

Case #1

05/25/2023



Children's Hospital Colorado

INTERNATIONAL CENTER FOR
**COLORECTAL AND
UROGENITAL CARE**



Male patient born at 37 weeks gestational age

- no stool in the first 24 hours
- glycerin suppository = stool, discharged
- at home, no stool and bilious emesis

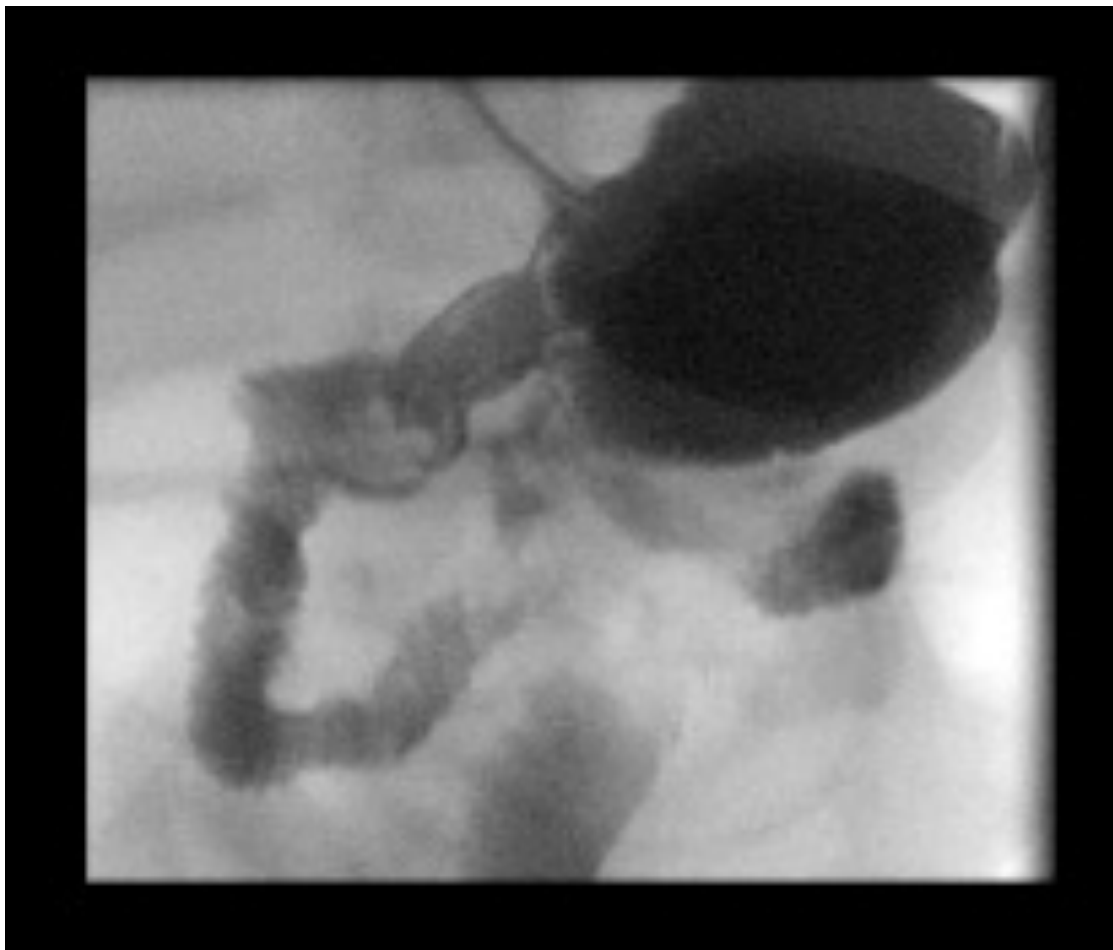


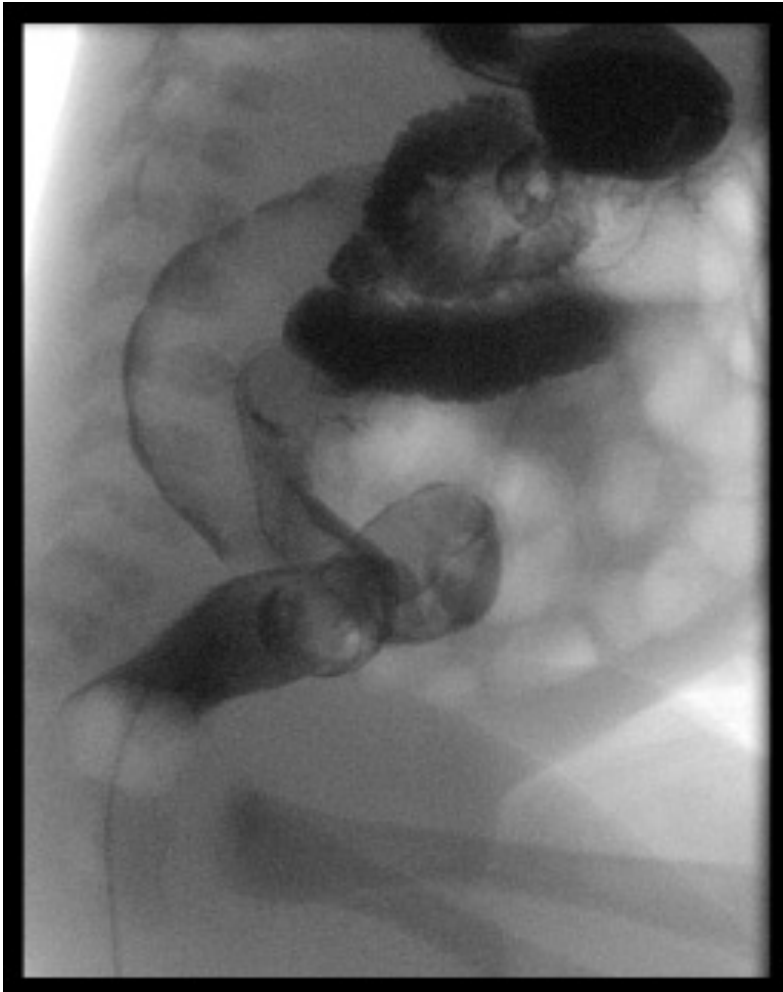
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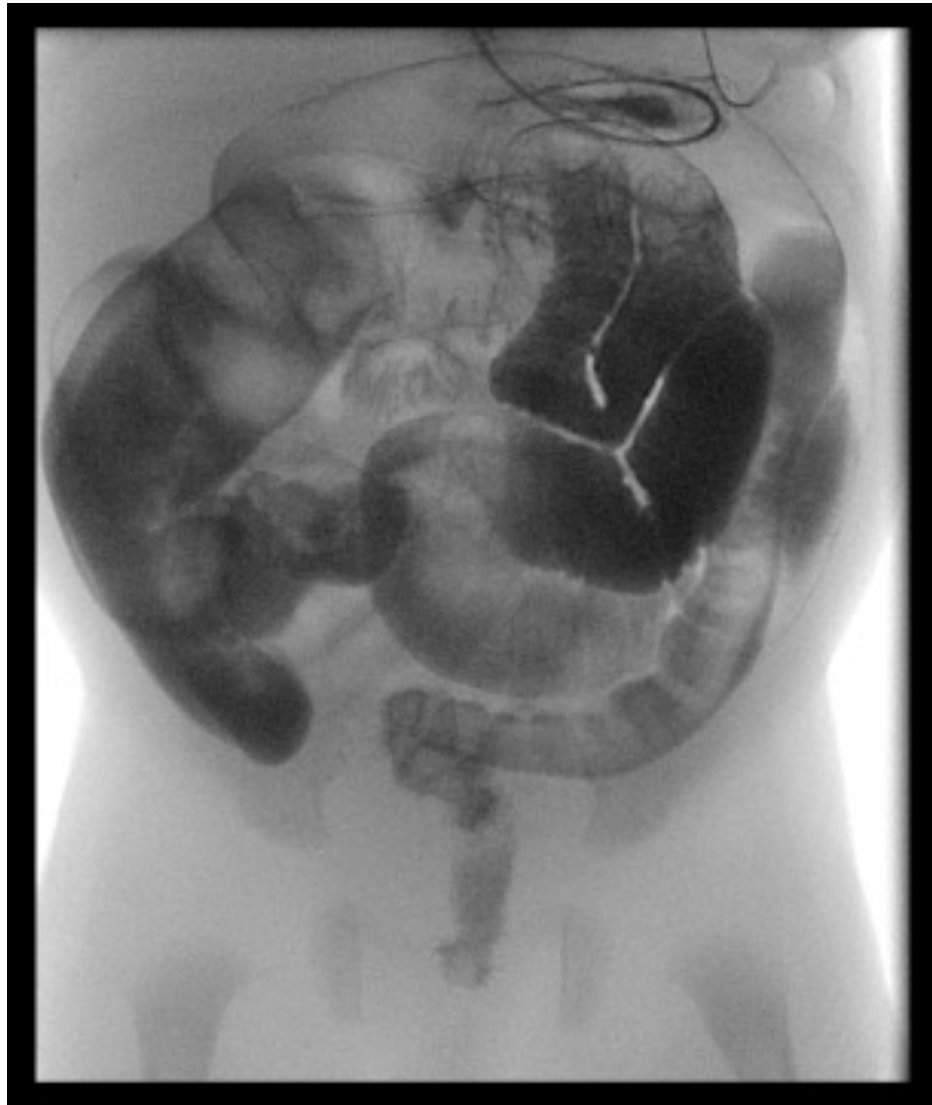
With this abdominal radiograph,
what would you like to do?

