

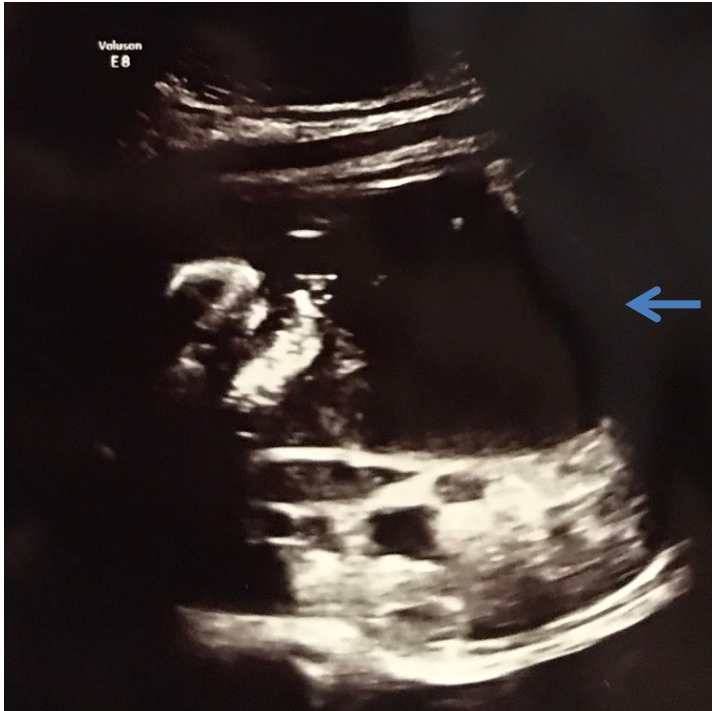
# **IMPERFORATED ANUS WITH RECTO-URETHRAL FISTULA**

UNUSUAL FETAL PRESENTATION  
PRENATAL MEGARECTUM

UNUSUAL SITUATIONS DURING SURGICAL TREATMENT  
DIFFICULT DECISION

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**IN A LATIN AMERICAN COUNTRY (July 2019) :**



**ABDOMINAL CYSTIC MASS IN A TERM MALE FETUS .  
THIS LIQUID MASS HAD BEEN PRESENT SINCE THE 16<sup>TH</sup>WEEK  
OF GESTATION AND WAS CONSTANTLY GROWING.**

**THE HUGE VOLUMEN SUGGESTED TO THE OBSERVERS:  
A FETAL PERITONITIS OR A LYMPHATIC MALFORMATION  
("MESENTERIC CYST" OR INTRABDOMINAL "LYMPHANGIOMA")**



**C-SECTION WAS PERFORMED AT TERM.**

**THE MALE NEWBORN HAD AN IMPERFORATED ANUS. A RECTO-URETHRAL FISTULA WAS SUSPECTED. NO ASSOCIATED MALFORMATIONS WERE DETECTED.**

**A RLQ LAPAROTOMY WAS PERFORMED (ELSEWHERE) :**

**A HUGE SIGMOID BOWEL LOOP OCCUPIES ALMOST THE ENTIRE LOWER ABDOMEN. A PRESUMPTIVE DIAGNOSIS OF A “COLONIC ATRESIA” (sic) WAS ENTERTAINED. A DIVERTING COLOSTOMY WAS INSTALLED IN THE LEFT COLON, PROXIMAL TO THE DILATED SIGMOID LOOP.**

**A RECTO- BULBAR URETHRAL FISTULA, WAS CONFIRMED BY AN URETHROGRAPHY**



**AT 3.5 MONTHS OF AGE (NOV 2019) THE BABY ARRIVED IN OUR COUNTRY.  
AN IMPERFORATED ANUS IN A “GOOD LOOKING” PERINEUM WAS SEEN.**





THE SACRUM WAS NORMAL AND NO ASSOCIATED ANOMALIES WERE EVIDENT

MEGASIGMA

3 →

1 ↙

2 ↙

DISTAL STOMA

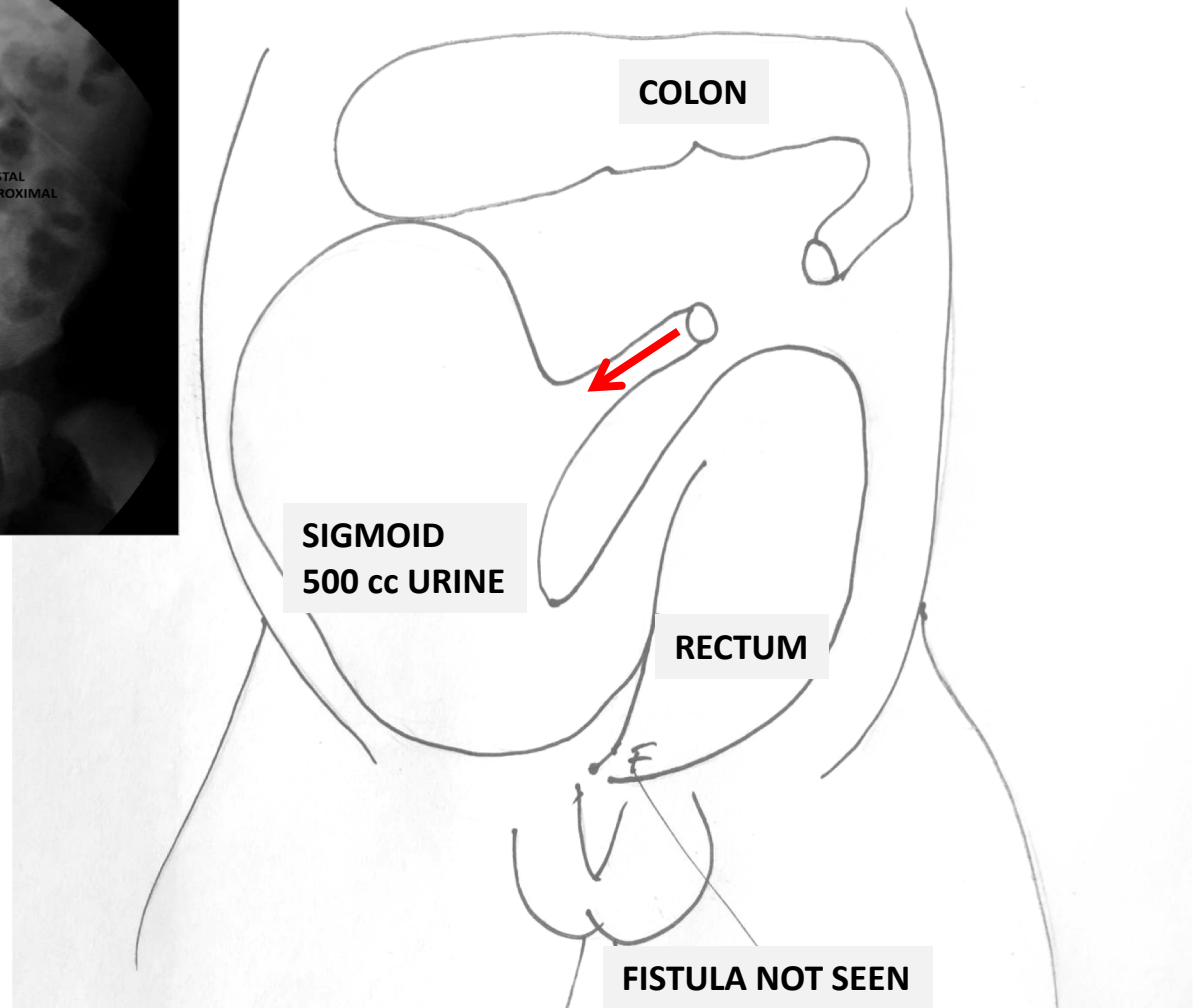
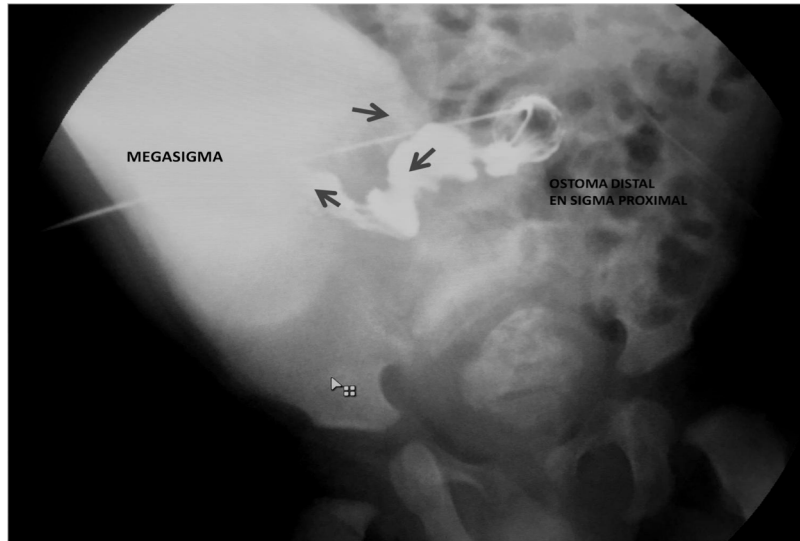
DISTAL COLOSTOGRAM

