

# Colorectal Web Meeting



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# PAST MEDICAL HISTORY



## Abdominal distention

Could not pass meconium for 48 h

## Transanal pull-through (elsewhere)

Complicated with pneumonia, sepsis:

- K. Pneumonie
- K Oxycata
- E. Coli

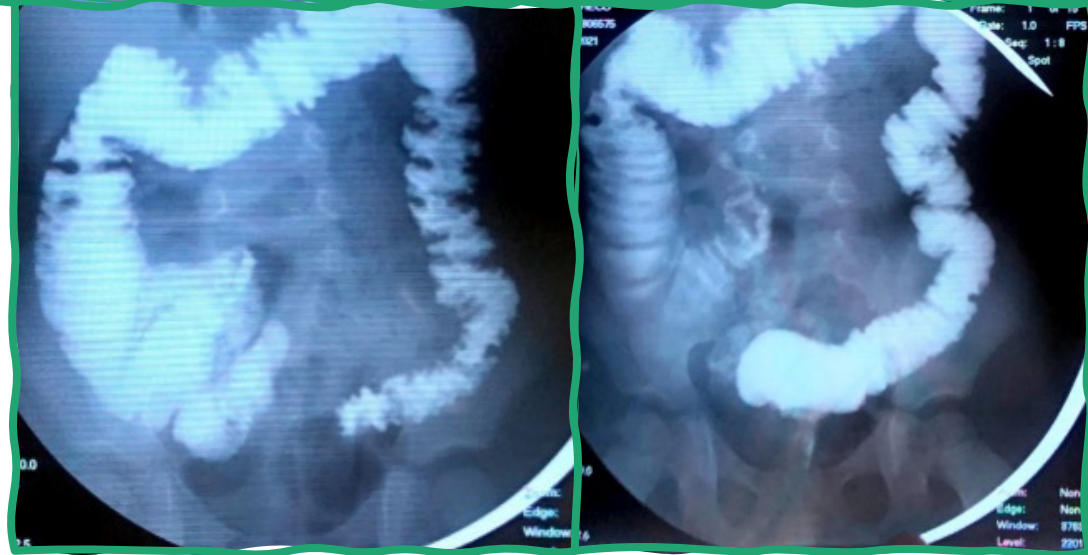
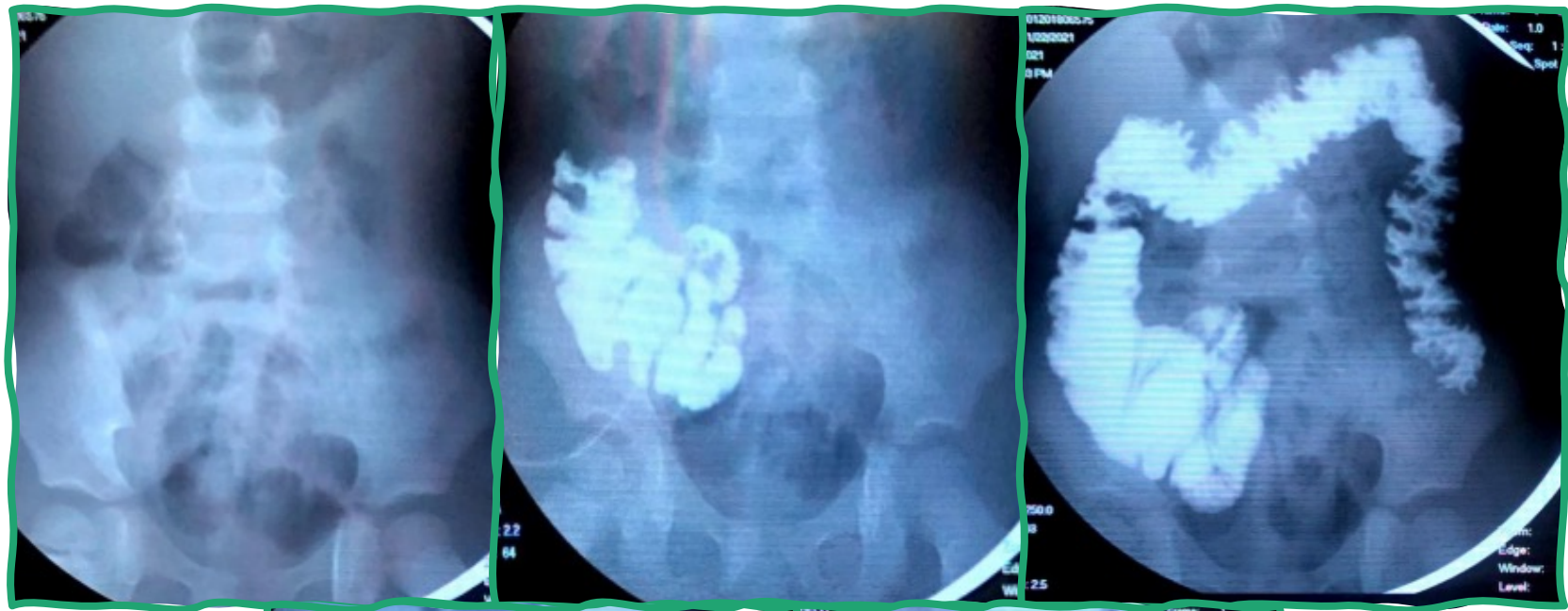
Histopathology 9 cm resected.  
Proximal: partial aganglionosis + **eosinophilia**

