CLINICAL CASE



INTERNATIONAL COLORECTAL
WEB MEETING

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COLORECTAL SURGERY RESIDENT FELLOW

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CHIEF OF DEPARTMENT



MEDICAL RECORDS

Male, 1 year and 5 months old

DIAGNOSIS:

- VACTERL Association
- Anorectal malformation with recto-urethral fistula
- (SCI: 0-70/RPI: 0.71)

SURGICAL PROCEDURES:

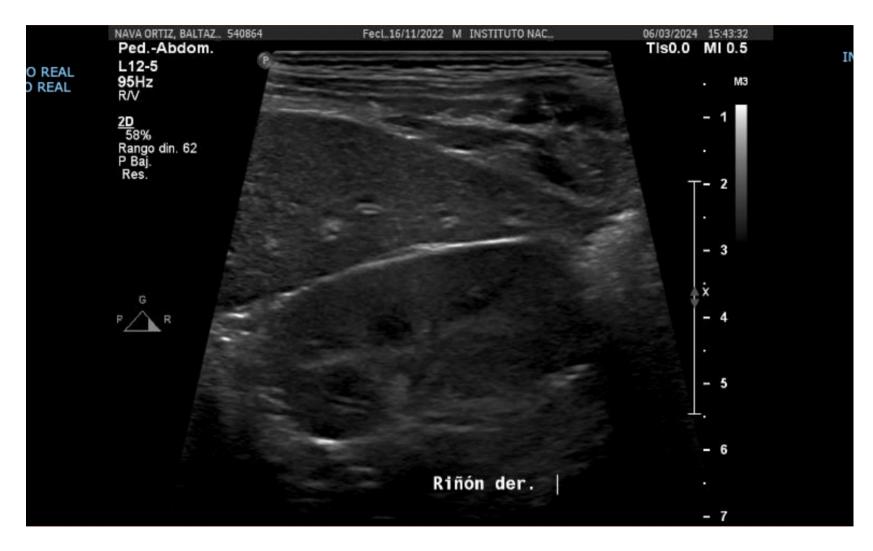
- Laparotomy + repair of pinpoint ileal perforation + double-barrel colostomy (2022)
- Extravesical laparoscopic reimplantation (2024) (left obstructive megaureter)



VACTERL

- V- Hemivertebra L5 and fusion of L5-S
- A- Anorectal malformation with fistula to the urinary tract
- C- No
- TE- No
- R- Left UV stenosis (double collecting system)
- L- Agenesis of thumb, left preaxial ectrodactyly and polydactyly

RENAL & VESICAL ULTRASOUND



Dilation of the left urinary tract (UTDP 3)