4 ↓

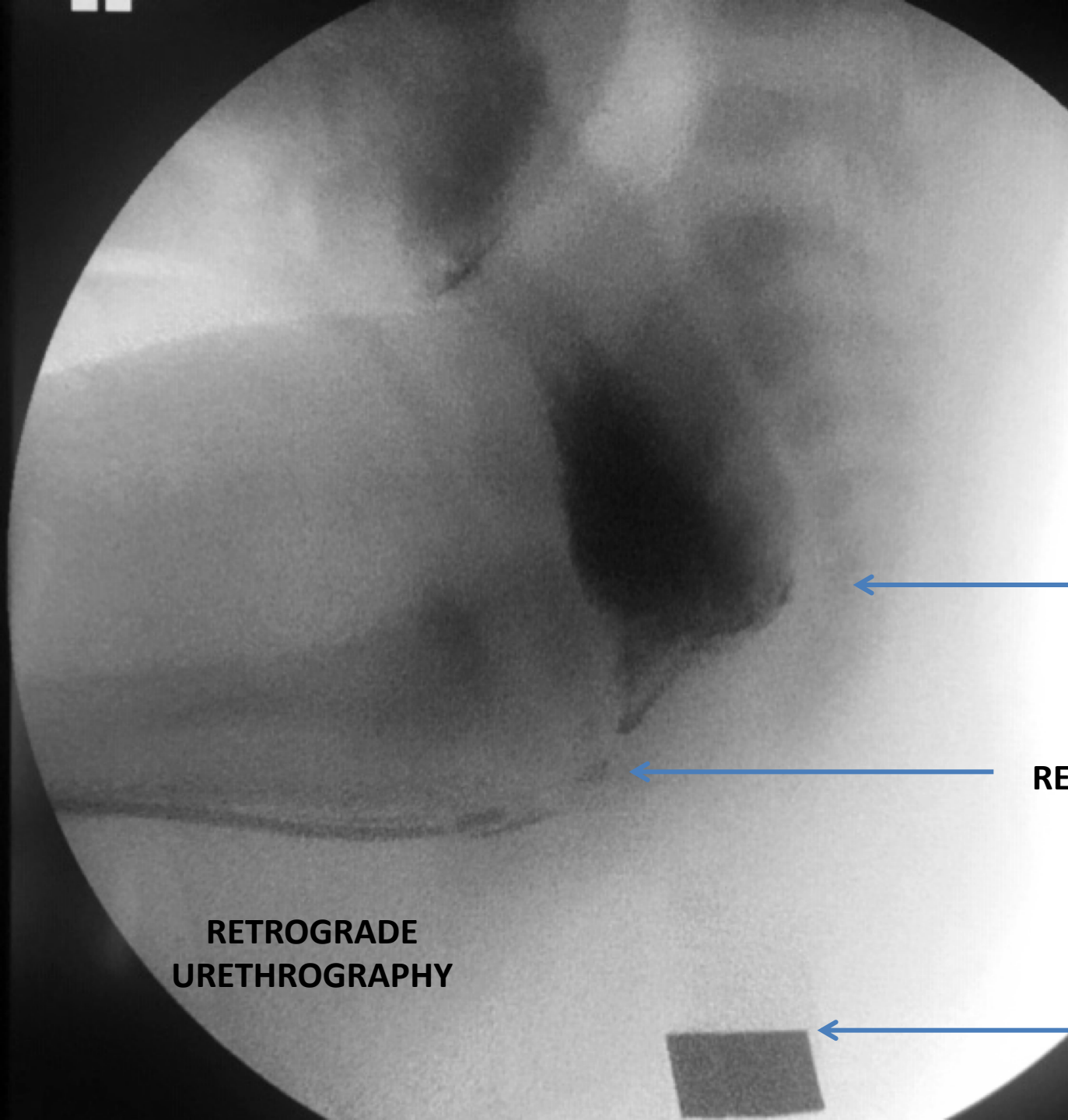
RECTUM







**WHEN THE CATHETER WAS INSERTED, 500cc OF URINE WERE EVACUATED  
WE ASSUMED THIS HAPPENED FROM VERY EARLY FETAL PERIOD.  
(CORRESPONDING TO THE PRENATAL ULTRASOUND IMAGES)**