## Laparotomy with ileostomy and appendectomy

Rectal stenosis.

Severe and persistent Rectal bleeding, with anemia





Distal ileostogram

Contrast Enema



Hgb 6.5 g/dL hct 22.5%, MCH  
18.1 pg (27-33.1), leuk 14200

PT 15.8 INR 1.19 PTT 26

Iron 18.45 (33-193ug/dL)

Ferritin 14.34 (21.8-274.66  
ng/dL)

What  
would you  
do next?

Closure of ileostomy

Rectal irrigations with or without metronidazole+  
iron and folic acid supplementation (PO)

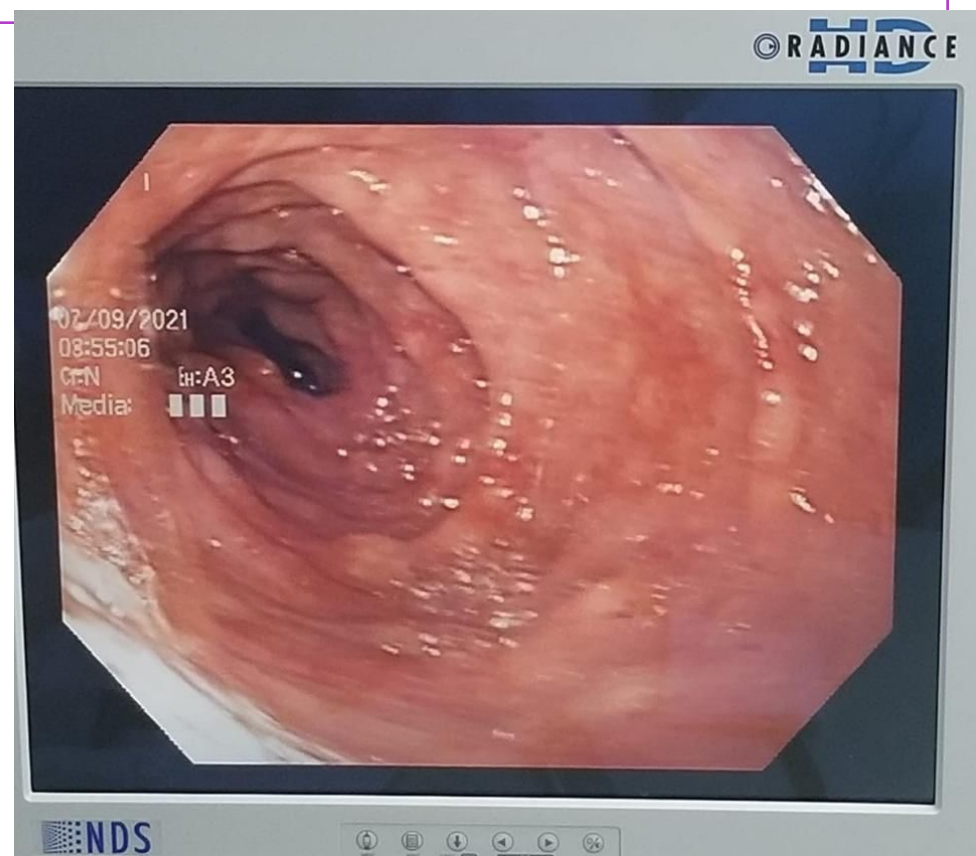
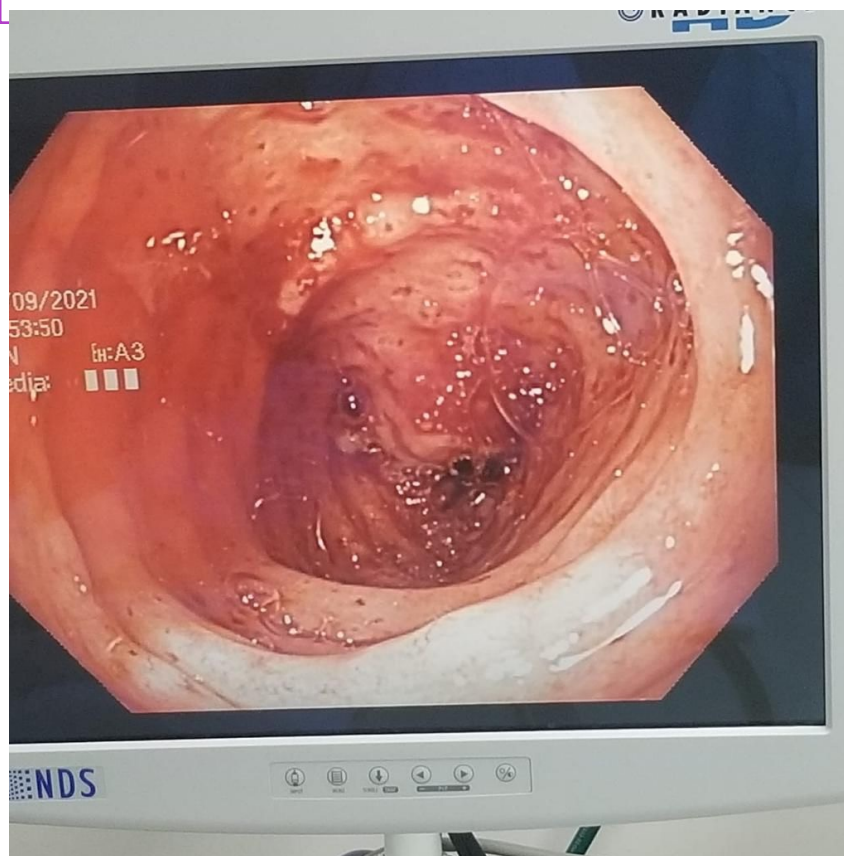
Rectal exam under anesthesia with rectal biopsy

