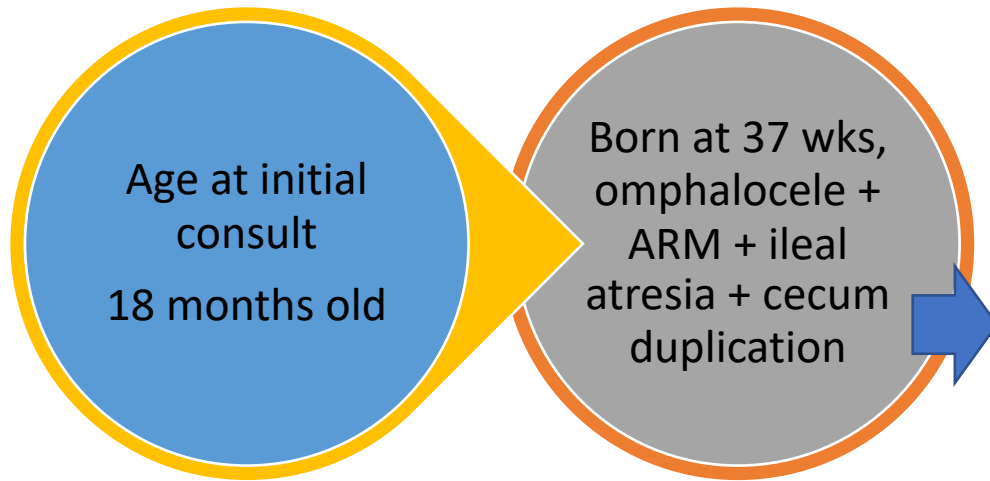


# Colorectal Web Meeting



Karla Santos-Jasso MD, MSc, PhD  
Star Médica Hospital Infantil Privado  
Mexico City, Mexico  
March 2022.

# Past medical history



1. laparotomy: ileal atresia, internal hernia with ischemia in the area of the ileocecal valve + cecum and appendix duplication + colon-bladder fistula ... resected cecum and appendectomy and distal ileum with ileostomy and colostomy (day 2)
2. Abdominal wall plasty (day 23)
3. Cystostomy (day 35)... spontaneous closure