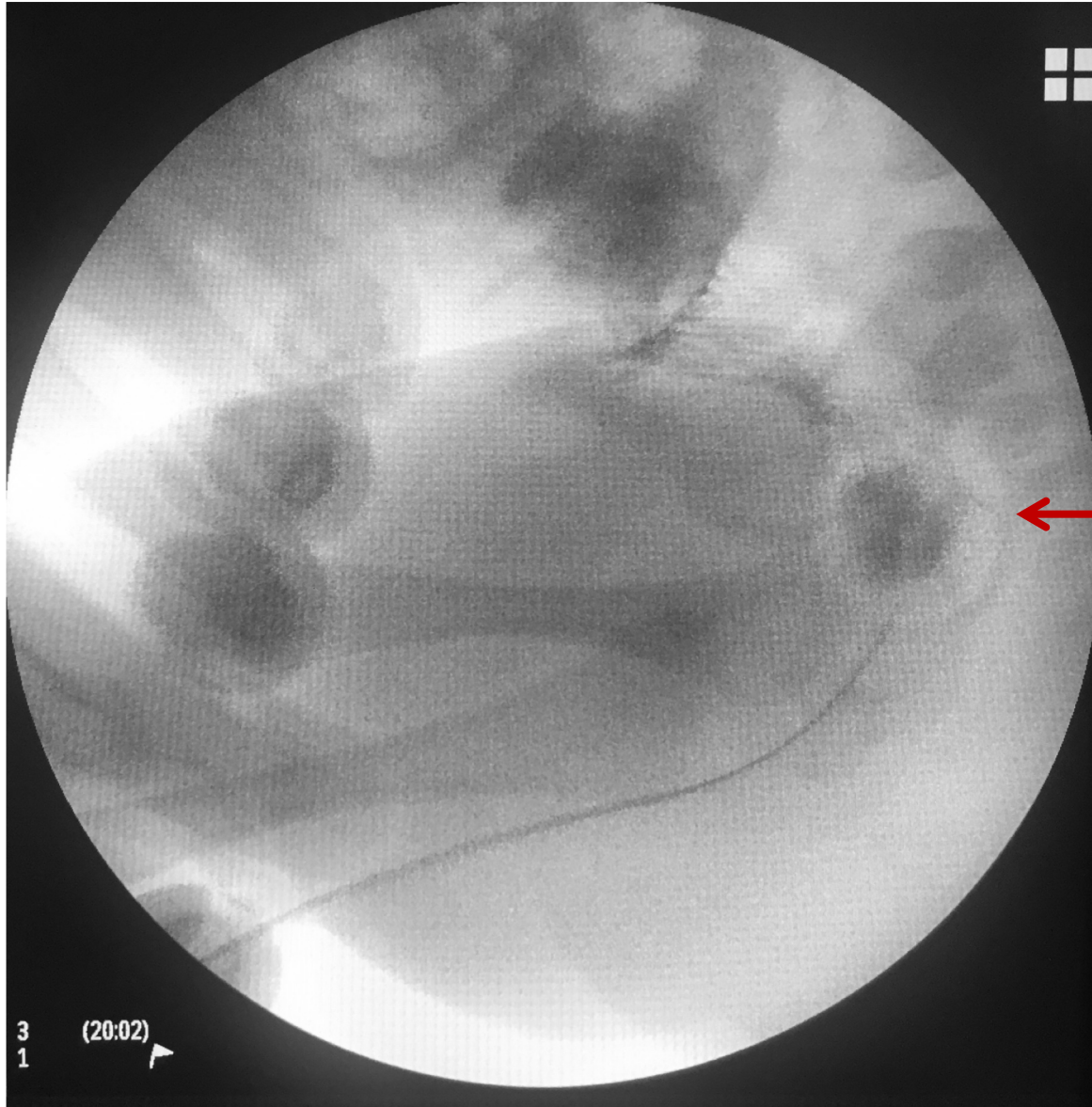


**NORMAL  
SACRUM**

**RECTO-URETHRAL FISTULA**

**RETROGRADE  
URETHROGRAPHY**

**SKIN LEVEL**



**NOV 2019  
(PREOP )**

**WHEN TRANSURETHRAL FOLEY CATHETER  
WAS INTENDED TO BE INSERTED ,  
IT WENT REPEATEDLY INTO THE RECTUM  
AND THE URINARY BLADDER COULD NOT  
BE REACHED.**