1. Upper GI to rule out malrotation
2. Contrast enema to rule out Hirschsprung
3. Take the patient to the operating room
4. I don't know









With this contrast enema, what would you like to do next?



1. Suction rectal biopsy
2. Full thickness rectal biopsy
3. Start rectal irrigation
4. Exploratory laparotomy
5. I don't know



On day 6 of life, he was taken to the OR for leveling biopsies and ileostomy.

Diagnosis: Total Colonic Aganglioneosis

When would you recommend an ileo-anal pullthrough?



1. 3 months
2. 6 months
3. 12 months
4. 18 months
5. 24 months
6. None of the above



Why we don't recommend an ileo-anal pullthrough in a baby?



Ileostomy closure only when:

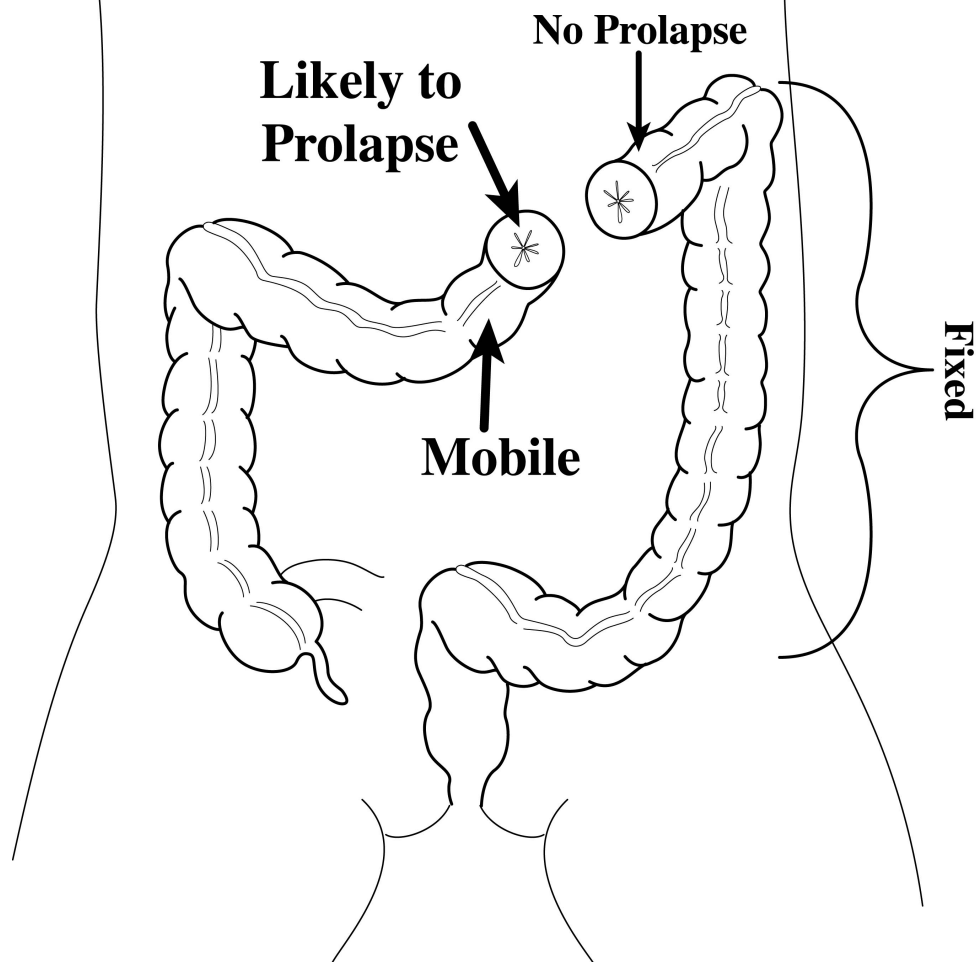
- Patient is toilet trained for urine
- Accepts rectal irrigations



Patient was then seen at the
Colorectal clinic because of Ileostomy
prolapse.

