

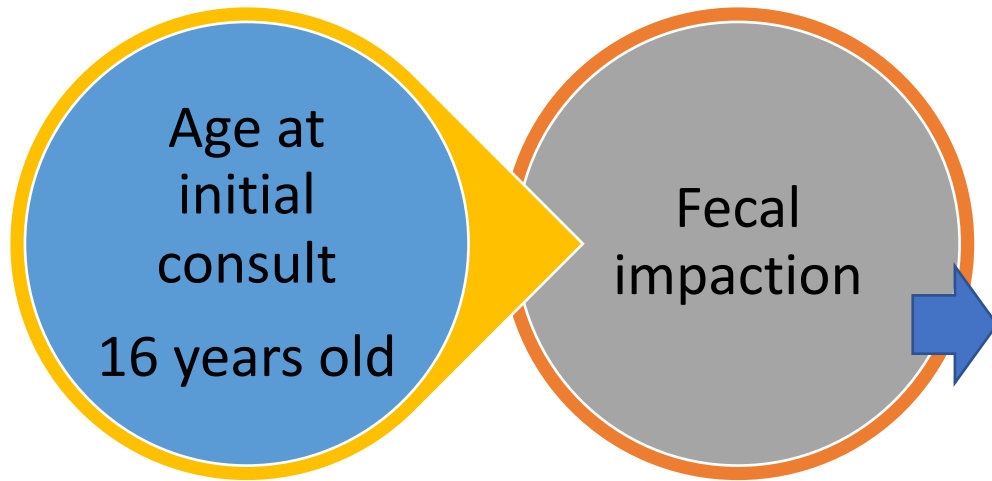


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# COLORECTAL WEB MEETING

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INSTITUTO NACIONAL DE PEDIATRIA  
MEXICO CITY, APRIL 2022

# Past medical history

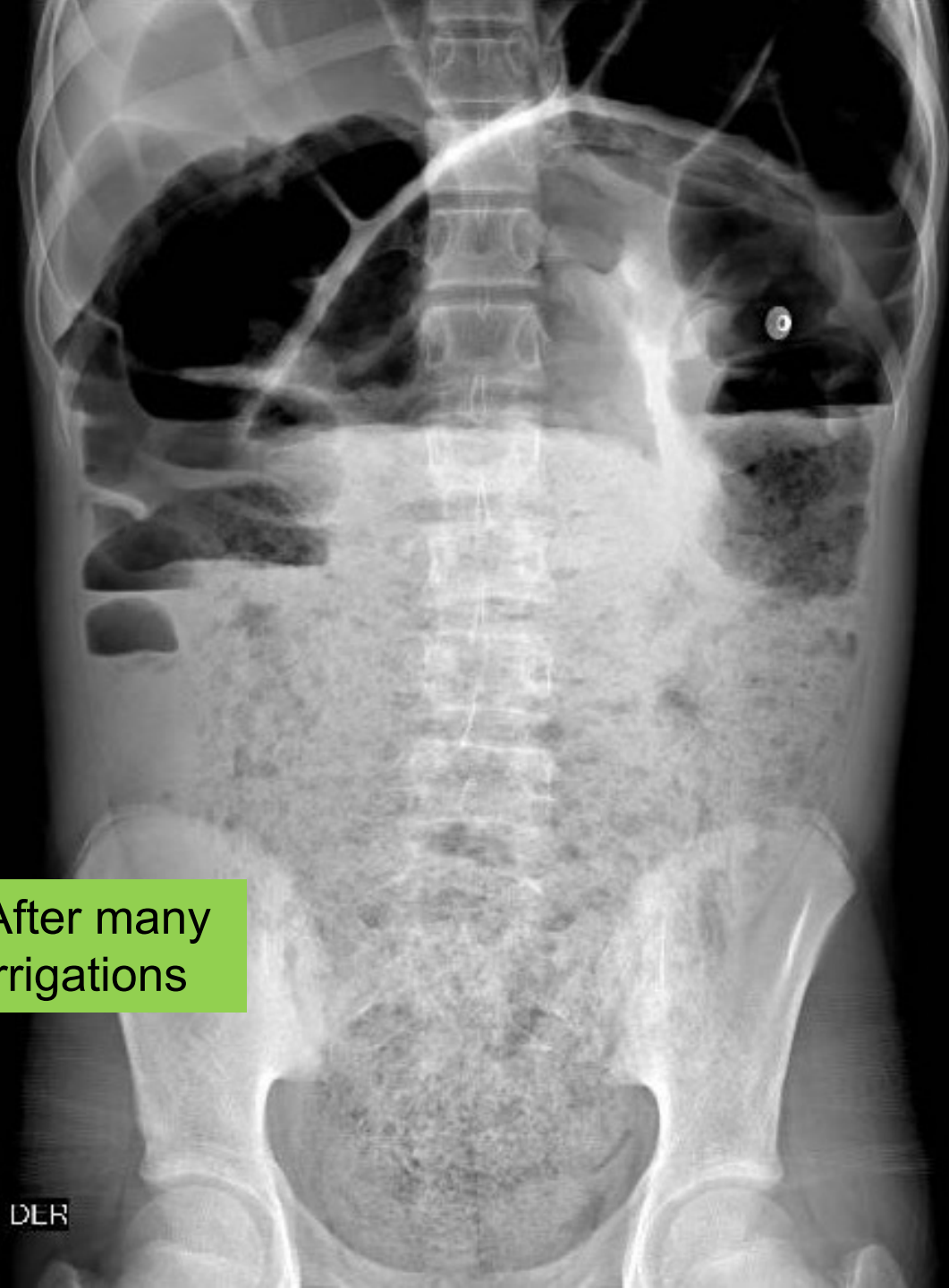


- Constipation since 6 months old
- Multiple visits to the Emergency Department because of fecal impaction, with manual disimpaction. He did not have appropriate follow up
- Multiple visits to the GI clinic, treated with polyethylene glycol and enemas.
- His mother was a teenager (17 yo) when he was born, illiterate and with developmental delay and communication problems