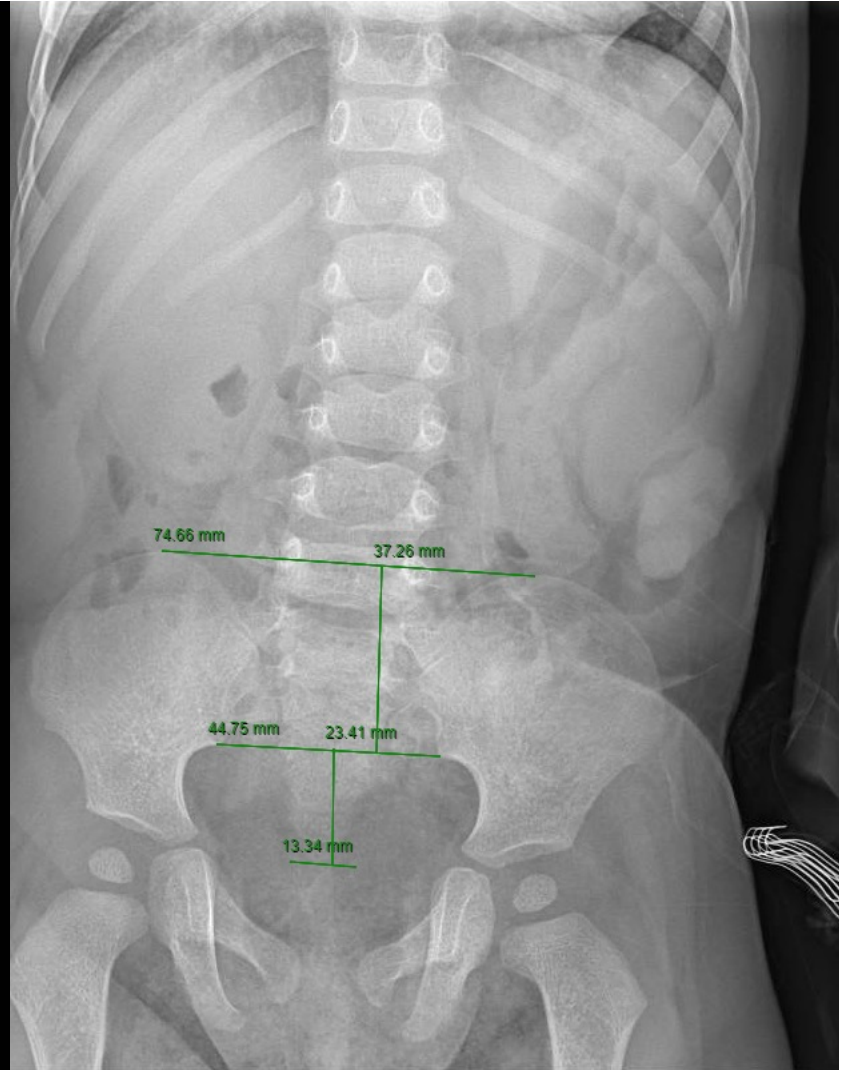
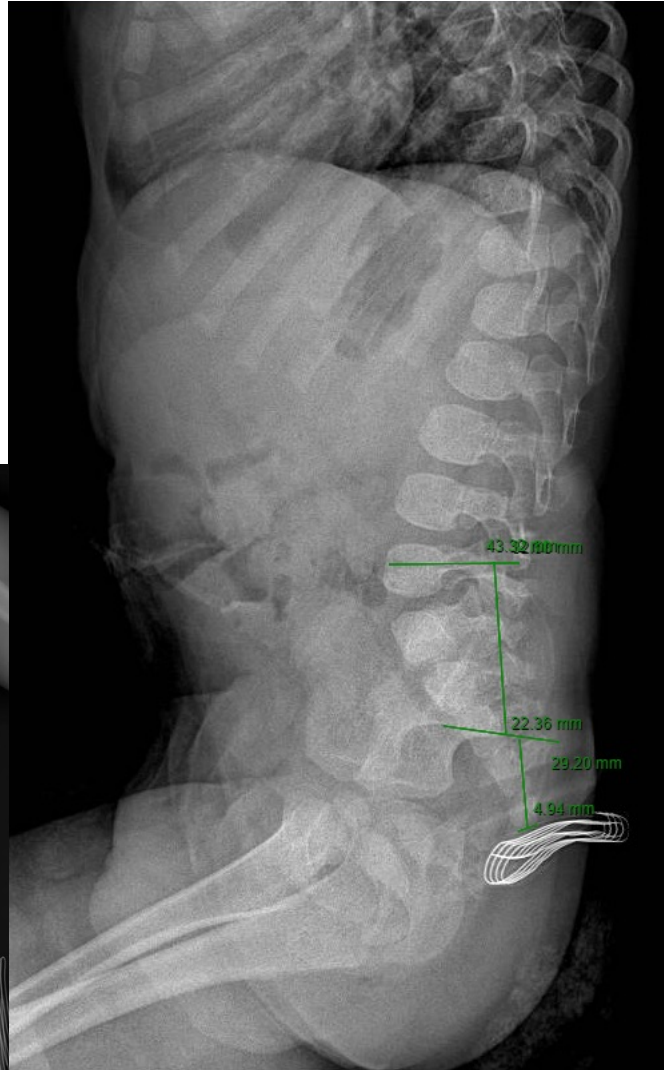


Referred to us for treatment of  
short bowel syndrome



- 6.9 kg
- Urinary sodium 8 mEq/l
- Without absorption in stool sample (fat in feces, presence of reducing sugars and positive trypsin)