**SEE BALLOON INFLATED  
IN RECTAL LUMEN PRE-PSARP**

**UNUSUAL PREOPERATIVE  
SITUATION**

**NOV 2019  
(PREOP )**

Rectum

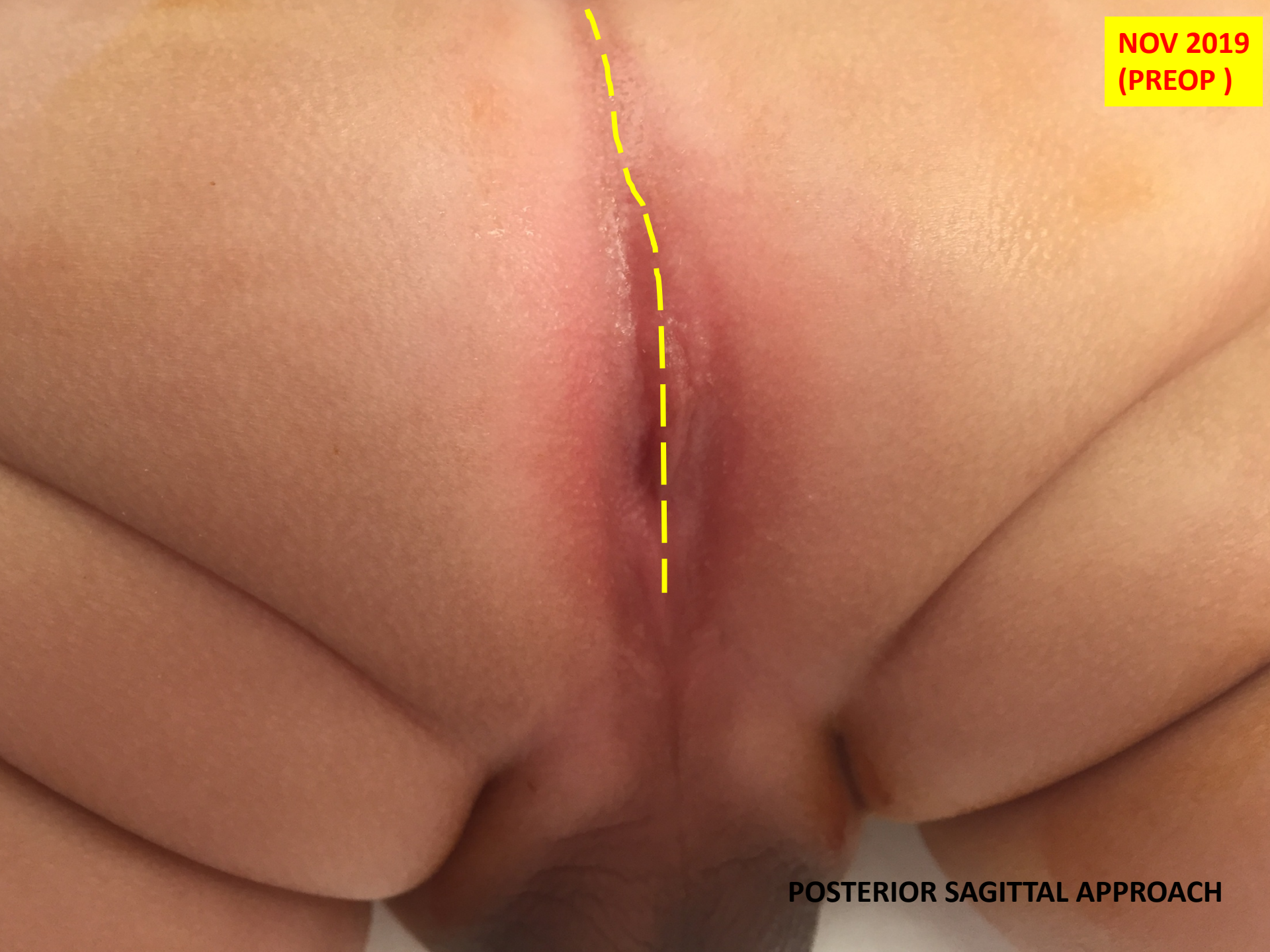
**EXPLANATION:  
PREOPERATIVE  
URETHROGRAPHY**

**TINY POSTERIOR URETHRA**

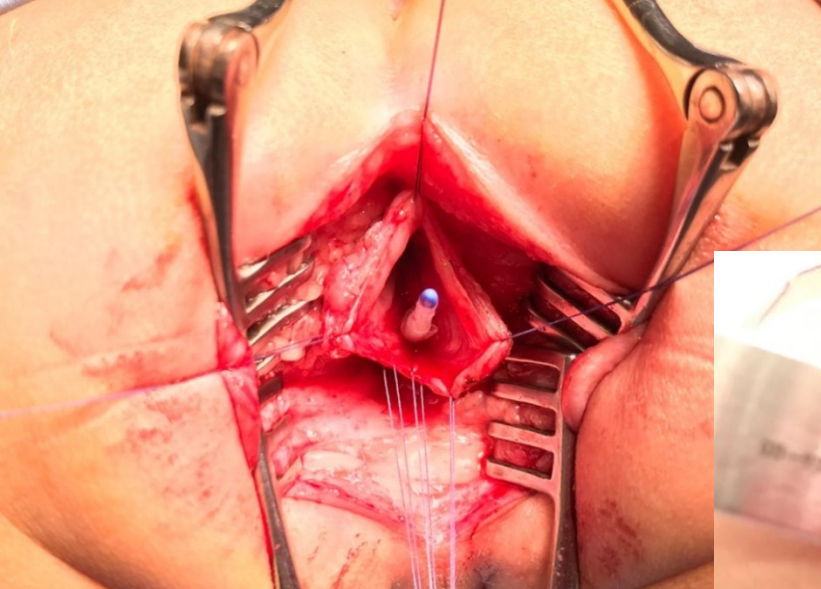
**A RIGHT ANGLE IN THE URETHRA  
( FOLEY CATHETER COULDN'T GET THROUGH)**



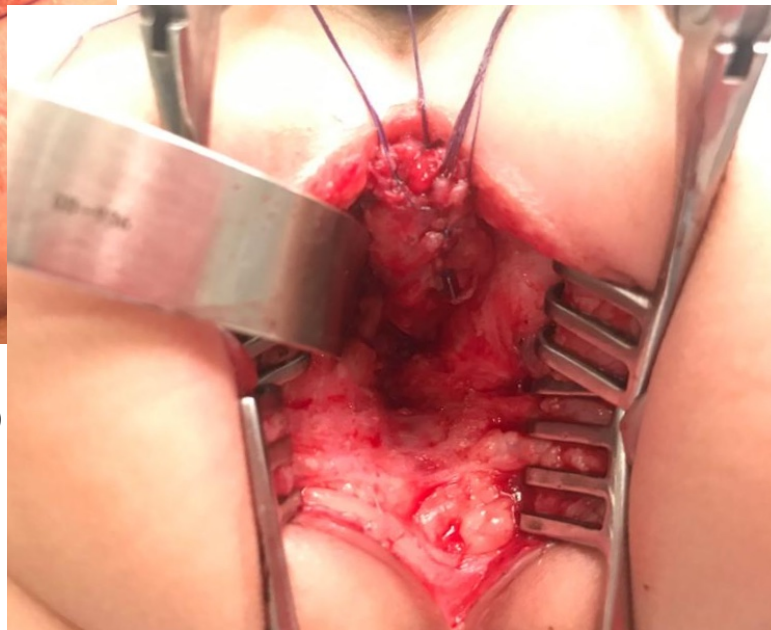
**NOV 2019  
(PREOP )**



**POSTERIOR SAGITTAL APPROACH**



**SUPRALEVATOR RECTUM MOBILIZED  
THE FISTULA WAS IDENTIFIED  
(NOTE FOLEY IN RECTAL LUMEN)**

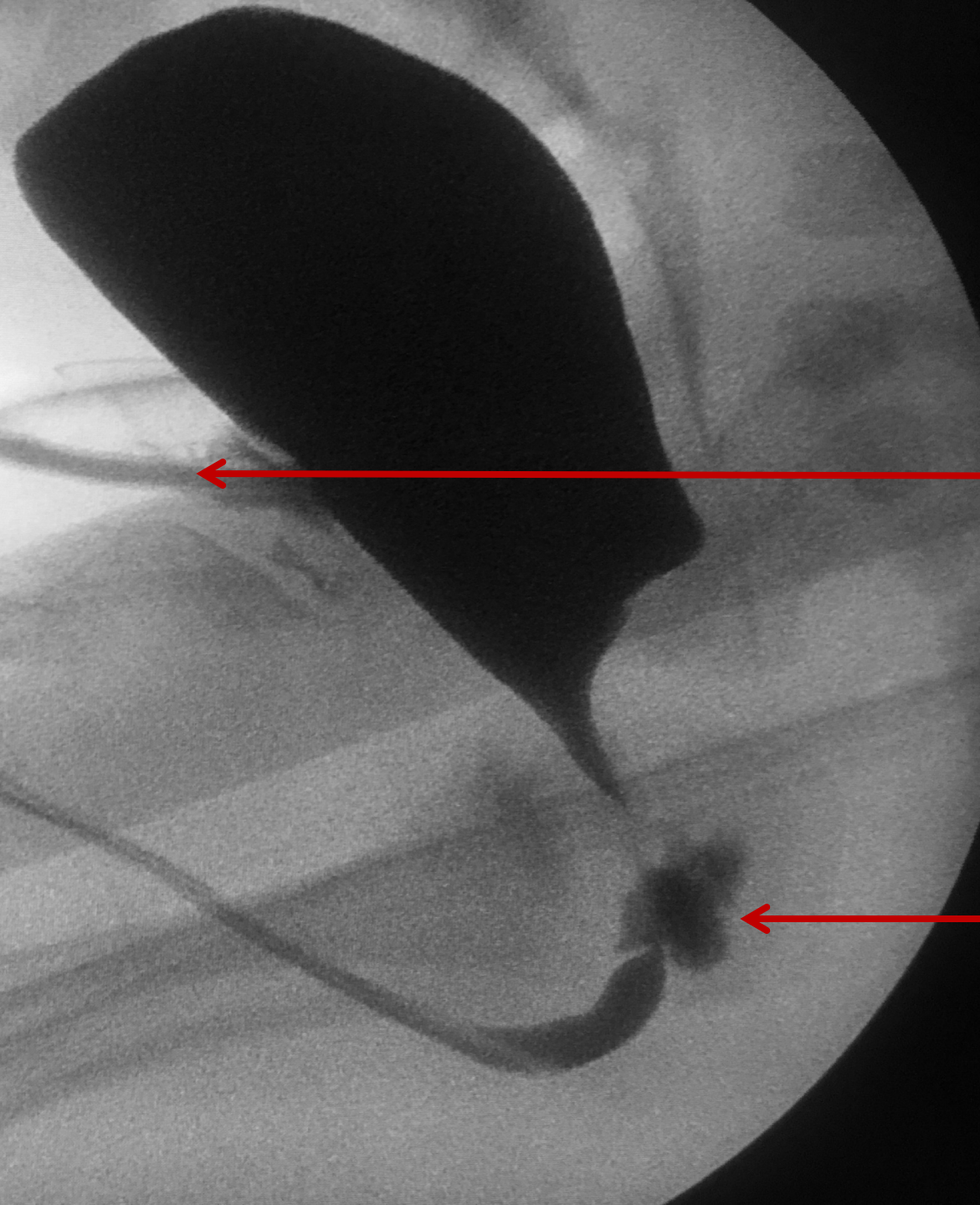


**FISTULA WAS SUTURED-LIGATED  
RECTUM MOBILIZED TO THE PERINEUM  
(FULL THICKNESS RECTAL WALL  
IN FRONT OF SUTURED R-U FISTULA)**