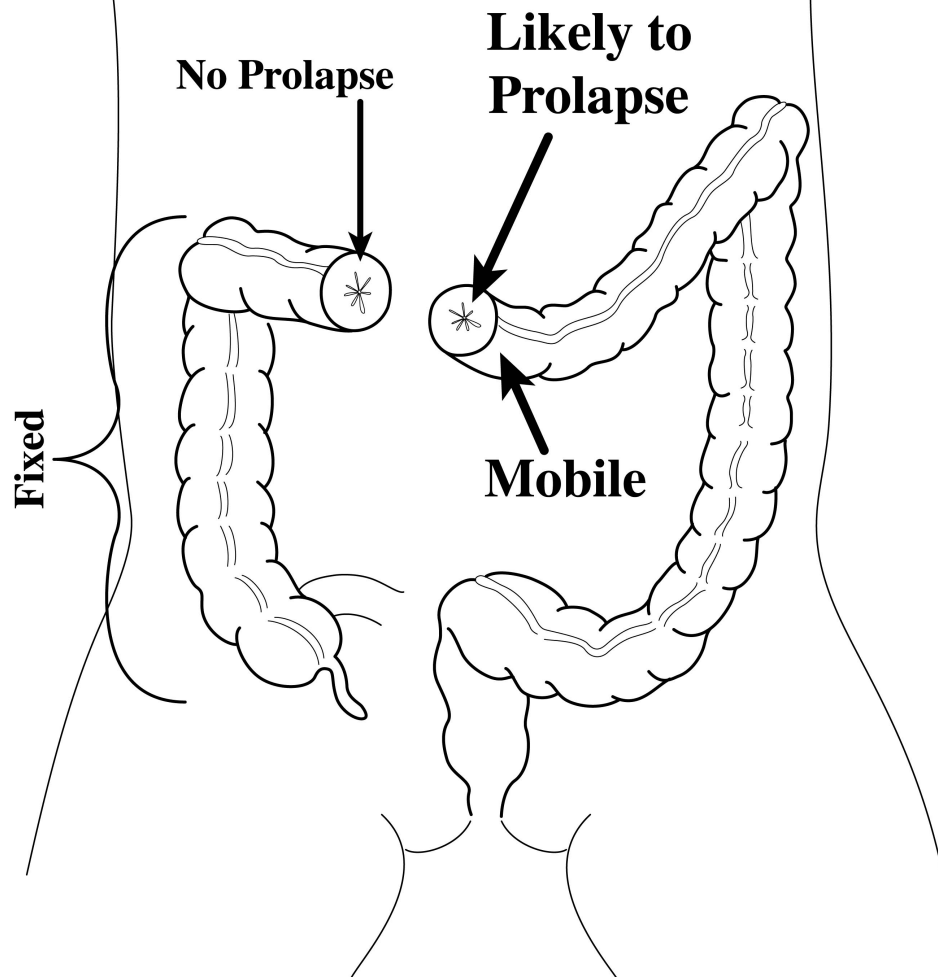


Left Transverse



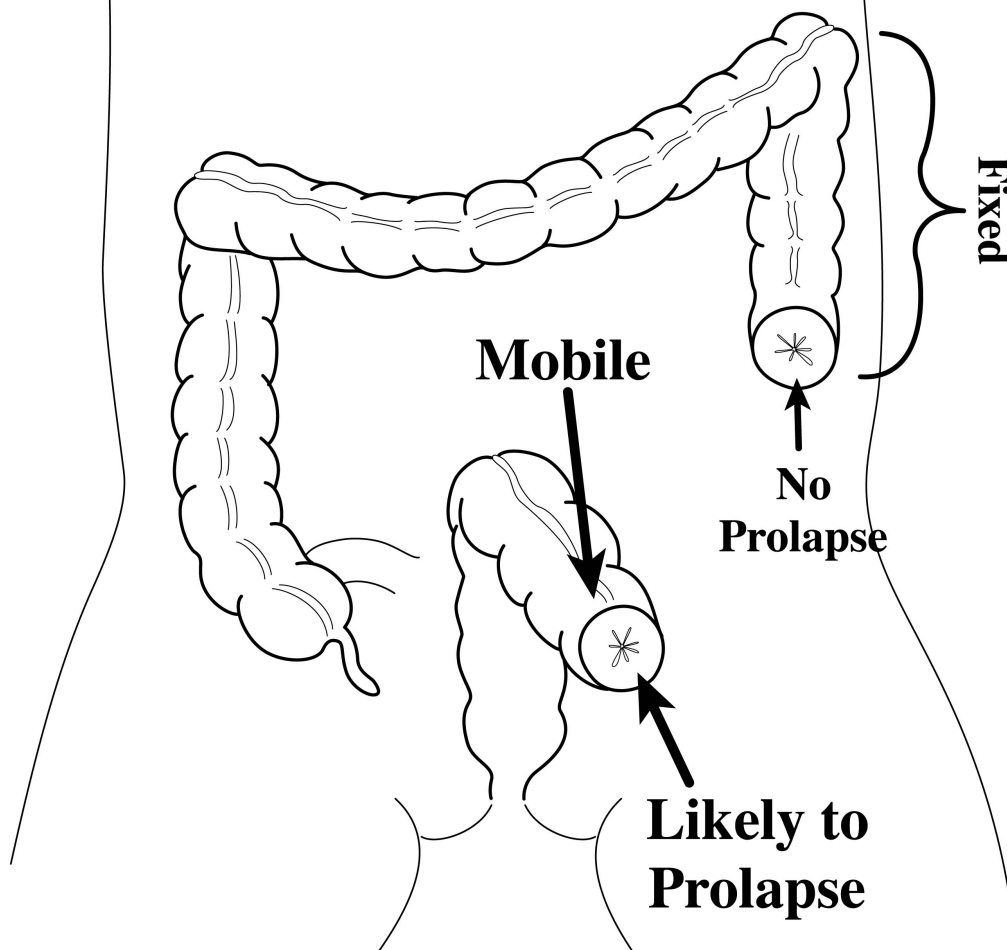


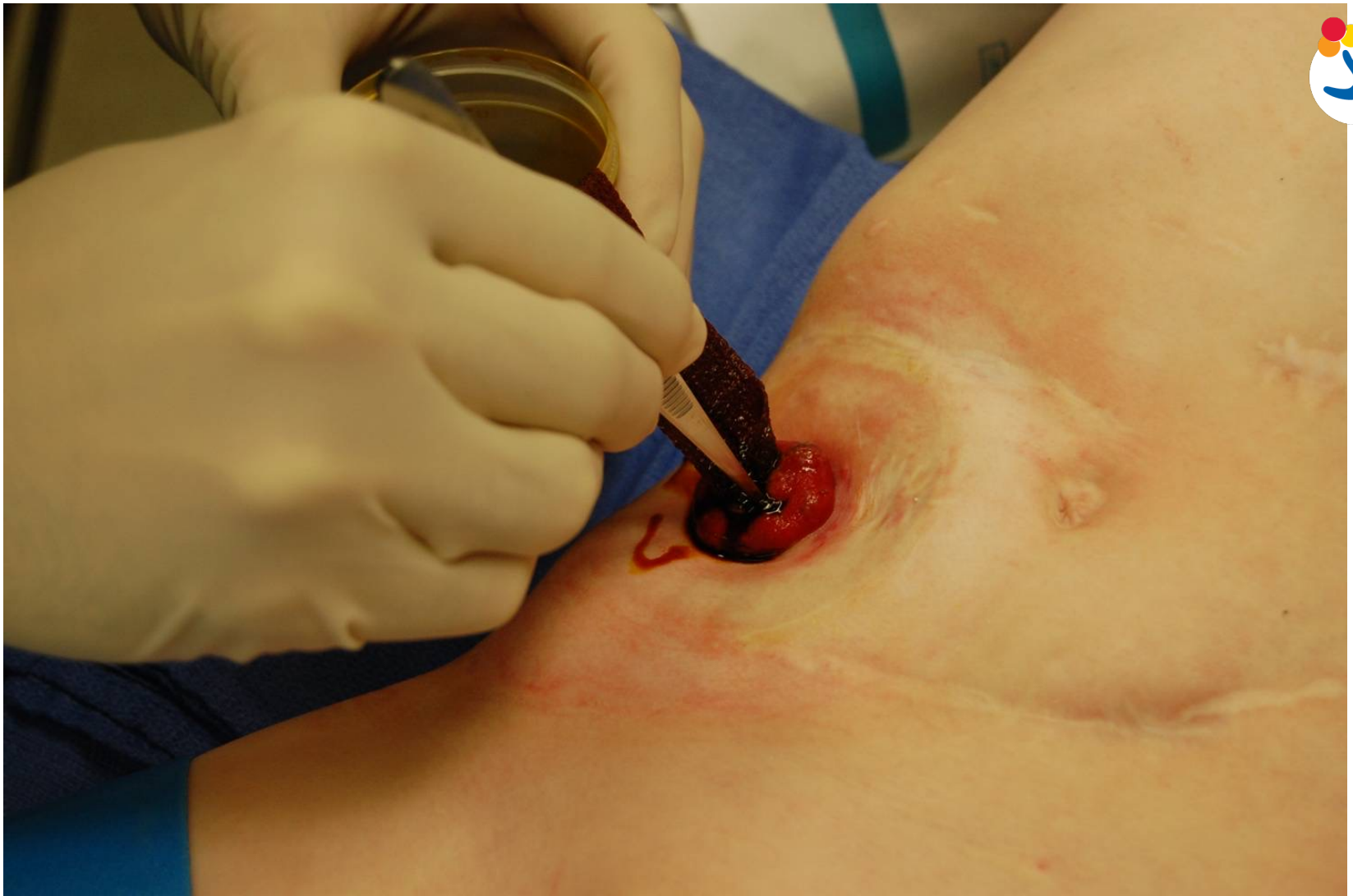
Right Transverse

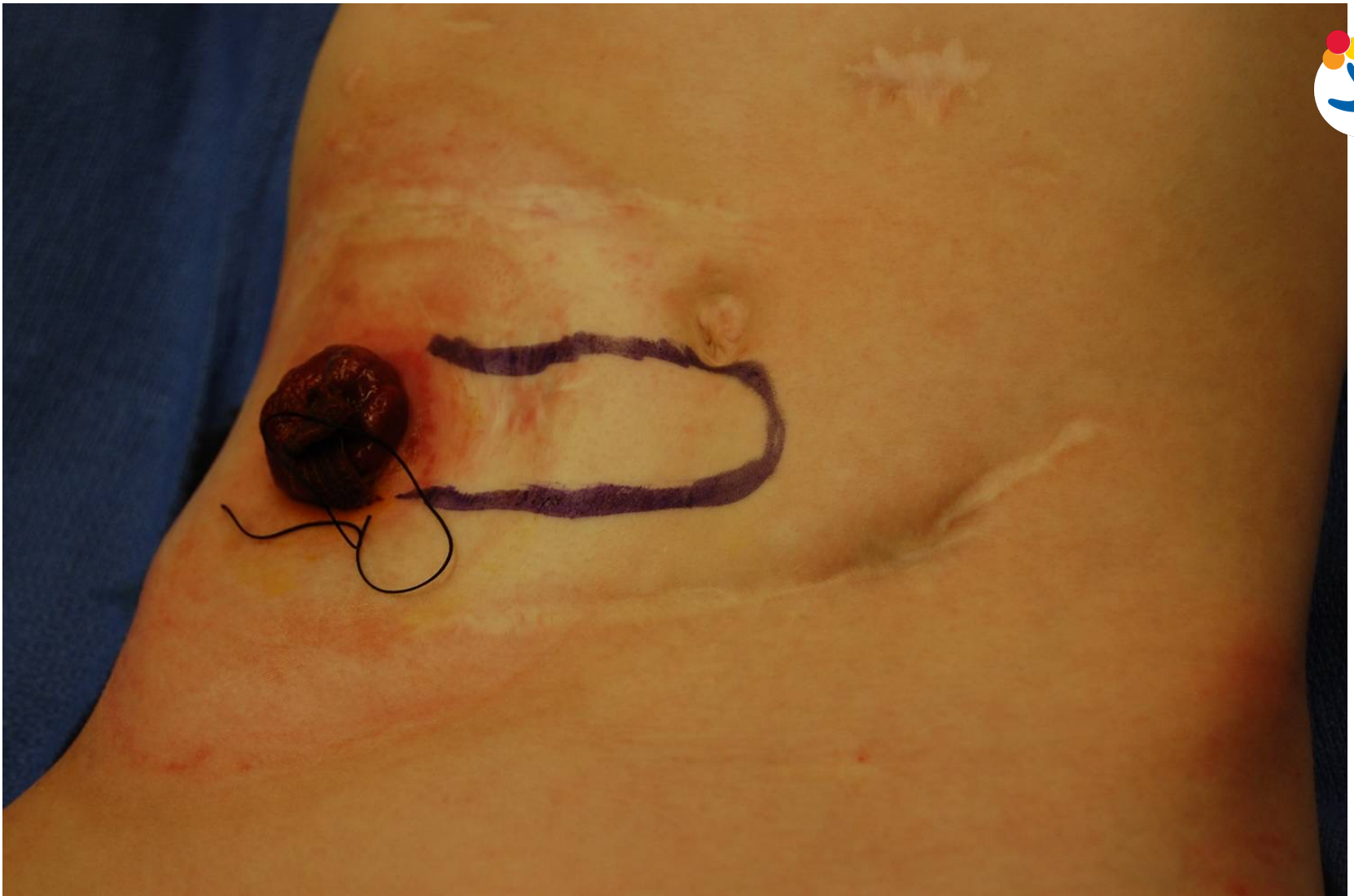


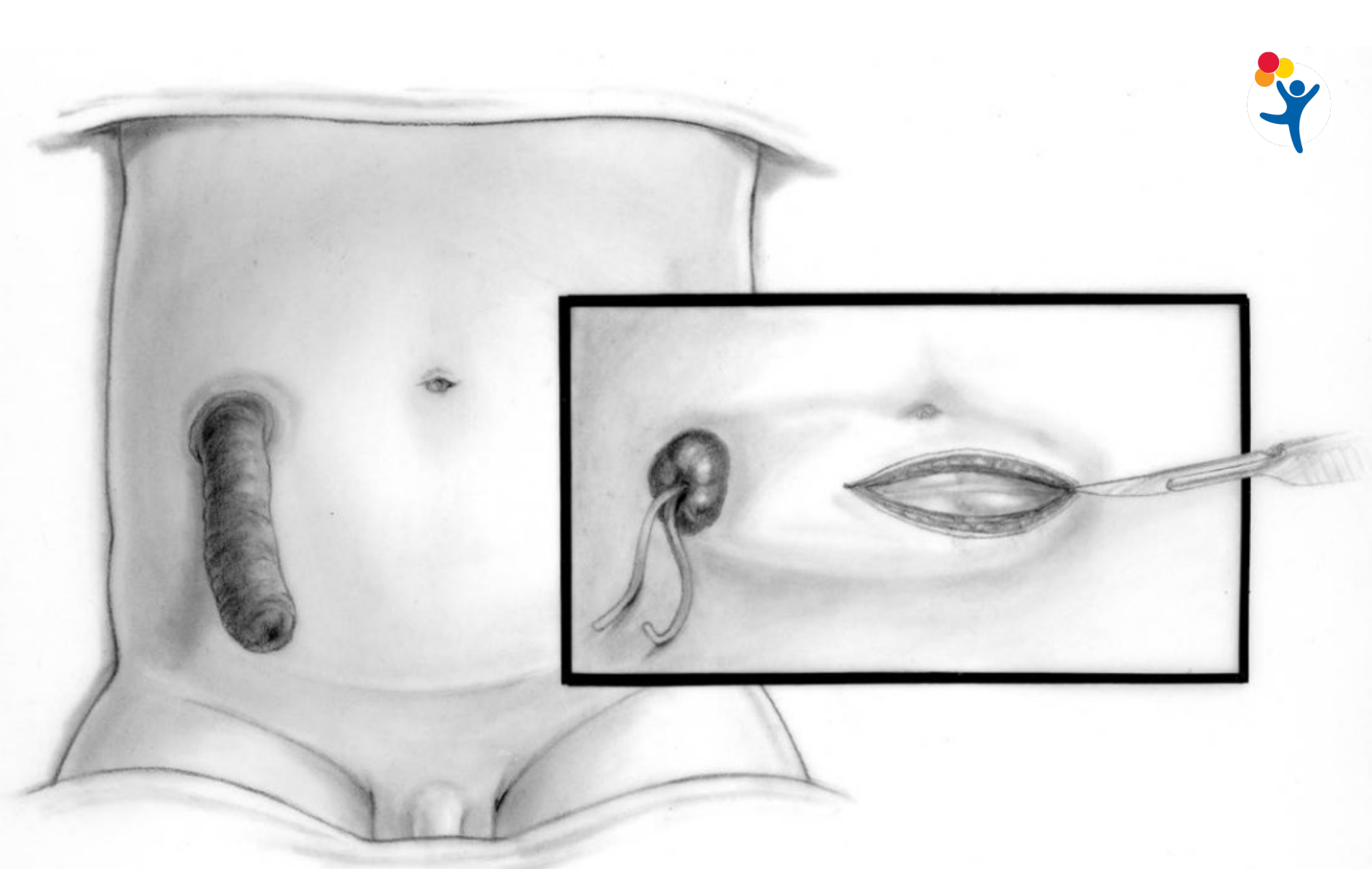


Descending