- SI AP 0.62
- SI L 0.52





- Proximal colostogram



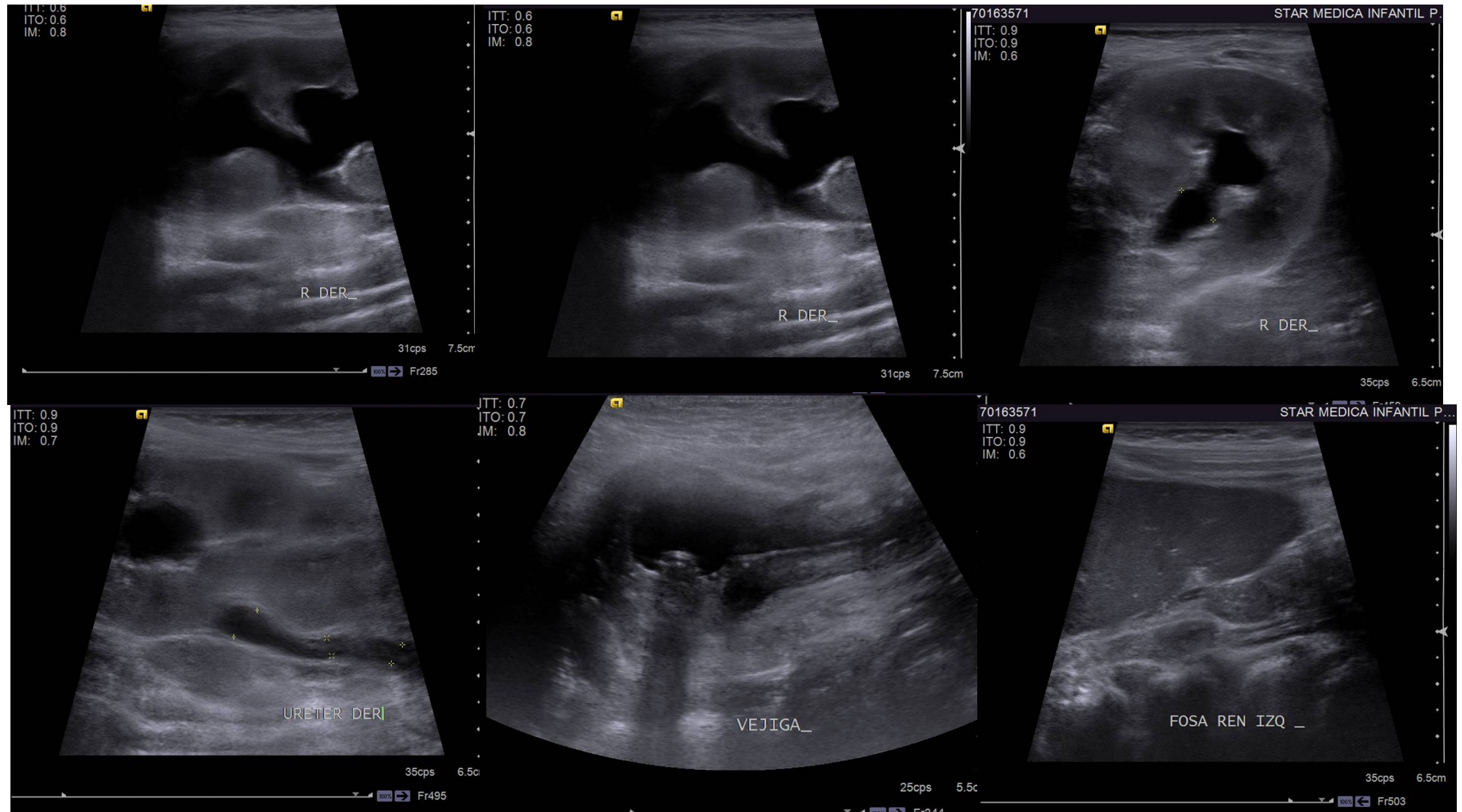
# Distal colostogram



Voiding cystourethrogram



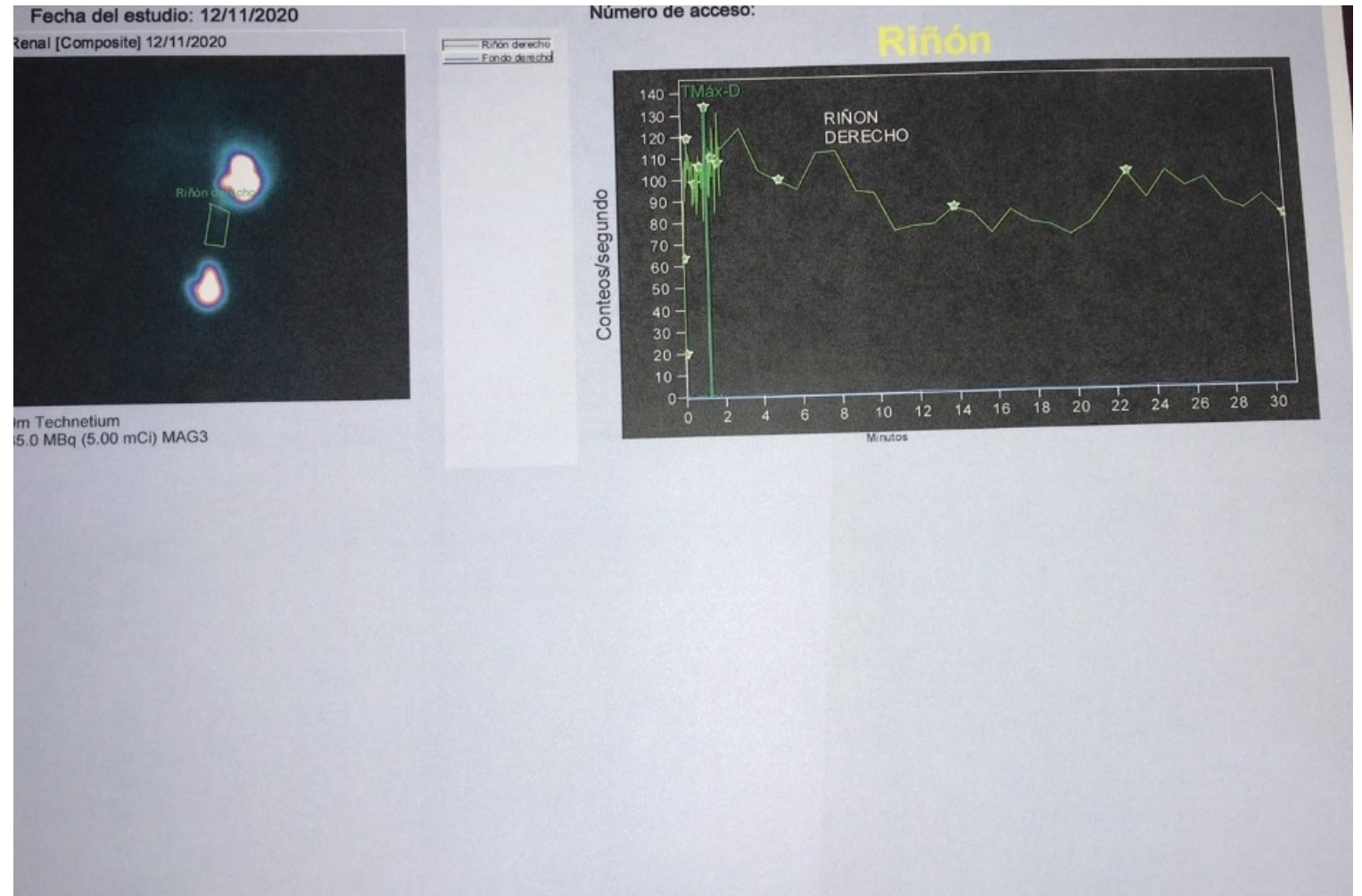
# Renal ultrasound





## Excretion gammagram with mag3

- 173 ml/h GFR



# What would you do next?

Closure of colo-bladder fistula only

Closure of colo-bladder fistula, ileo-colonic anastomosis and end colostomy

Closure of colo-bladder fistula with anorectoplasty

Closure of colo-bladder fistula with anorectoplasty and santulli anastomosis between terminal ileum with distal colon