**ANORECTOPLASTY COMPLETED  
(12 mm NEOANUS)**





**SUPRAPUBIC BLADDER CATHETER  
WAS INSERTED POSTOP**

**AREA OF LIGATED FISTULA  
(NO CONTRAST EXTRAVASATION)**

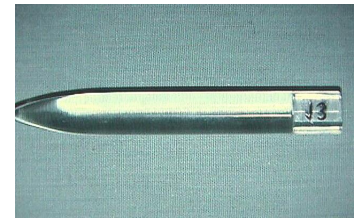
# **UNVENTFULL RECOVERY AFTER PSARP (DISCHARGED 48 hs . POSTOP.)**

**AT 8<sup>th</sup> POSTOP DAY**

**THE SUPRAPUBIC CATHETER WAS REMOVED**

**AT 12<sup>th</sup> POSTOP DAY.**

**THE PARENTS STARTED GENTLE ANAL CALIBRATIONS,  
TWICE A DAY , INCREASING 1mm EVERY WEEK.**



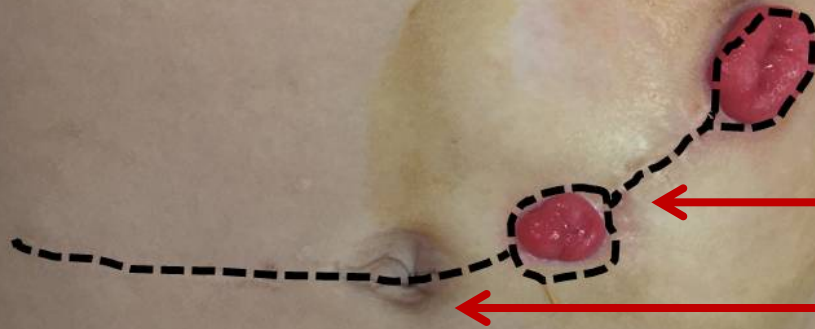
*HANDMADE ACRILYC BOUGIES .*

**THEY FLEW BACK HOME**



**60° PO. DAY : UPON ARRIVAL FROM THEIR COUNTRY.  
X-RAY SHOWED A STABLE ANAL CALIBER 12mm.  
NO EVIDENCE OF PREVIOUS R-U FISTULA**