Initial X- Ray



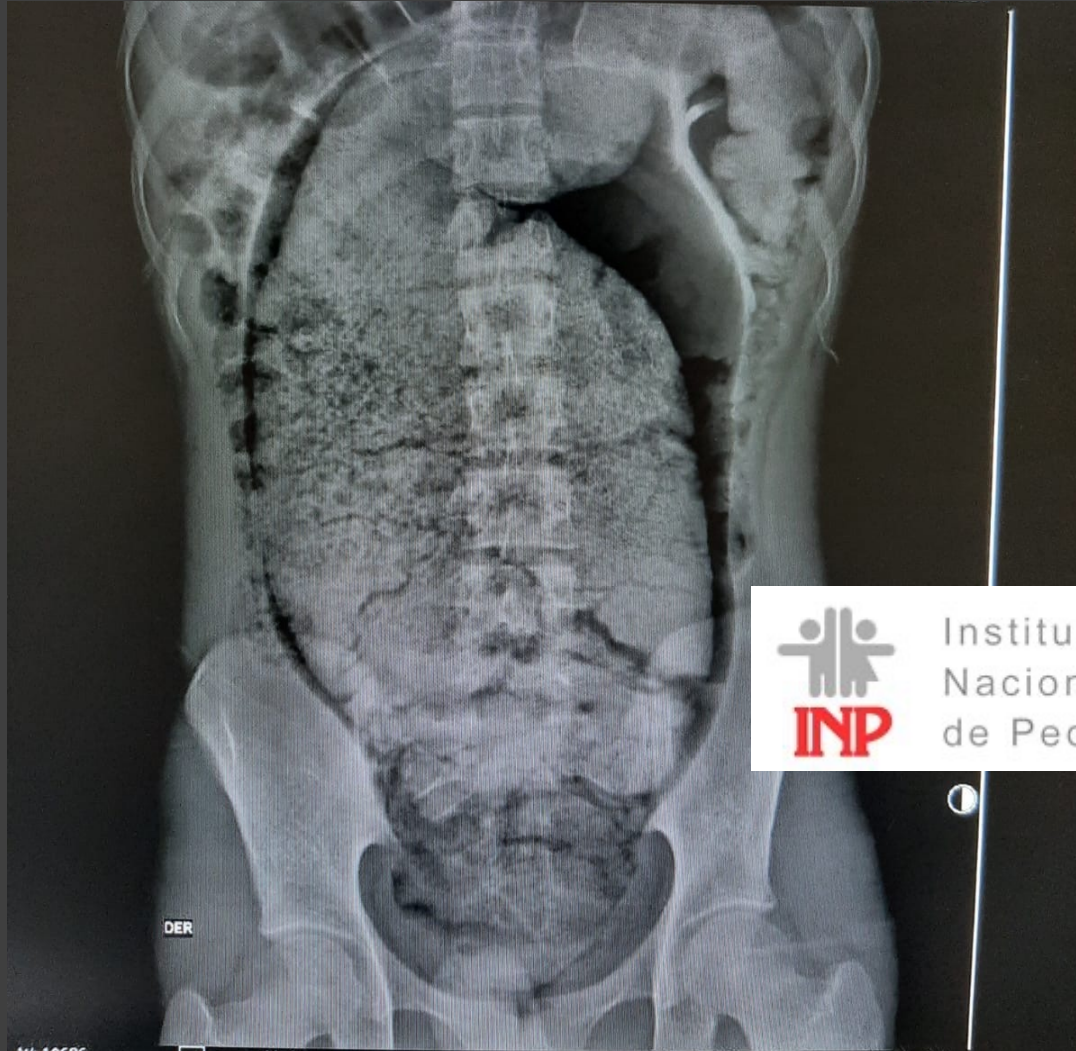
After many irrigations



At hospital admission:

- The evaluation by mental health made the diagnosis of generalized anxiety disorder and attention deficit hyperactivity disorder.
- Manometry: inhibitory rectoanal reflex present, preserved rectal sensitivity, Hypotension and decreased rectal contractility, with findings of anal tone not recovered after testing for inhibitory rectoanal reflex
- MRI was normal.





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W: 10696

W: 5/28

M-1.0

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What  
would you  
do next?