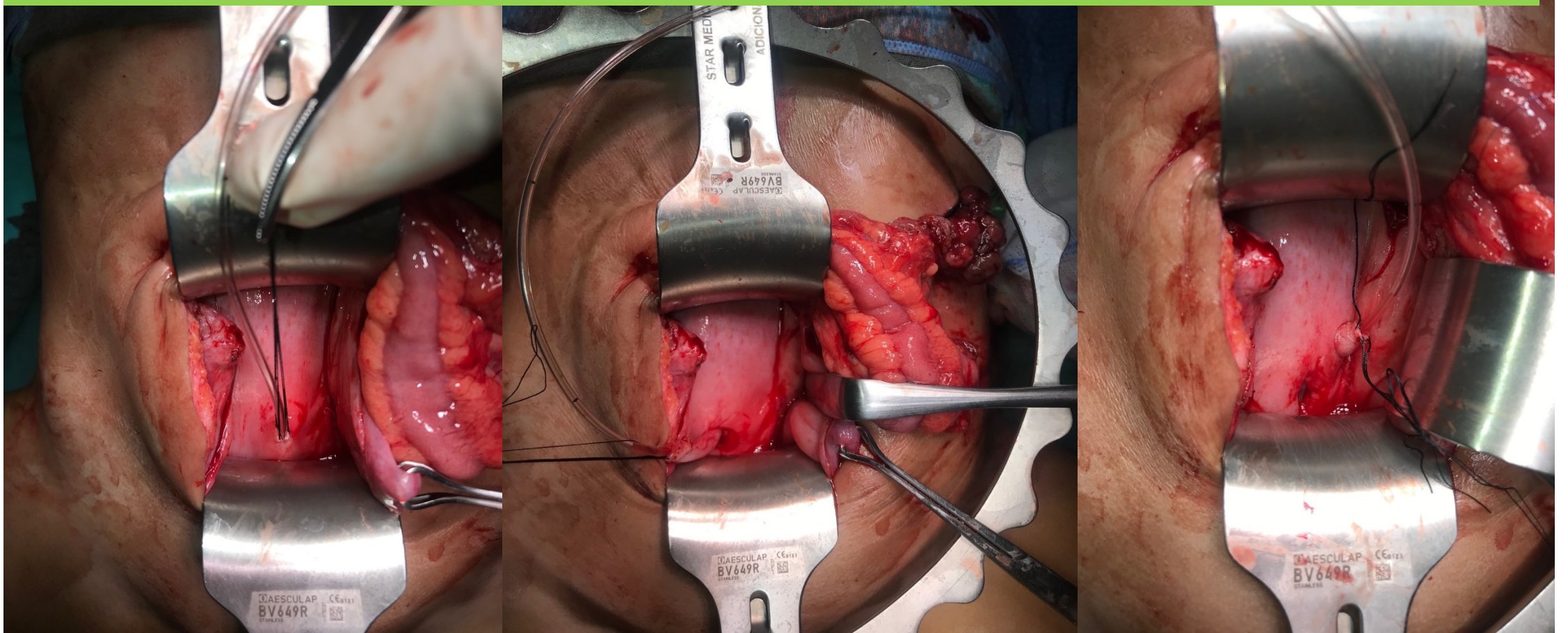
I don't know

1. Closure of colo-bladder fistula
2. with anorectoplasty
3. Santulli anastomosis of the terminal ileum with the distal colon
4. Right vesicoureteral reimplantation