**(FEB 2020)**  
**2 m POSTOP**



**BOTH OSTOMIES WERE TAKEN DOWN**

**LAPAROTOMY WAS ENLARGED  
TO EXPOSE THE SIGMOID DILATED LOOP.**



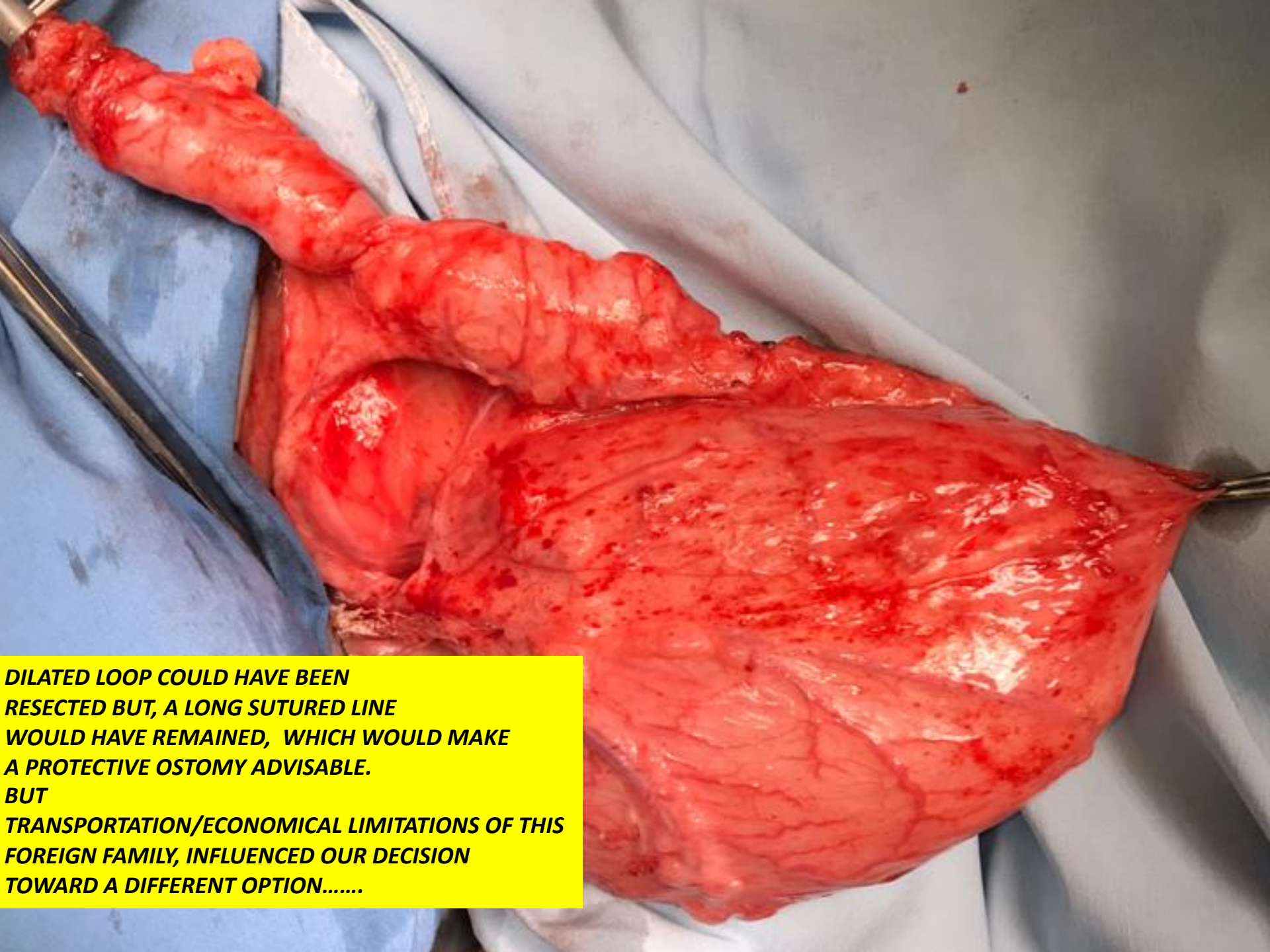


**DISTAL SIGMOID**

This is an intraoperative photograph showing a resected specimen of the distal sigmoid colon and rectum. The specimen is a large, reddish, sac-like structure with a visible haustrum. It is held open by surgical instruments. A yellow arrow points to the inferior mesenteric vessels at the base of the specimen. The background shows blue surgical drapes.

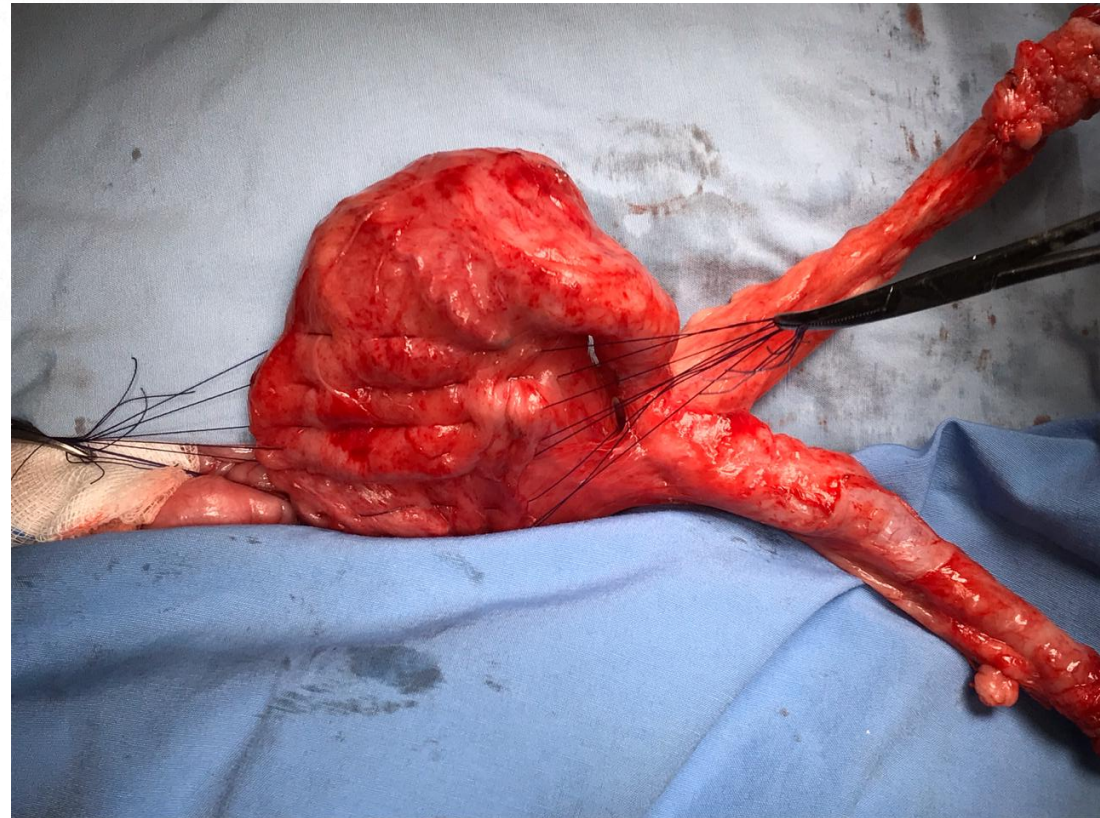
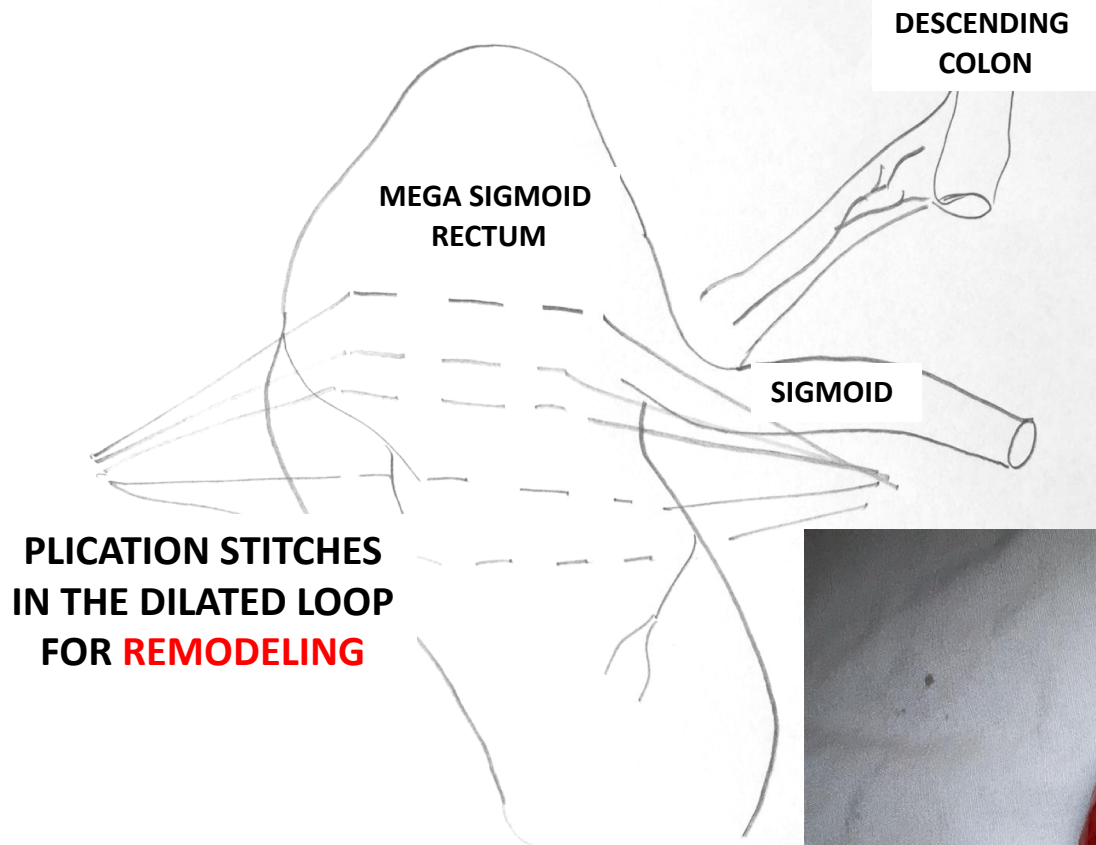
**DILATED SIGMOID AND RECTUM**