Fecal desimpaction with rectal enemas

Fecal desimpaction at operating room

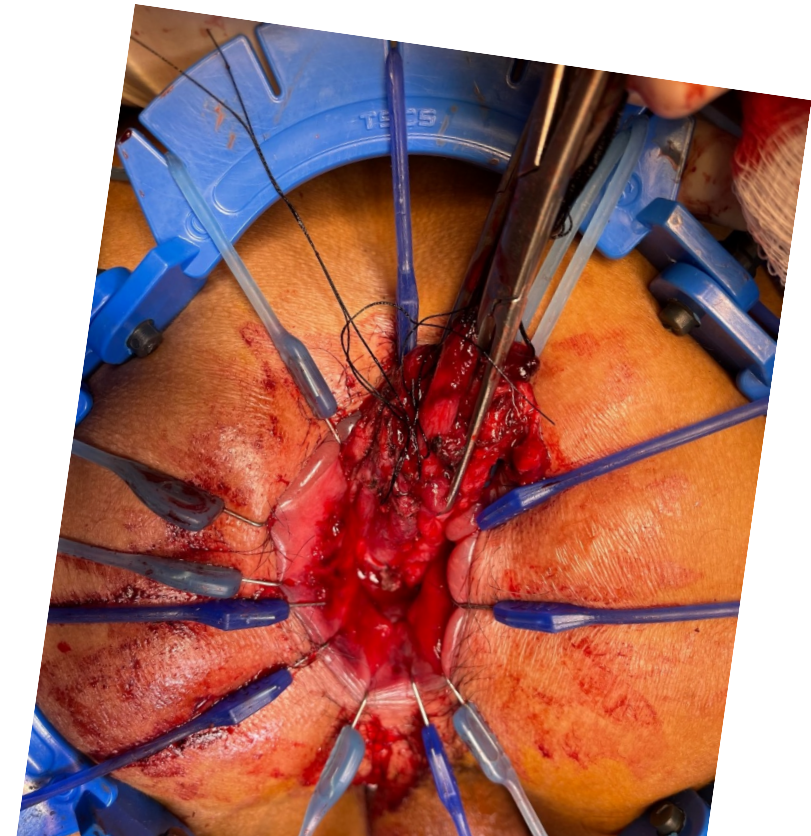
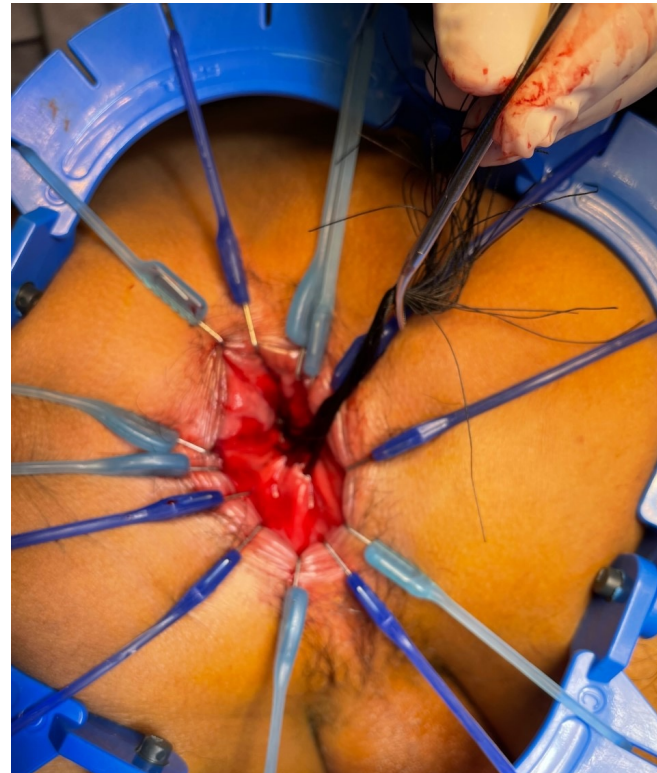
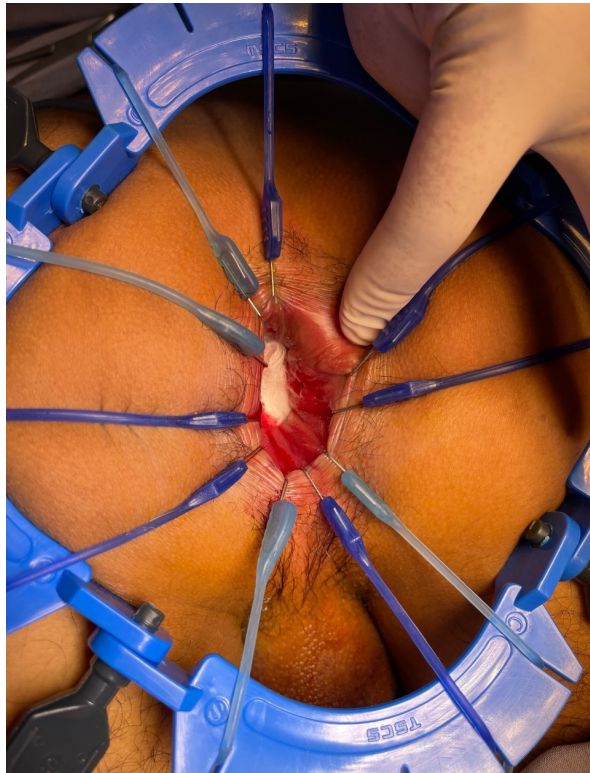
Fecal desimpaction at operating room +  
rectal biopsy