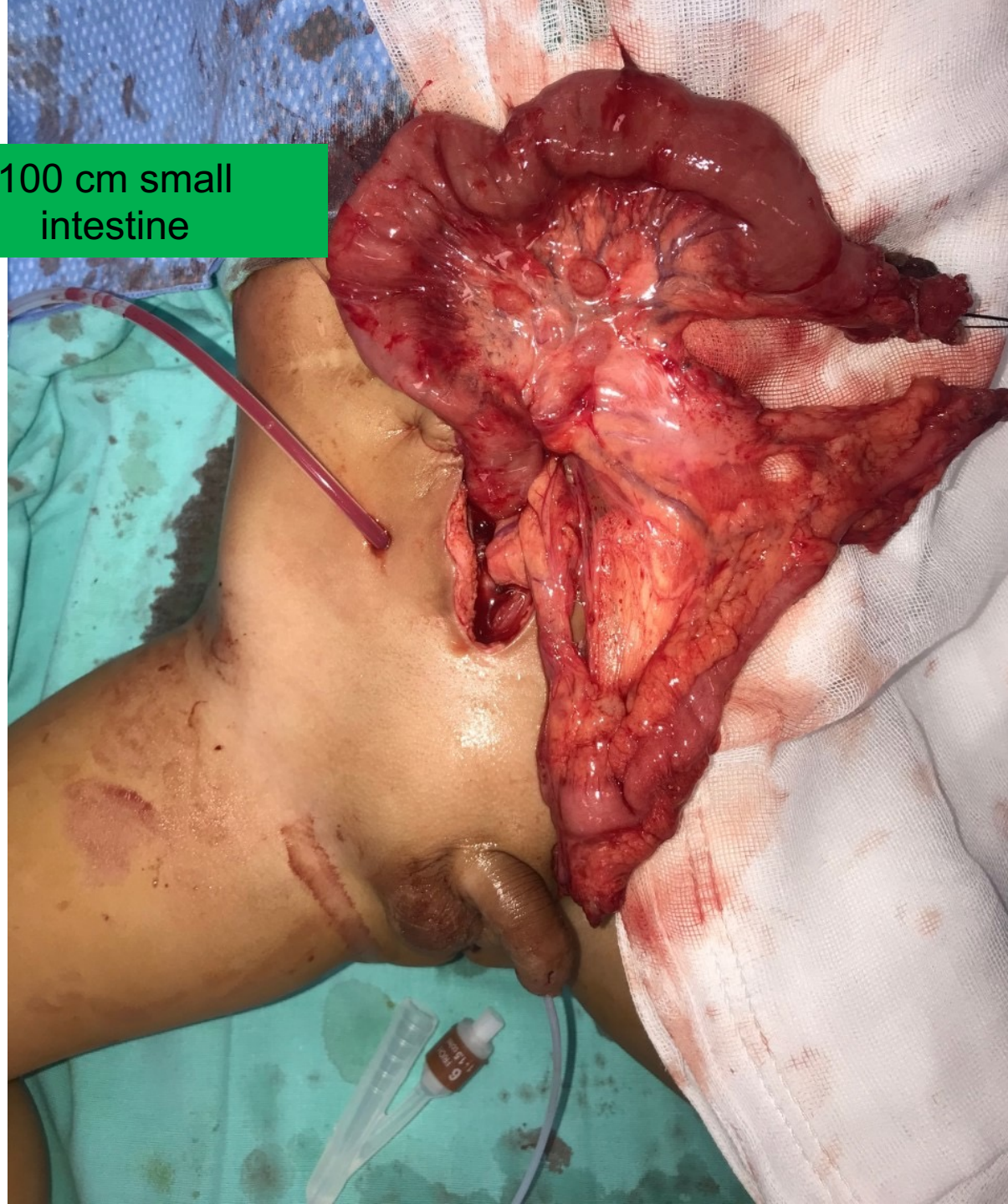


# Intravesical vesicoureteral reimplantation

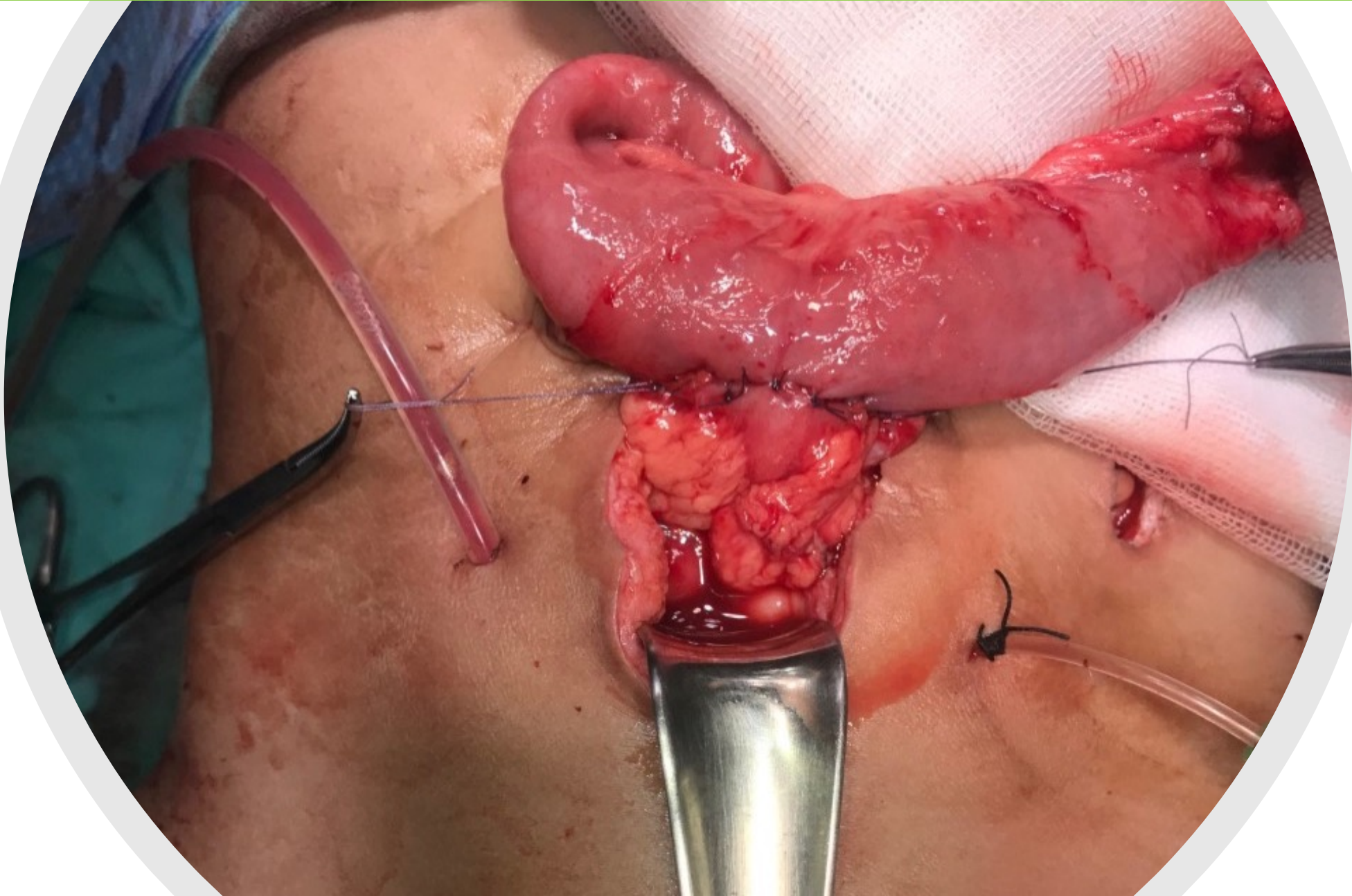




100 cm small  
intestine

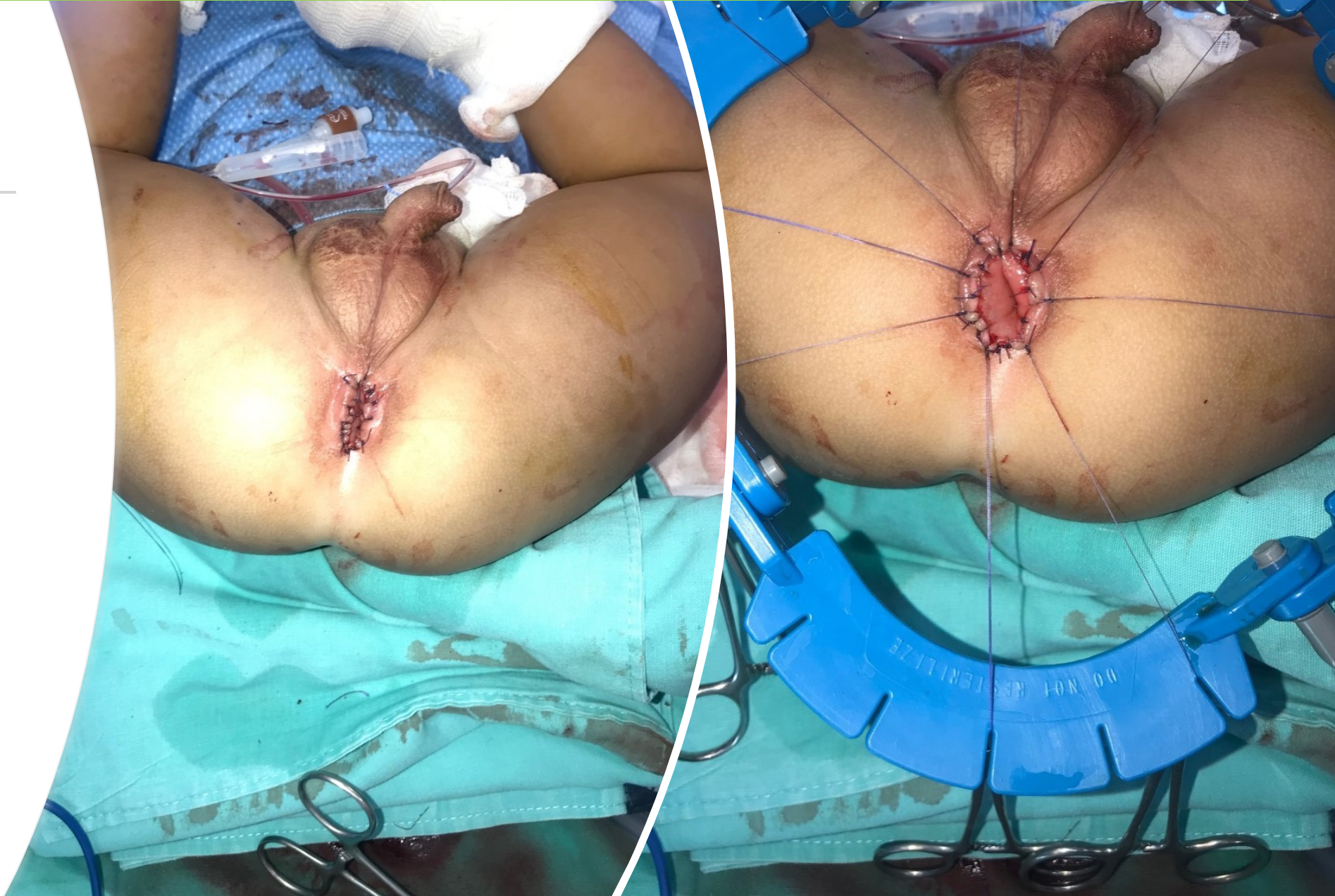