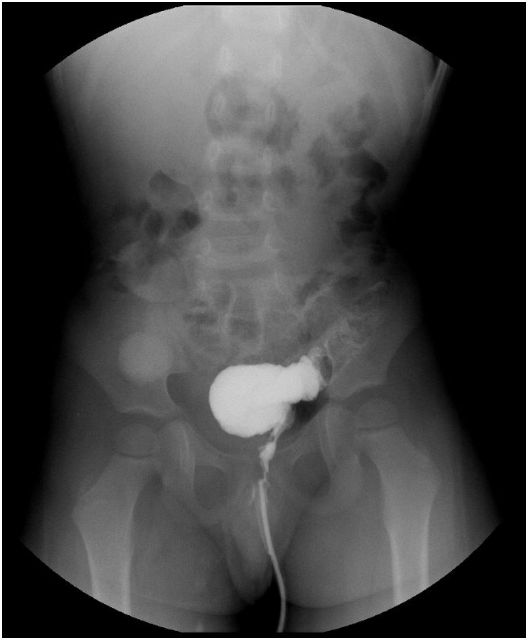
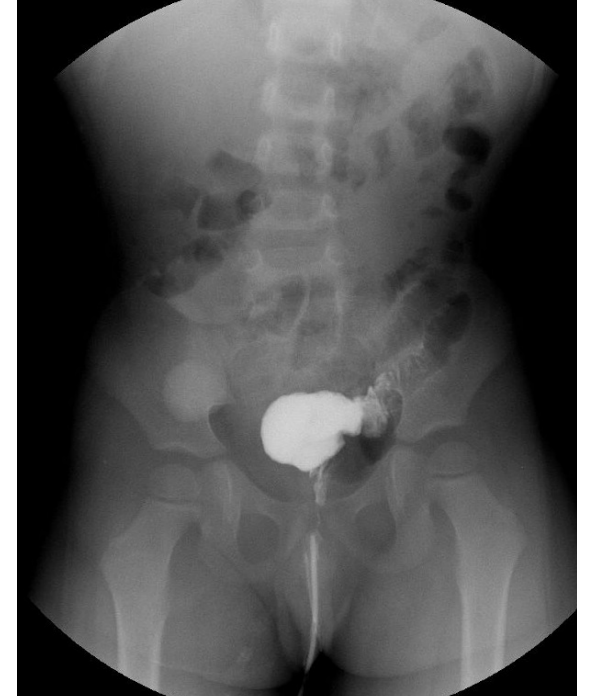
IM iron and rectal irrigations with metronidazole