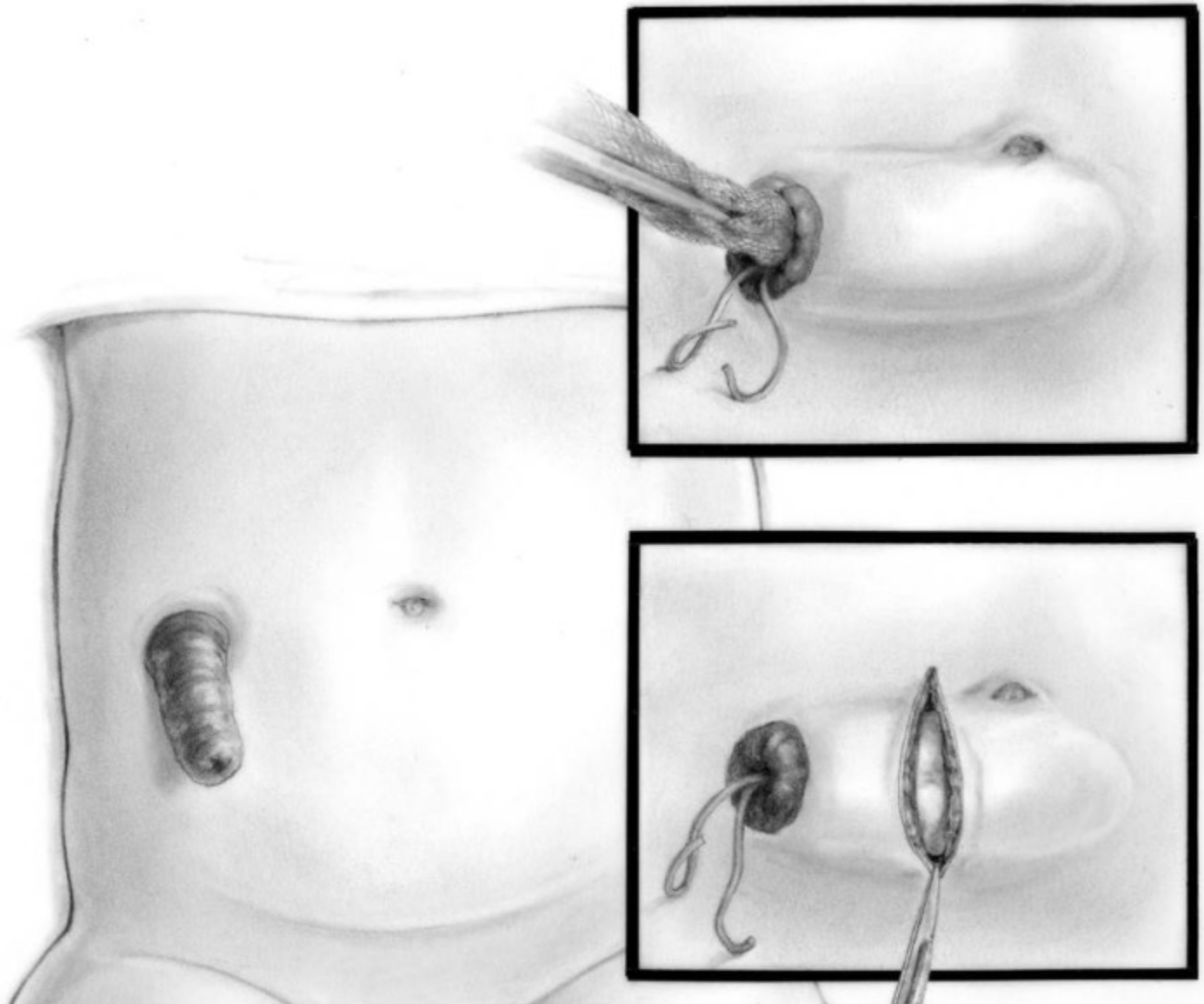








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Oral Sodium Supplementation



Request SOD CHLORIDE 4MEQ/ML INJ, 25X30ML Prescription

You can start with 1mEq/kg every 12 hours if the urinary sodium is lower than 20mmol/L.