DISTAL COLOGRAM



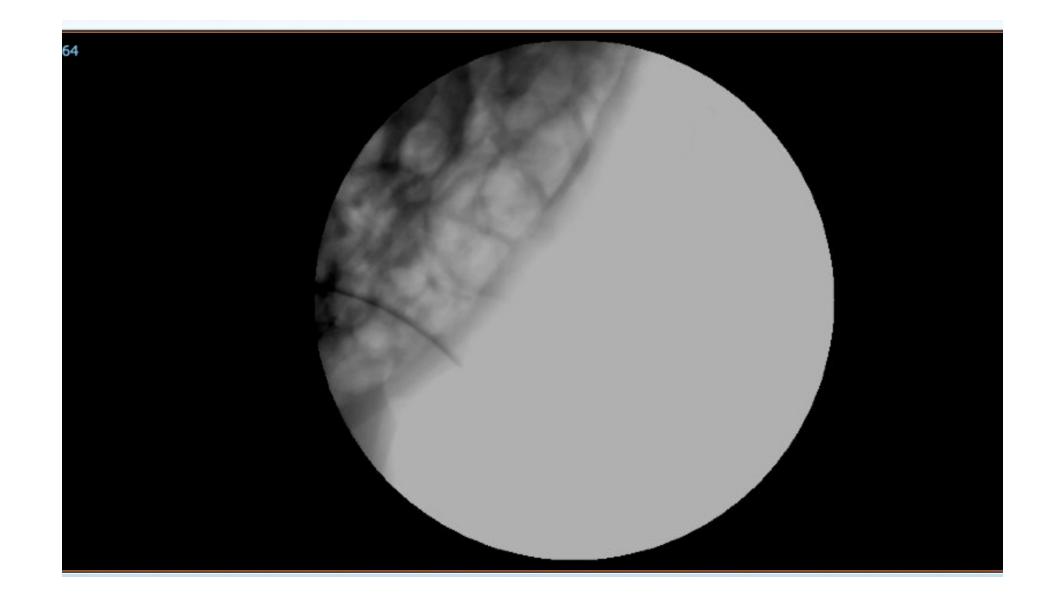


WHAT WOULD YOU DO?...

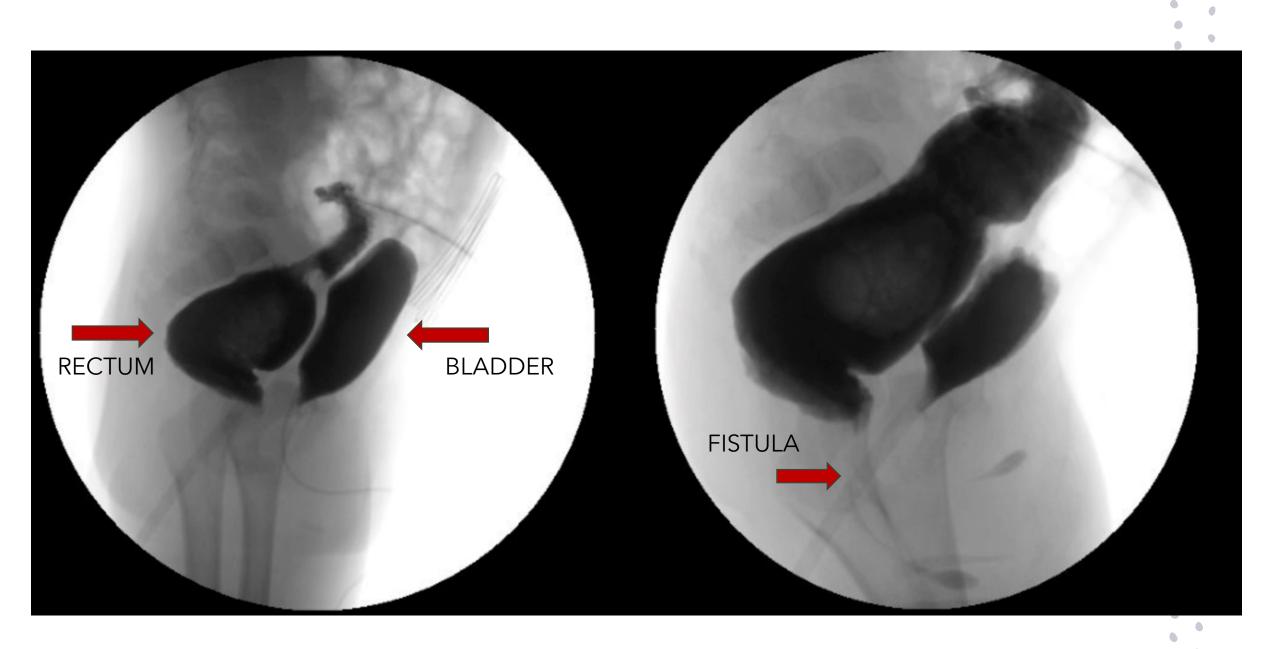
¿Would you perform the surgery?