Colonoscopy and consult with pediatric GI to rule  
out inflammatory bowel disease

Colonoscopy and evaluation by pediatric gastroenterologist to r/o inflammatory bowel disease... Calprotectin +, ASCA - and PANCA -

Rectal irrigations without metronidazole + iron (IM and PO) + folic acid (PO) + rectal mesalazine

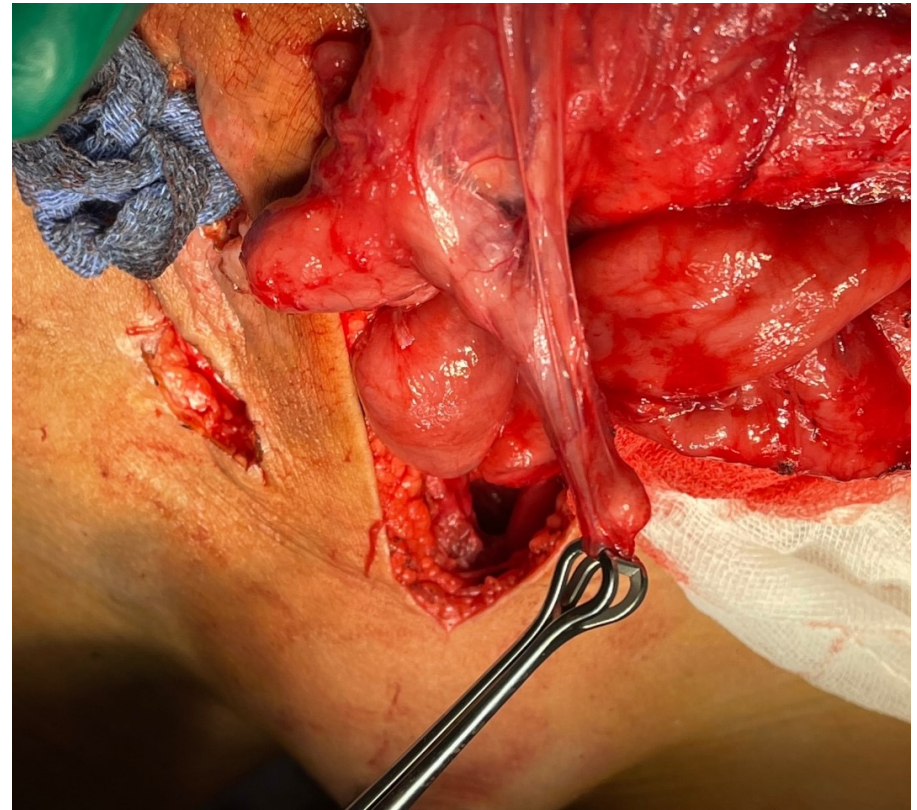
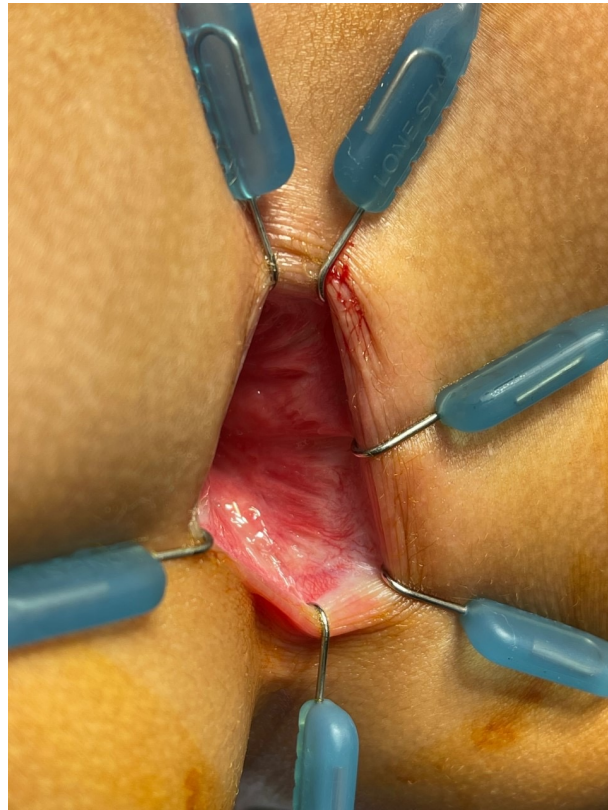