If the anal canal is damaged during the ileo-anal pull-through, there is no diaper cream, no bowel management, no laser therapy – patient will need a permanent ileostomy.



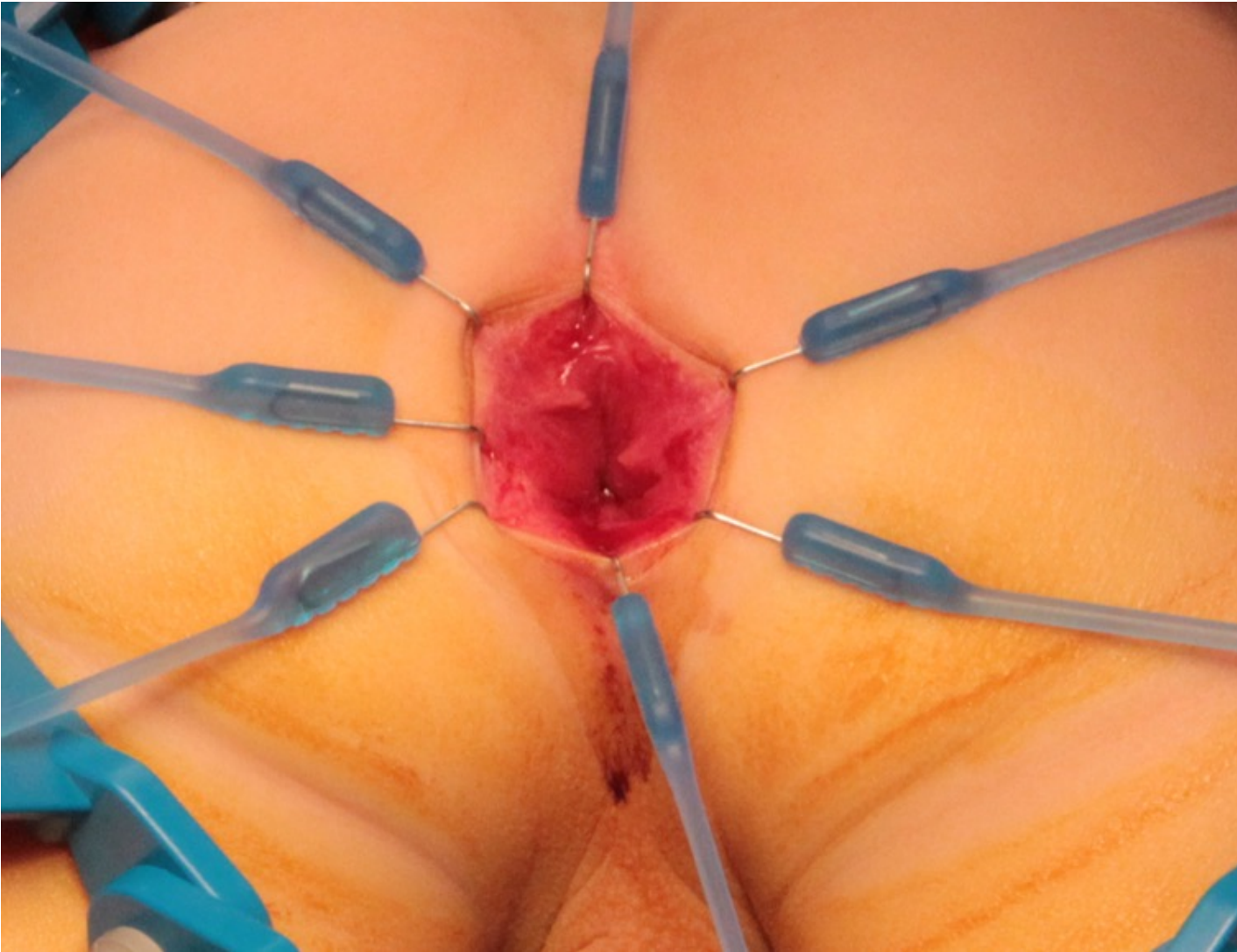


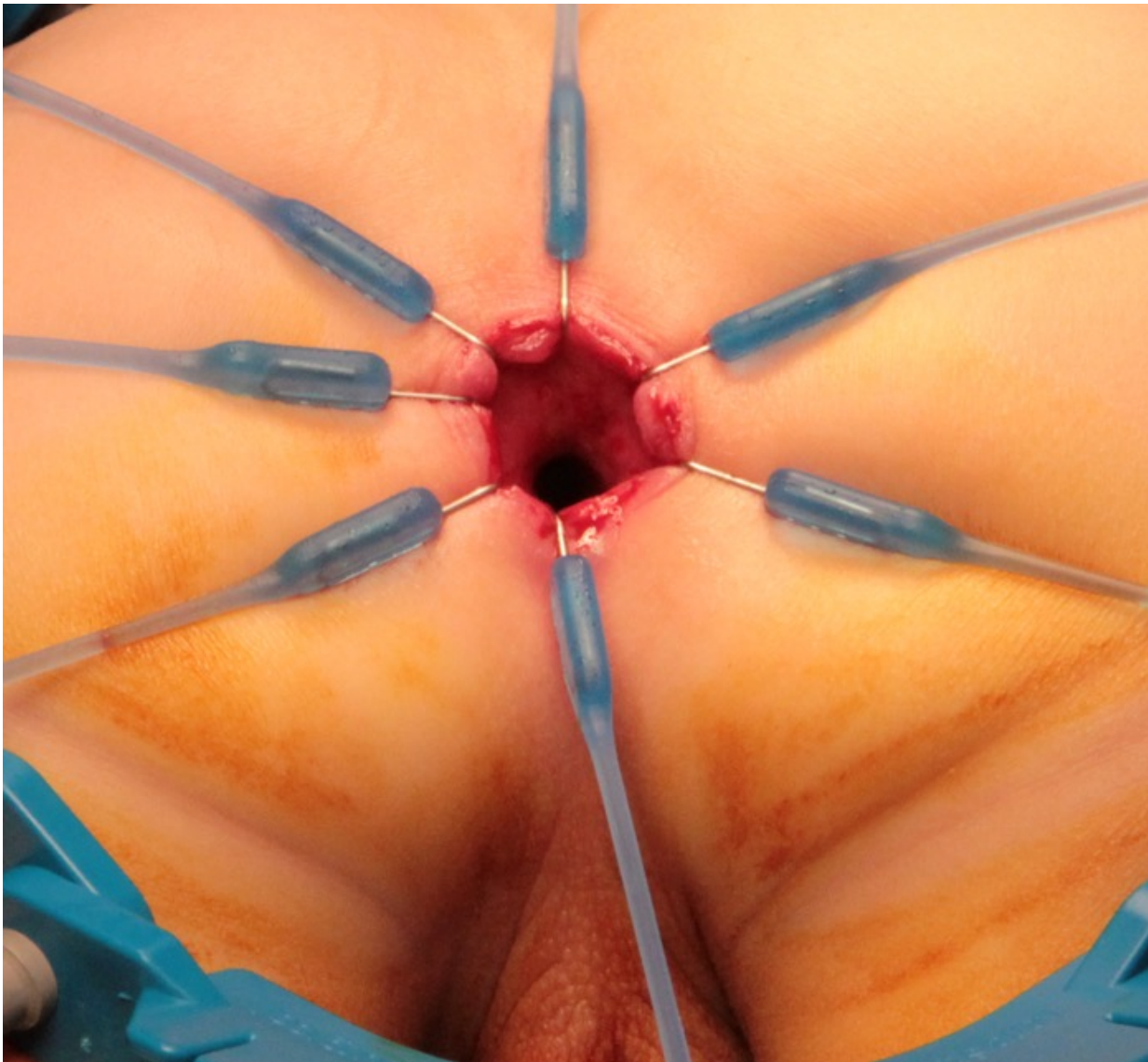
Back to our case...