# Santulli anastomosis of the terminal ileum with the distal colon





## anorectoplasty



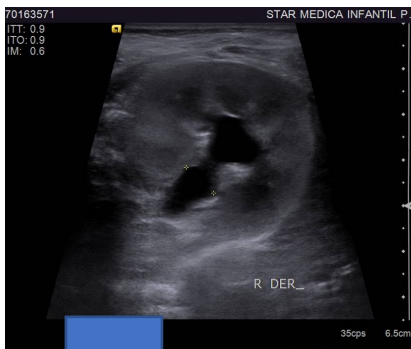


# Discussion

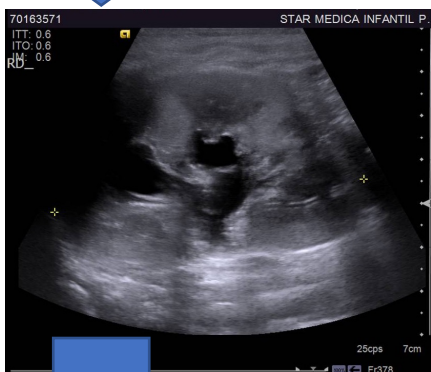
- Current age 35 months old
- He began urinary sphincter control, he has some daytime leaks.
- Fecal evacuation per anus (90%), 1 enema per day (12 hours clean) + 2 more stool evacuation episodes, he doesn't take antidiarrheal medication, and his stool nutrient absorption tests are normal