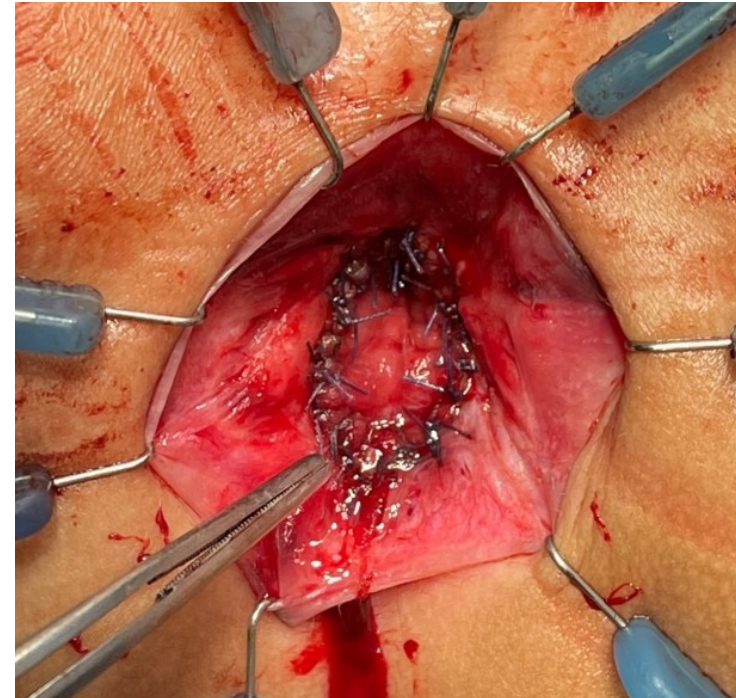
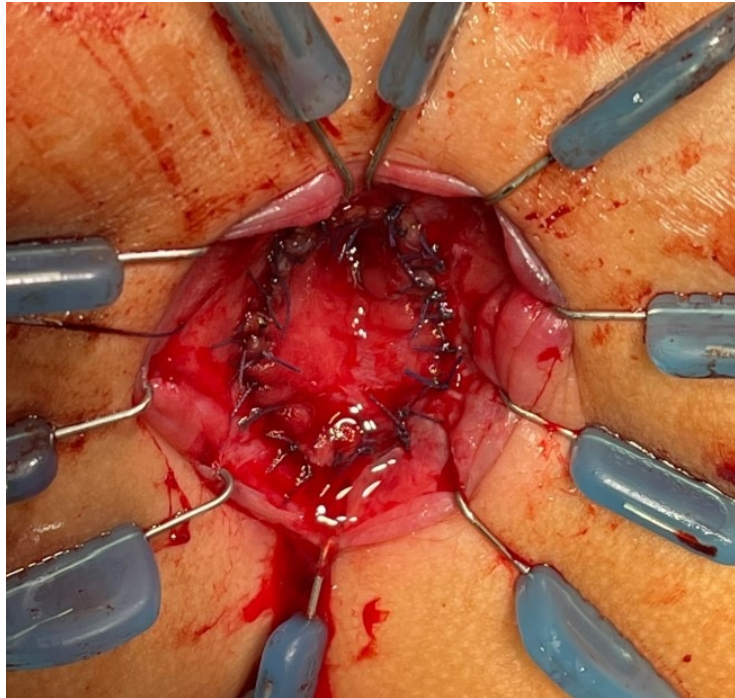
RECTAL BLEEDING  
RESOLVED



1. PROCTECTOMY (TRASANAL FULL THICKNESS AND ABDOMINAL APPROACH).
2. BIOPSY ABOVE THE RECTAL STENOSIS : NORMOGANGLIONIC
3. PULL THROUGH OF DESCENDING COLON
4. COLORECTAL ANASTOMOSIS (SWENSON)
5. ILEOSTOMY CLOSURE