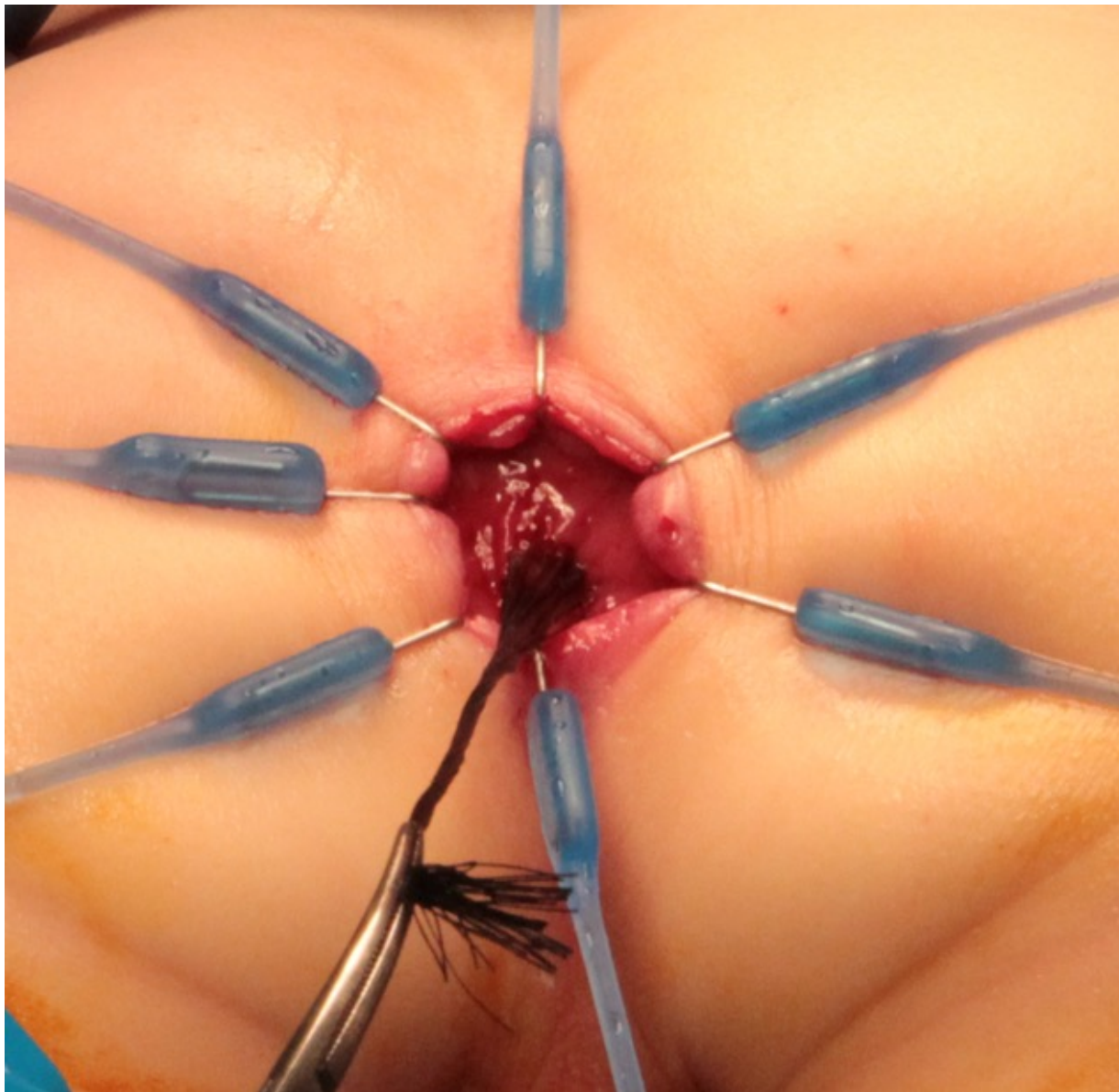
- Parents were struggling to do rectal irrigation.
- Patient had one admission due to enterocolitis.
- Patient was recently diagnosed with non-verbal autism and family requested a colectomy.



One of my colleagues did the laparoscopic colectomy until the peritoneal reflection, then we turned the patient prone and did the transanal dissection.