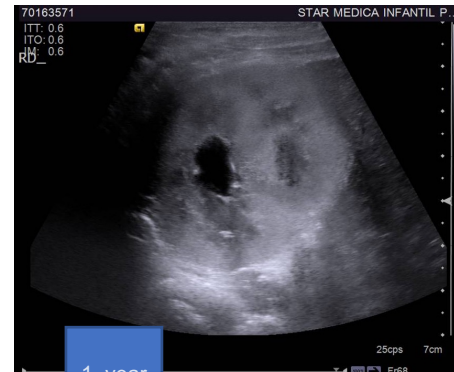
1 Month  
after



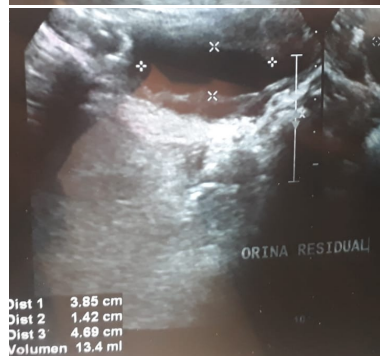
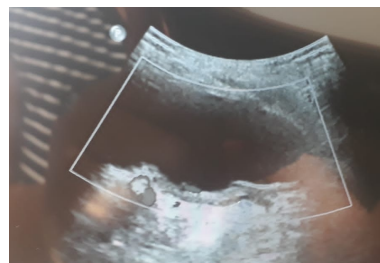
1 Month  
after



1 year  
after

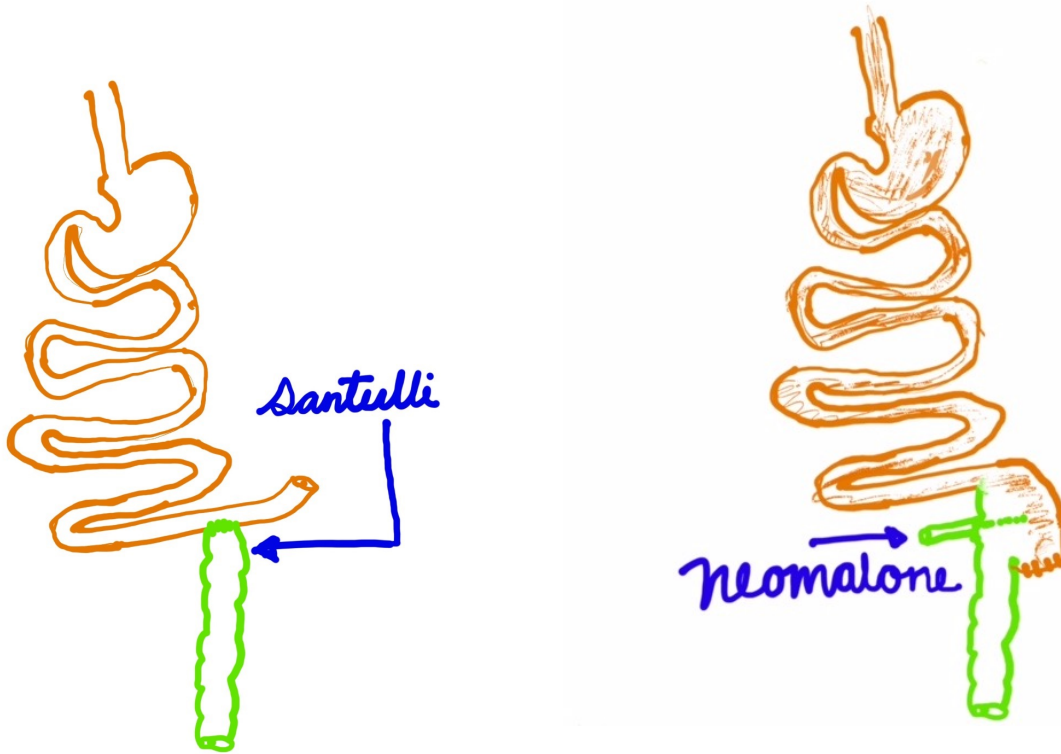


1 year  
after





- In an intermediate term, we may consider stoma closure, and then continue with rectal enemas and urinary catheterization for residual urine, and yearly control with urodynamic evaluation.



Thank you

*Karla Santos Jasso*

Colorrectal Pediatric Surgeon

[santosjasso@hotmail.com](mailto:santosjasso@hotmail.com)

phone +525555028138

México