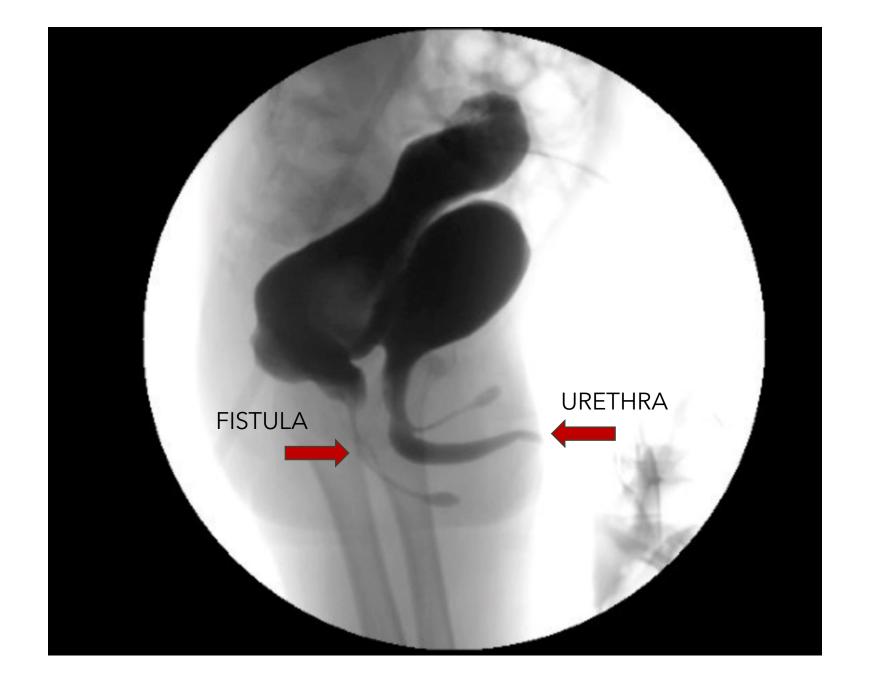
¿Would you request any further imaging studies?





CONTRAST STUDY

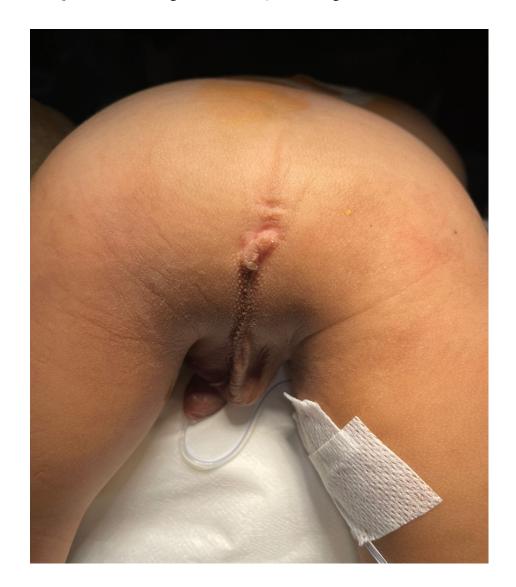




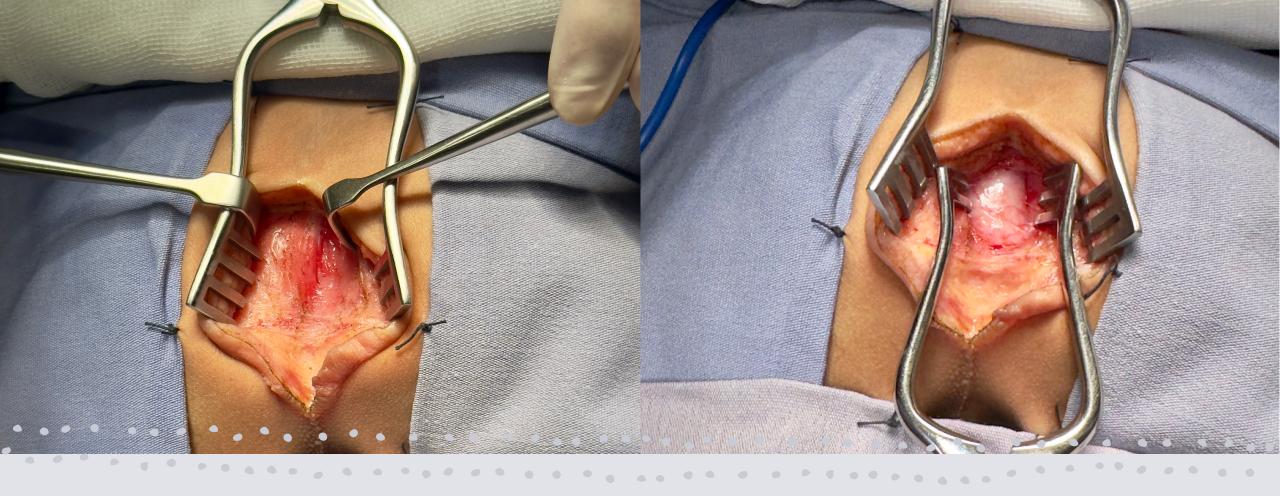
SURGICAL PLAN

- Case discussion with the Urology department
- Operating room preparation 24 hours in advance
- Conventional Posterior Sagittal Anorectoplasty
- Preoperative preparation with transurethral catheterization in the operating room