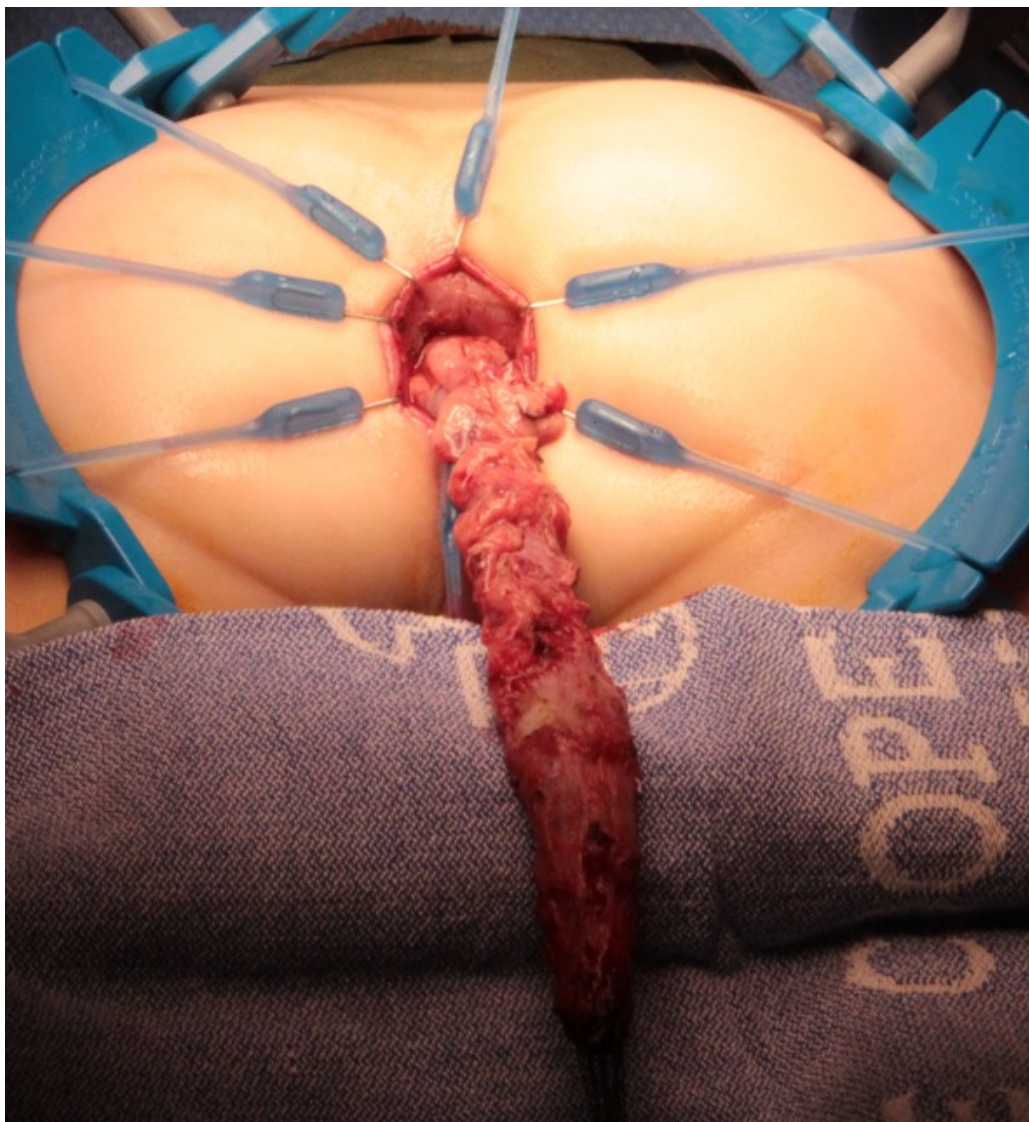








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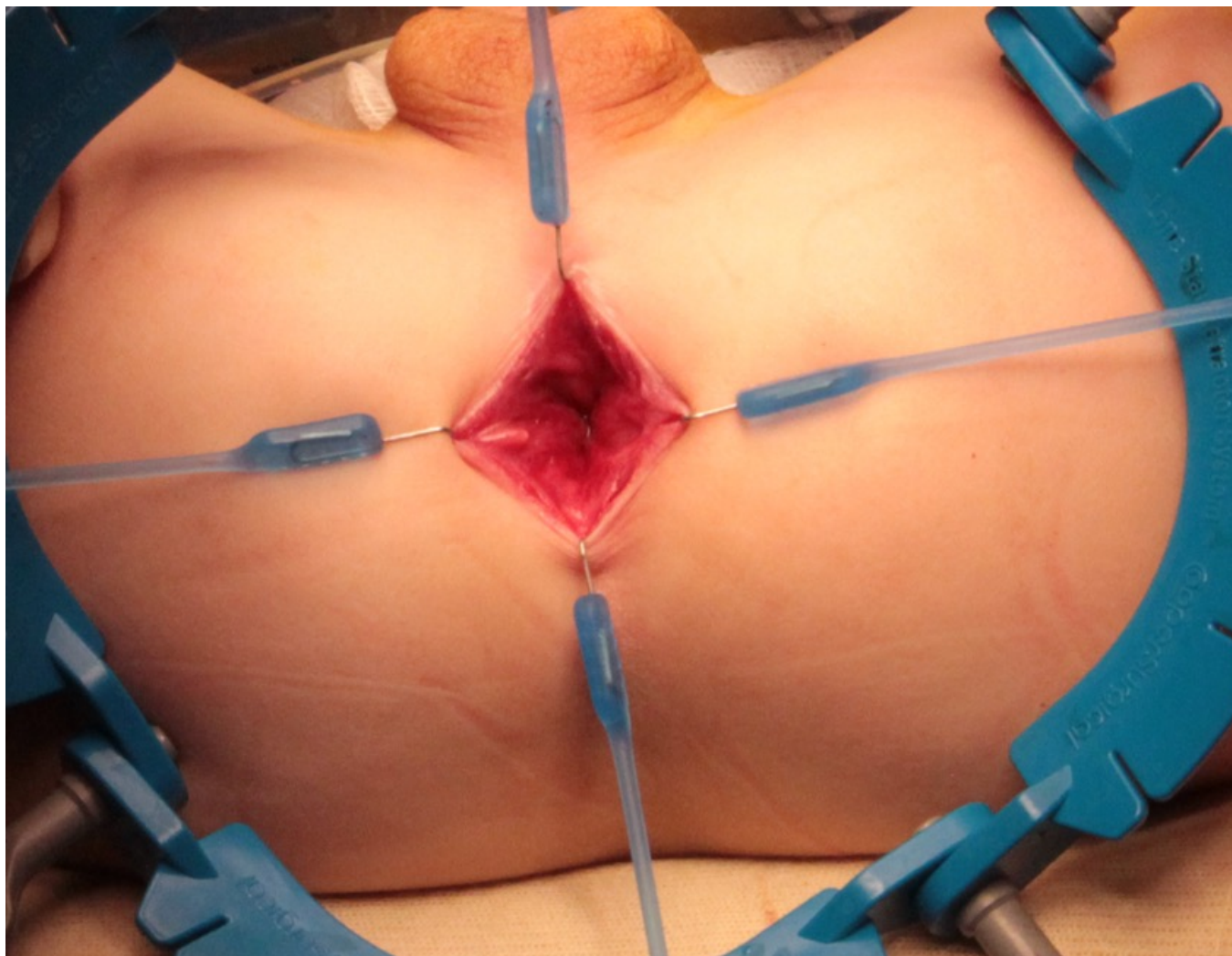


