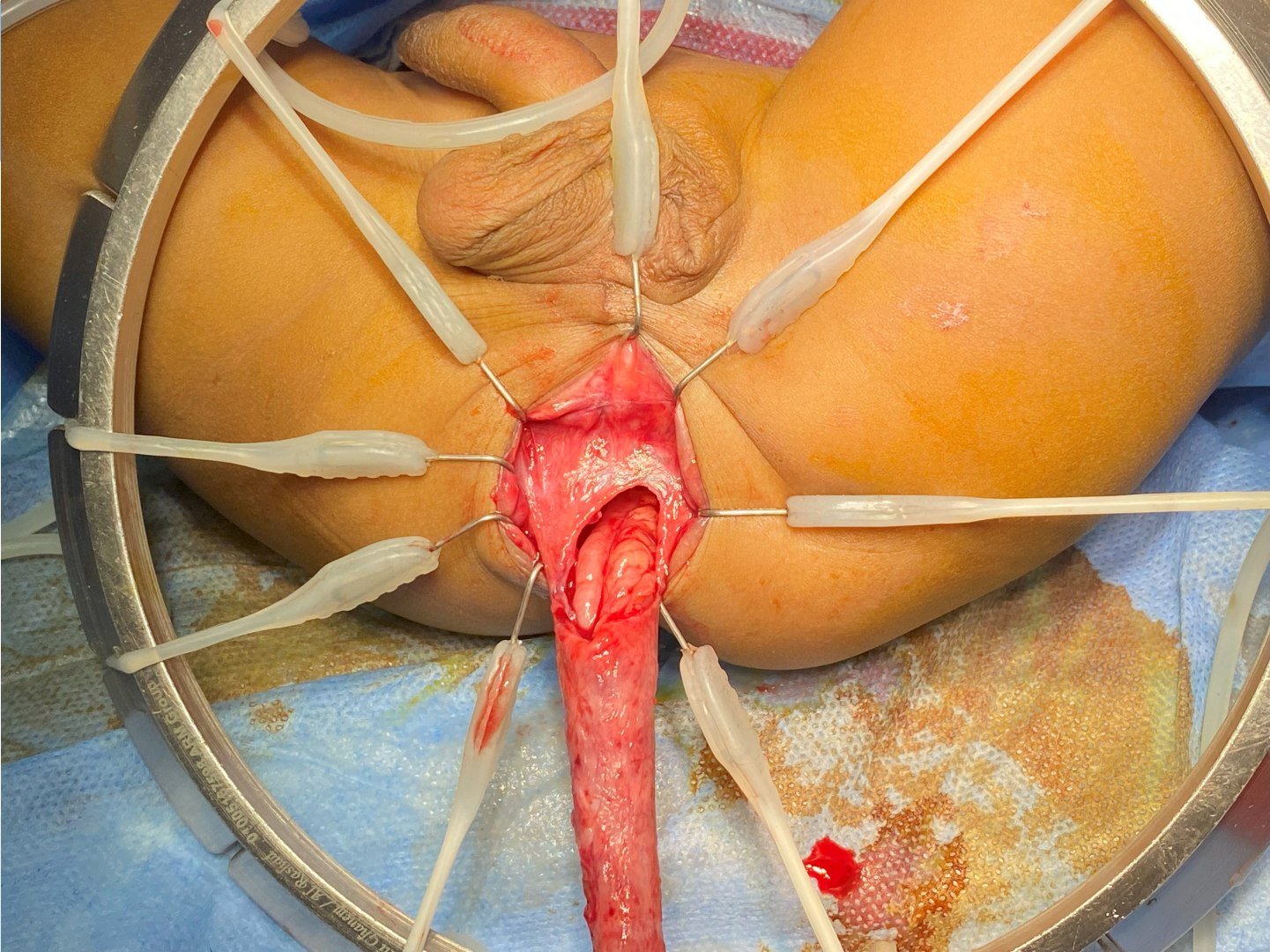


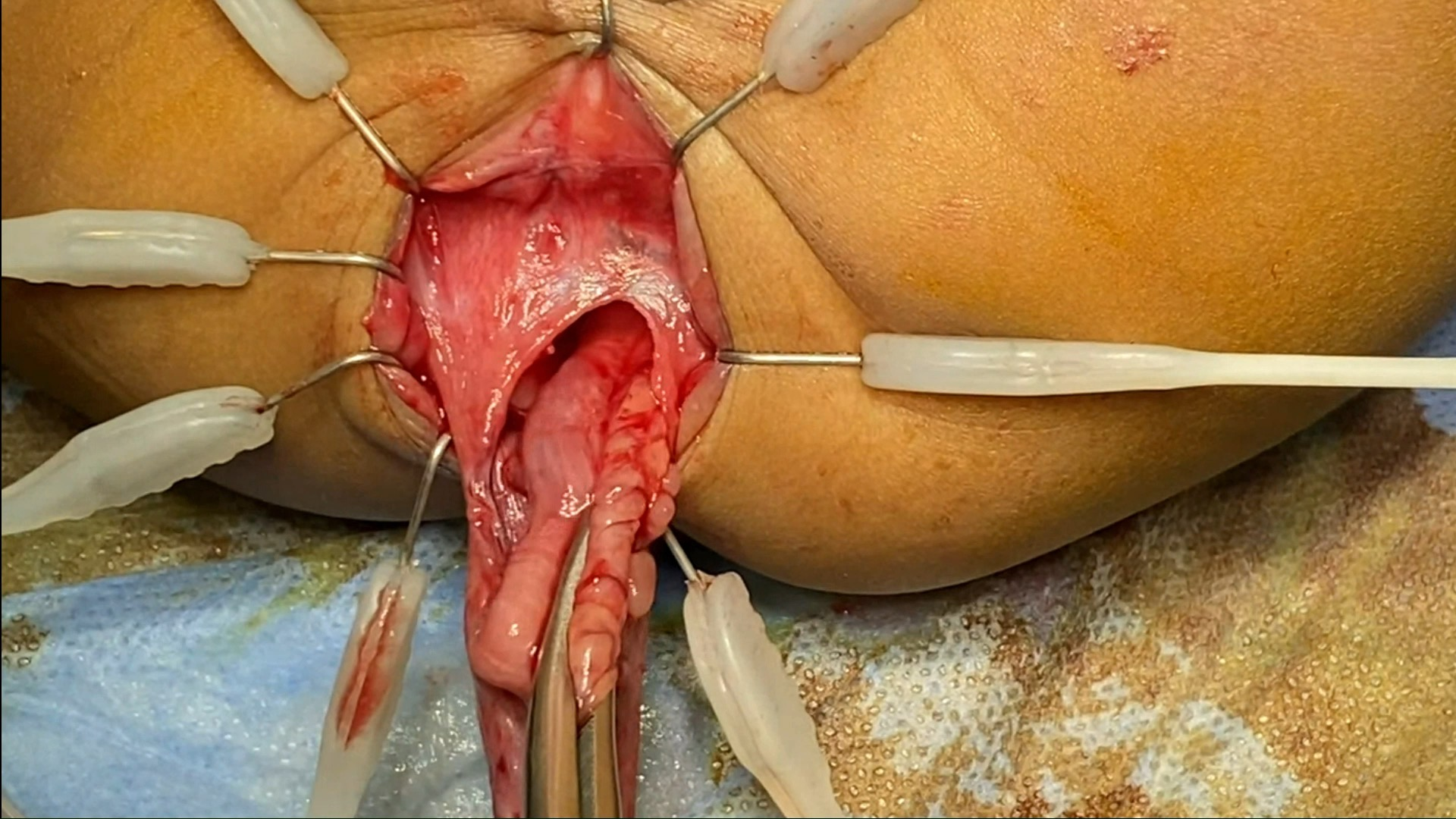








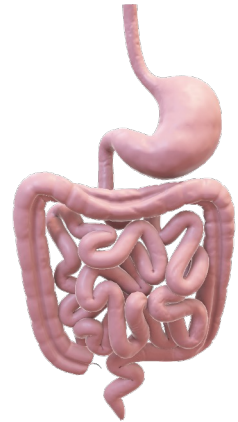




- **Coloanal anastomosis then followed.**
- **The patient had a smooth postoperative recovery and feedings were reinitiated two days postoperatively.**

Take home message

Pulling-through the right-side colon can be tricky!



Take home message

When attempting a pull-through it is vital to avoid :

Twisting of the colon

Kinking of the blood supply

Potential bowel compression

THANK YOU!