Rectal enemas followed by Bowel  
management program

I don't know

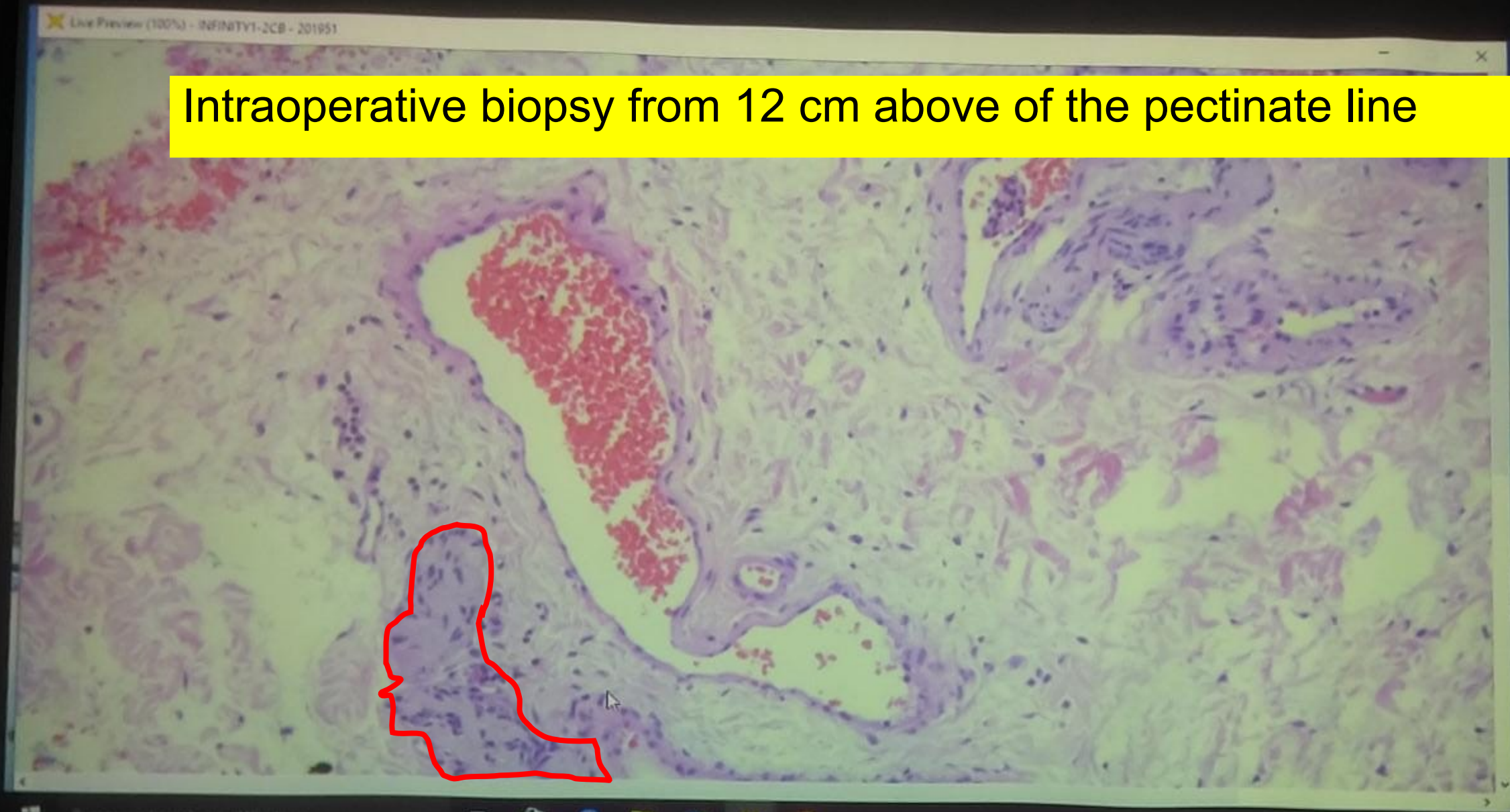
Rectal biopsy is aganglionic (submucosal plexuses)

1. PROCTECTOMY (TRASANAL FULL THICKNESS AND ABDOMINAL APPROACH).
2. COLECTOMY OF THE PROXIMAL DILATED COLON ABOVE THE AGANGLIONOSIS
3. PULL THROUGH OF THE DESCENDING COLON
4. COLORECTAL ANASTOMOSIS