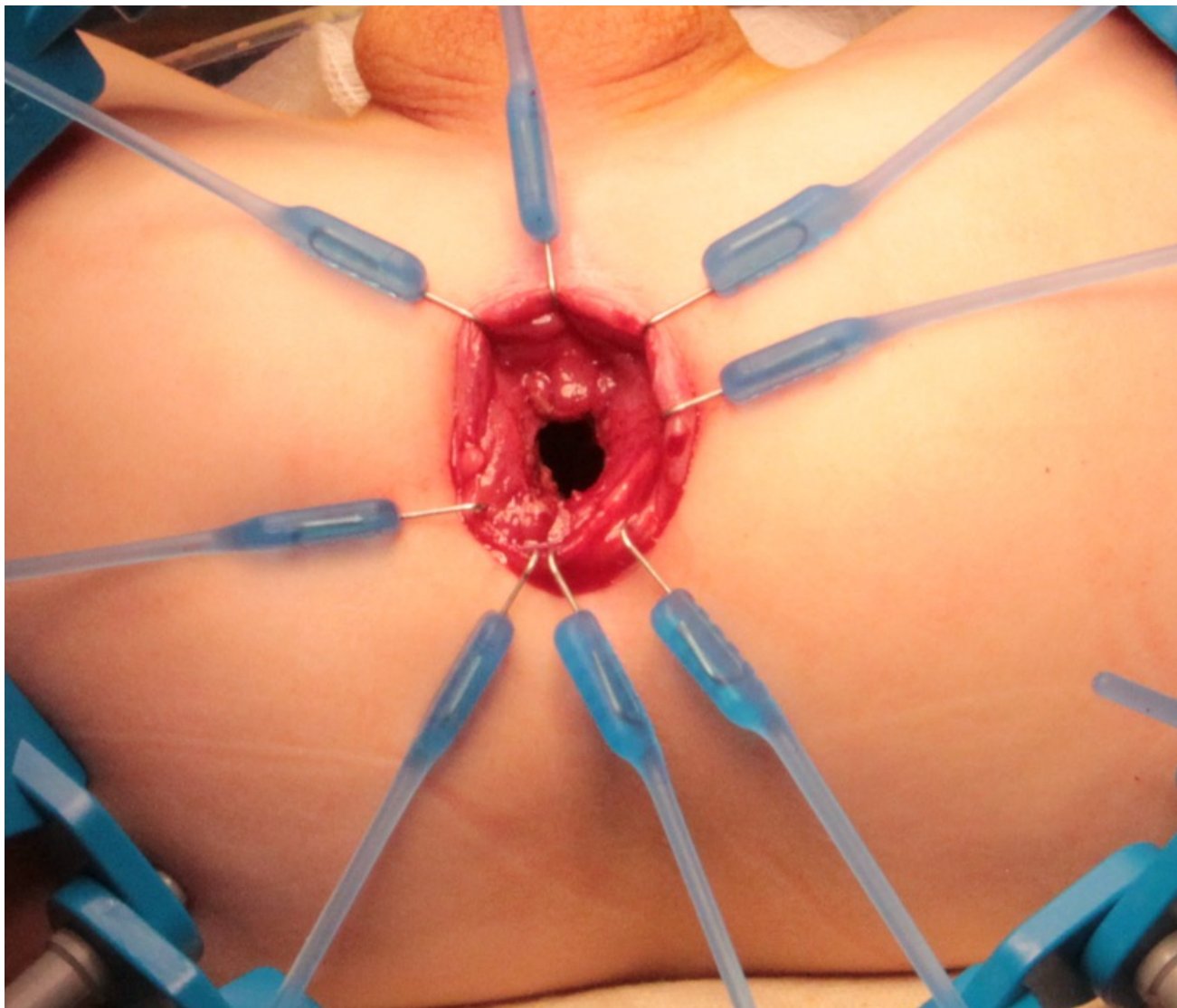


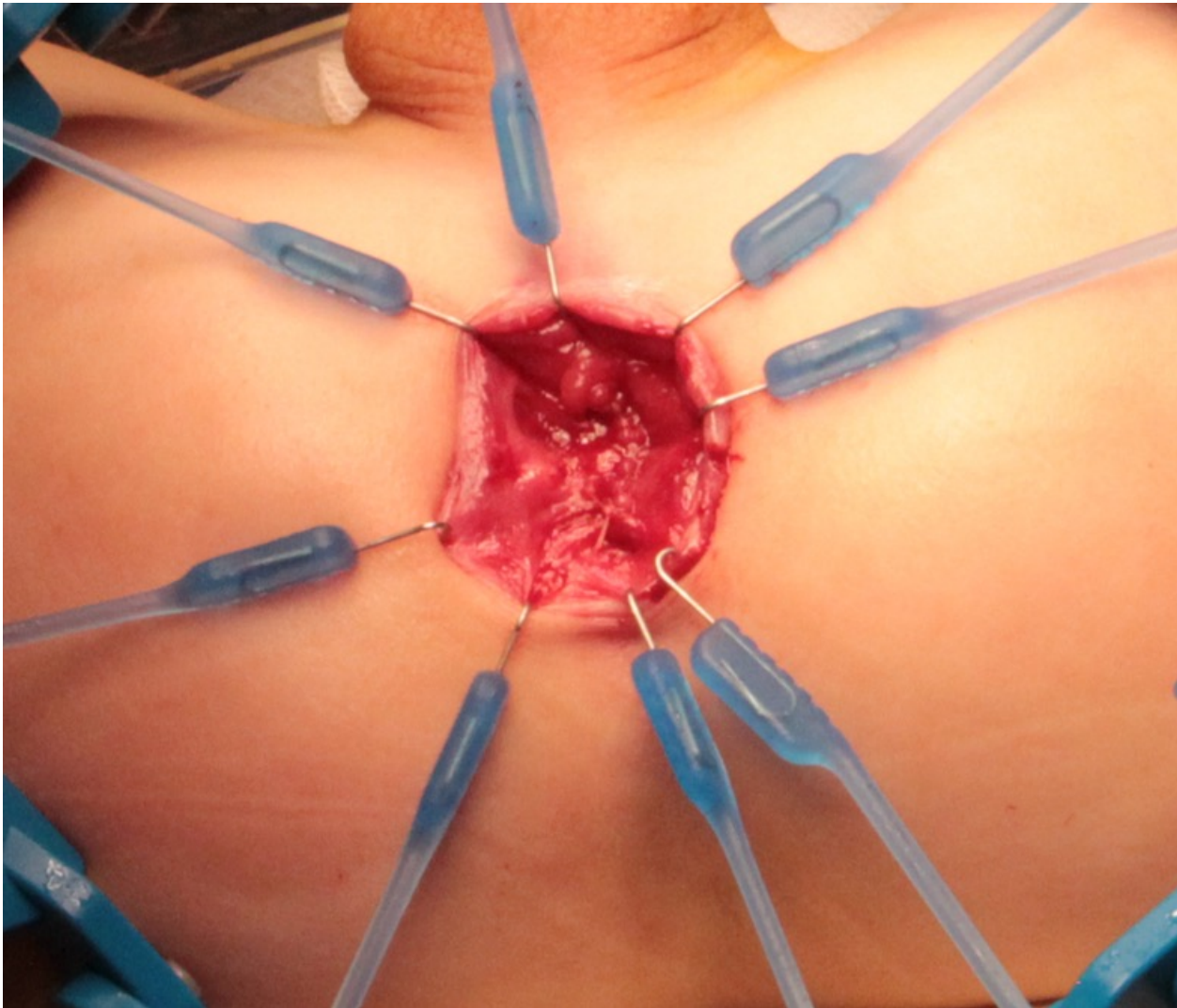
Turned the patient supine and watched though laparoscopy the specimen being pulled transanally.





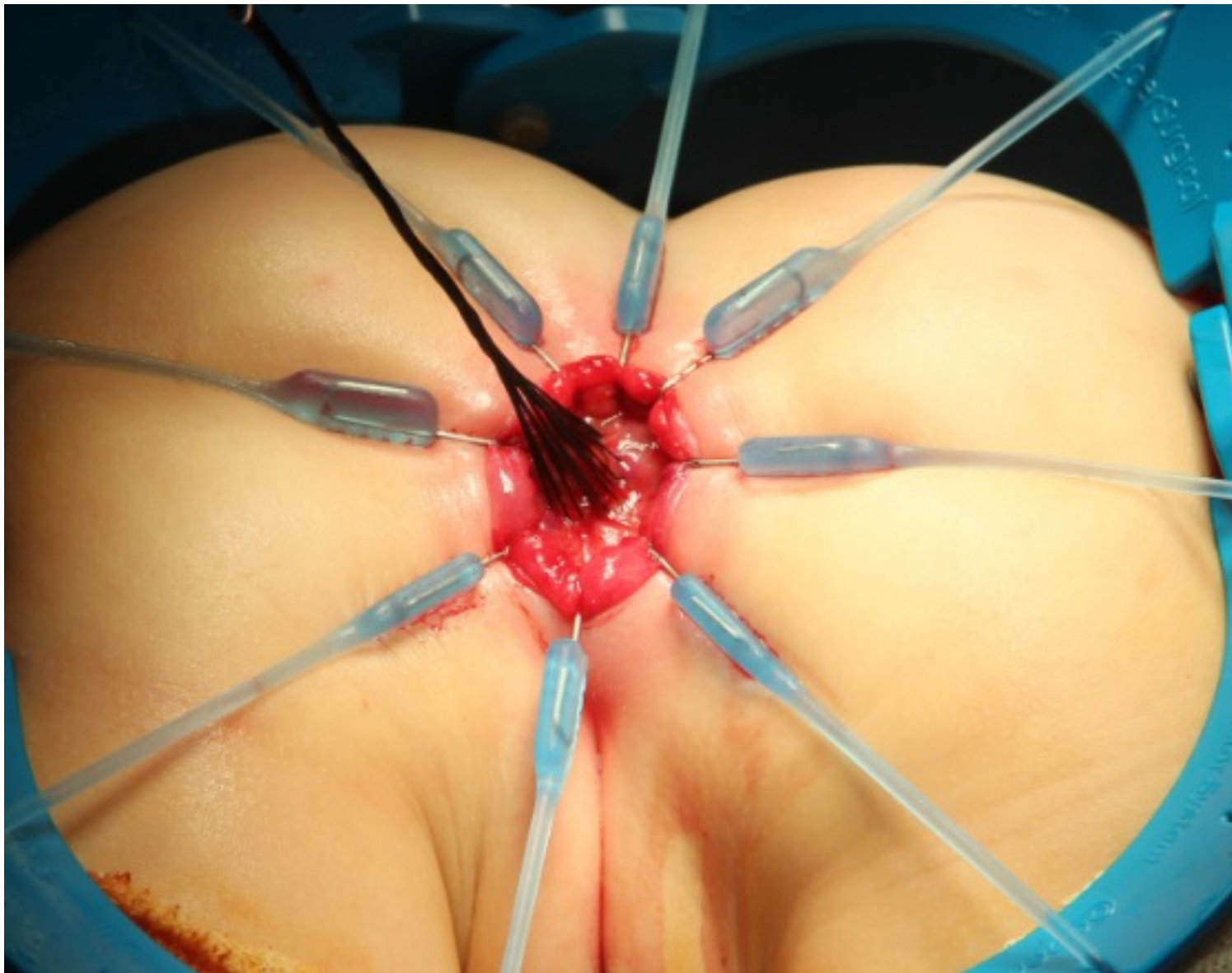








Another case, female patient, 3 yo



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- Patient has 4 to 6 voluntary bowel movements per day.



Post-operative Protocol



Enemas vs. Rectal Irrigations



Questions?