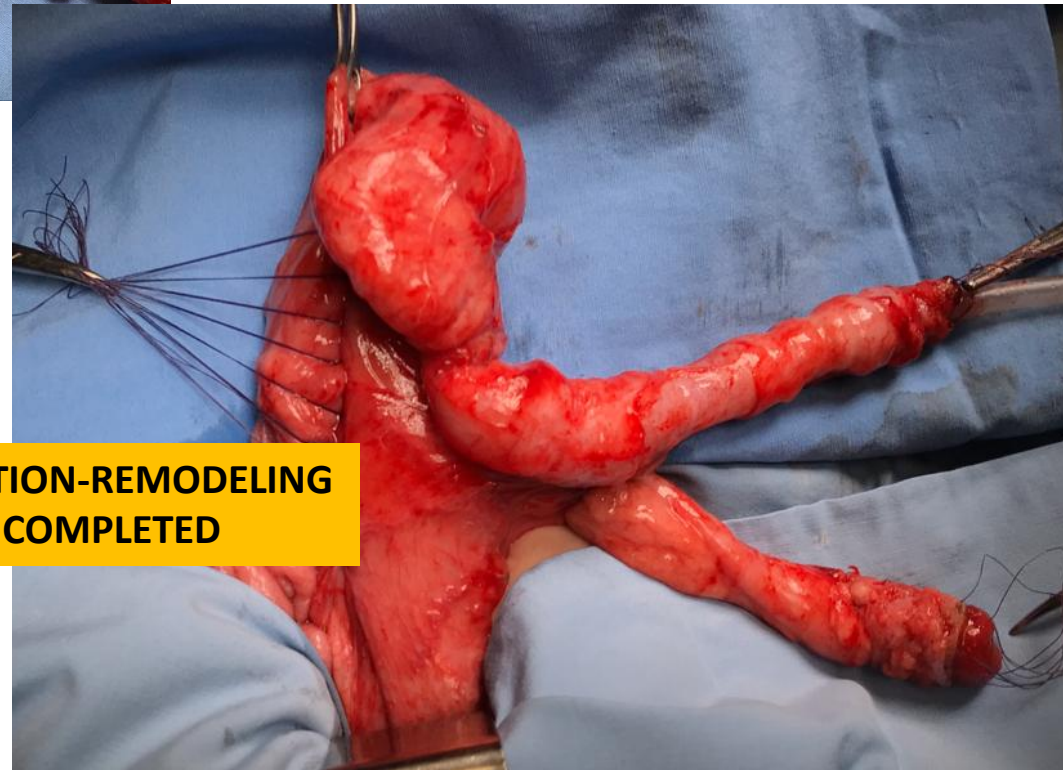
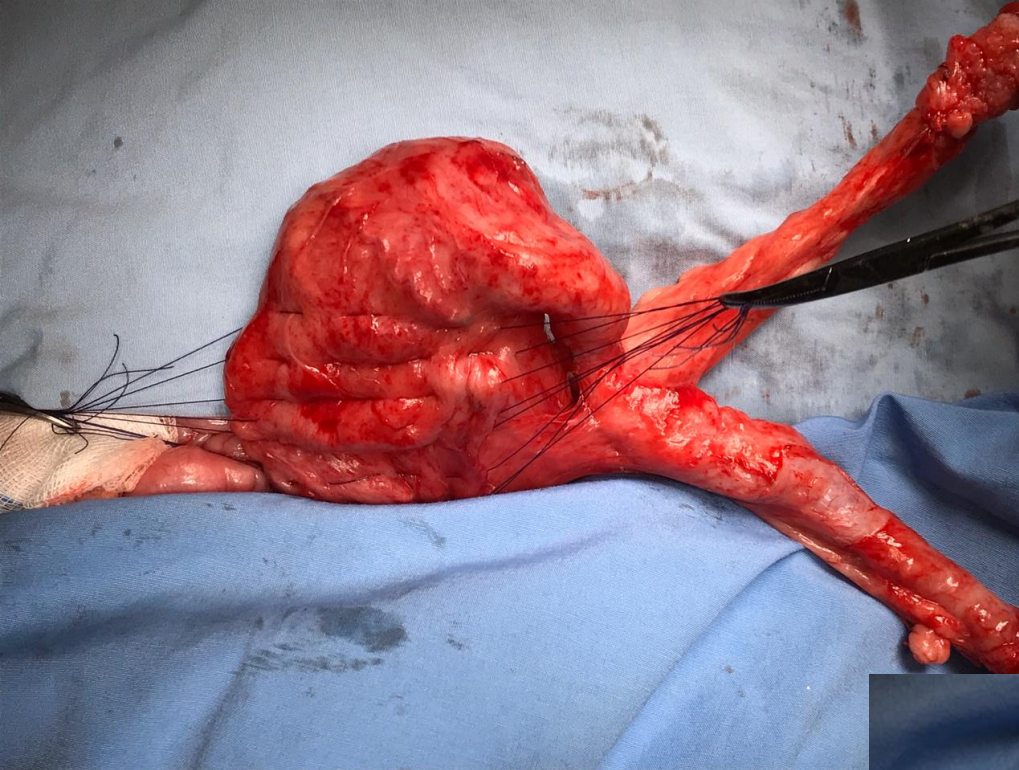
**INFERIOR MESENTERIC VESSELS**