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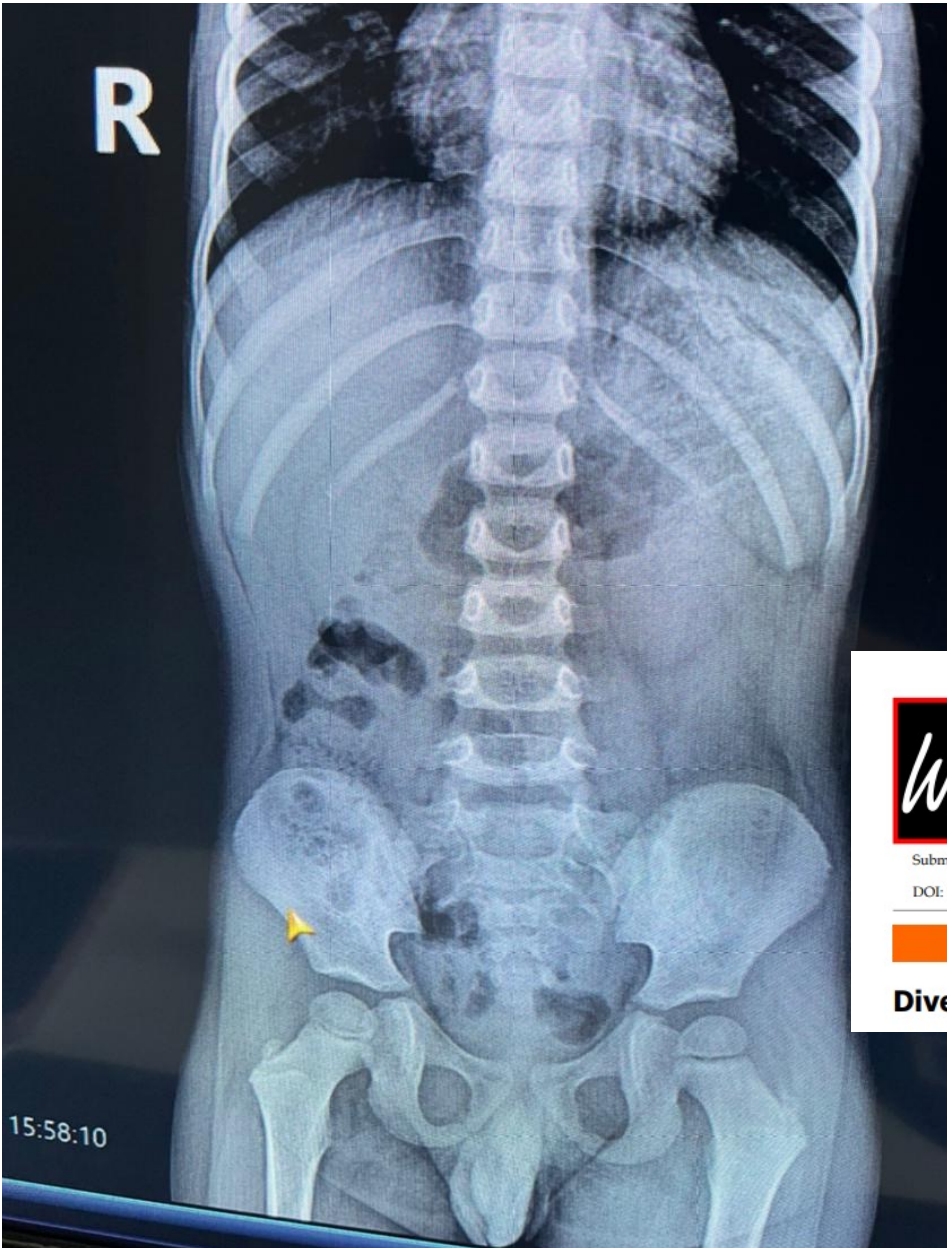




Distal margin: transition zone (nerve hypertrophy  $>40\ \mu$  and some submucosal plexuses without ganglion cells, but all myenteric plexuses with ganglion cells)

Proximal margin: normoganglionic in both plexus

Stomas normoganglionic



# DISCUSSION

- 2 months after redo pull-through
- Voluntary Bowel Movements
- He takes senna 8.6 mg QD for constipation, and this is the control radiograph after a bowel movement. Dilatation with Hegar 15
- He doesn't have rectal bleeding



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MINTREVIEWS

## Diversion colitis and pouchitis: A mini-review

Pharmacologic treatments using short-chain fatty acids, mesalamine, or corticosteroids are reportedly effective for those who are not candidates for surgical reestablishment

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