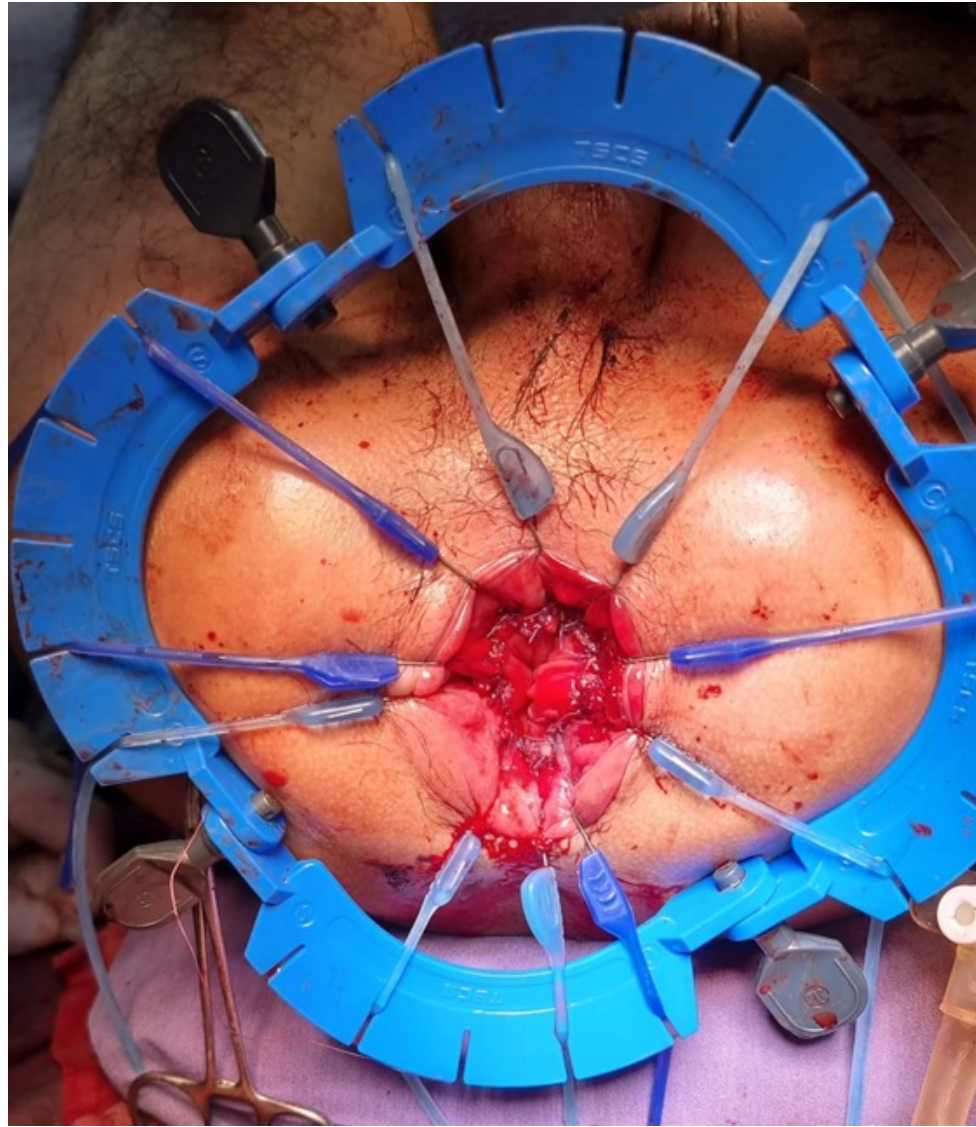


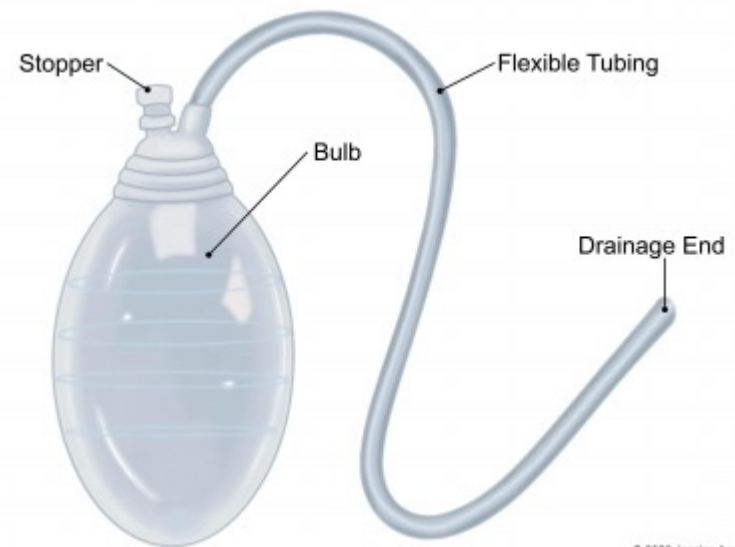


Intraoperative biopsy from 12 cm above of the pectinate line



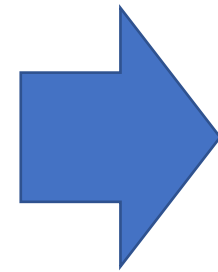








4 days after pull through



ileostomy

- Rectal dilatations with Hegar 24
- Distal ileostogram 4 months after the pull-through
- We performed ileostomy closure

Thank you