**DILATED LOOP COULD HAVE BEEN  
RESECTED BUT, A LONG SUTURED LINE  
WOULD HAVE REMAINED, WHICH WOULD MAKE  
A PROTECTIVE OSTOMY ADVISABLE.  
BUT  
TRANSPORTATION/ECONOMICAL LIMITATIONS OF THIS  
FOREIGN FAMILY, INFLUENCED OUR DECISION  
TOWARD A DIFFERENT OPTION.....**

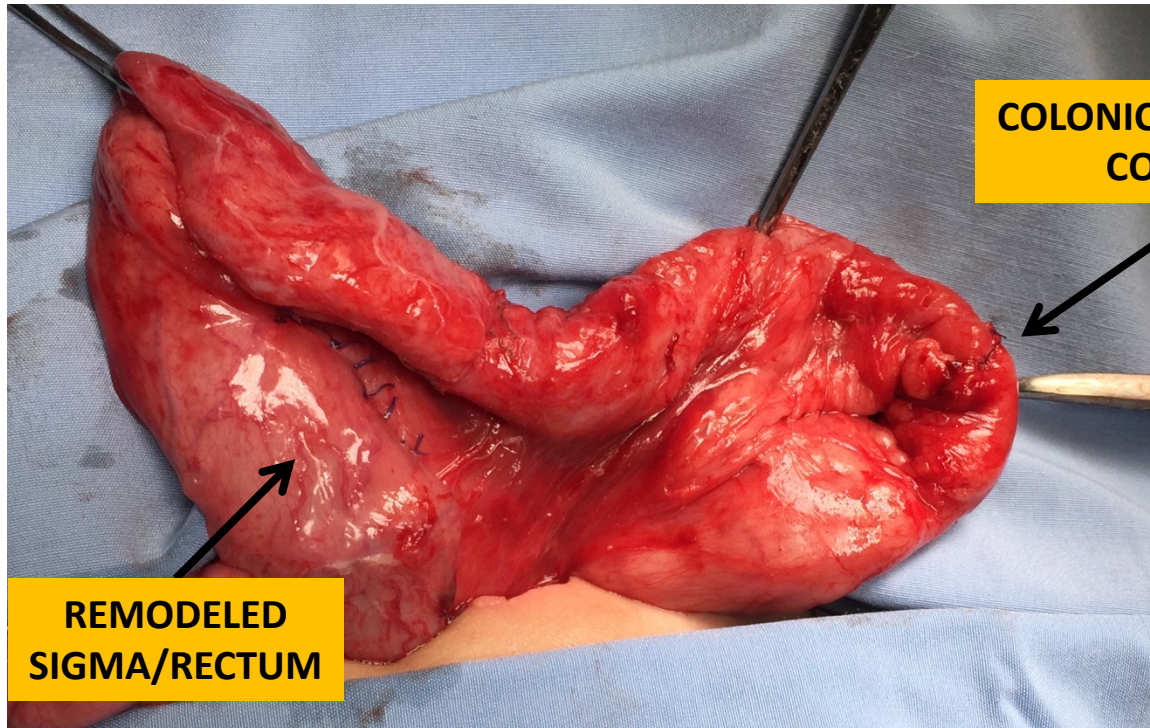






**PLICATION-REMODELING  
COMPLETED**





**UNEVENTFULL RECOVERY.**

**PASSING GASES /FECES AT 4<sup>th</sup> POSTOP. DAY. THE BABY WAS DISCHARGED.**

**THEY FLEW BACK HOME AT 16<sup>th</sup> POSTOP.DAY**

**CONSTIPATION COULD BE A PROBLEM IN THE FUTURE**

**BOWEL MANAGEMENT WAS STARTED IMMEDIATELY**

**DILATED SIGMOID LOOP RESECTION AND ANTEGRADE IRRIGATIONS  
(CHAIT DEVICE) (MONTI PROCEDURE), WOULD BE NECESSARY  
IF CONSTIPATION TURNS TO BE UNMANAGEABLE**

## TAKE AWAYS AFTER THIS CASE

**MEGASIGMOID /MEGARECTUM COULD BE ASSOCIATED** IN A FETUS WITH IMPERFORATED ANUS. IN THIS CASE, THE BOWEL WAS FULL OF URINE COMING FROM R-U FISTULA , SINCE EARLY FETAL LIFE

**PRIMARY RECTAL “ECTASIA” or “PRIMARY” MEGARECTUM** , HAS BEEN RELATED TO CONSTIPATION, FECAL IMPACTION , HYPOMOTILITY, AND POOR RECTAL FUNCTION.

WHEN FACING THE SURGICAL TREATMENT OF A RECTO-URETHRAL FISTULA, THE INSERTION OF **A FOLEY** CATHETER IS MANDATORY, BUT , **SOMETIMES IT IS NOT POSSIBLE**. THEN, POSTERIOR SAGITTAL ANO-RECTOPLASTY SHOULD BE DONE WITHOUT IT.

**RECTAL EXTRALUMINAL REMODELING** WAS OUR CHOICE IN THIS PATIENT, TAKING INTO ACCOUNT THIS FAMILIAL CONTEXT. OTHERWISE A RECTOSIGMOID RESECTION WOULD HAVE BEEN DONE.

**TIME WILL TELL US** WHETHER IT WAS A CORRECT DECISION, IF THE RECTAL FUNCTION RESULTS SATISFACTORY OR CONVERSELY A BAD ONE, IF UNMANEAGEABLE CONSTIPATION OCCURS. IN THE LATTER SITUATION, A SIGMOID RESECTION AND ANTEGRADE COLONIC IRRIGATIONS WILL BE INDICATED.

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**MAY 2020  
(6 m POSTOP)**

**RECTAL FUNCTION POOR.  
DAILY RECTAL IRRIGATIONS ARE NECESSARY.**



**A SIGMOID RESECTION WILL PROBABLY BE SUGGESTED TO THE LOCAL SURGEONS  
OR PERFORMED AFTER THE COVID19 PANDEMIC IS RESOLVED.**