IDENTIFICATION OF MUSCULAR COMPLEX

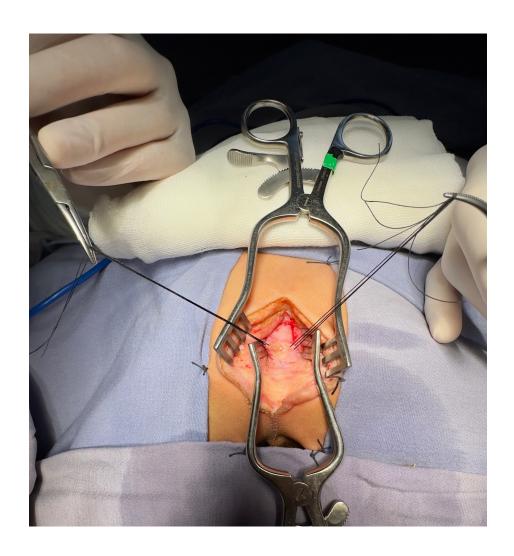


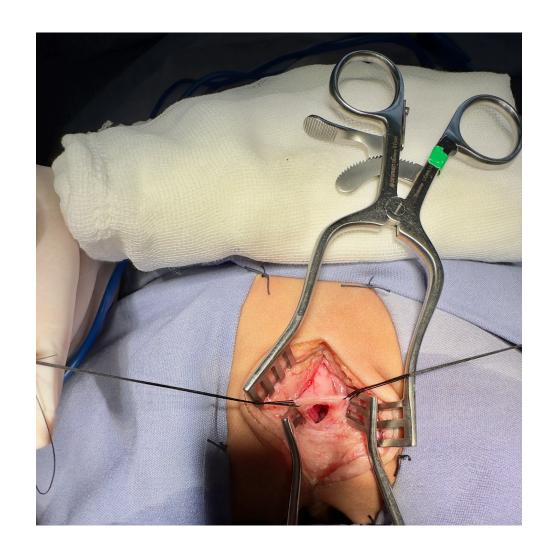




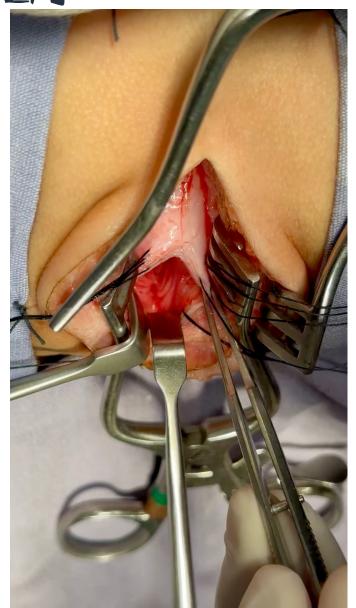
CONVENTIONAL POSTERIOR SAGITTAL

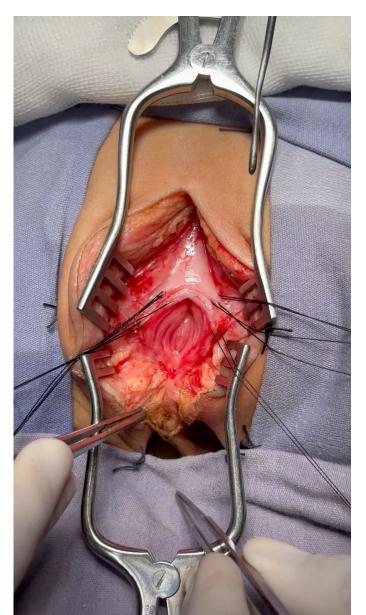
IDENTIFICATION OF THE RECTUM





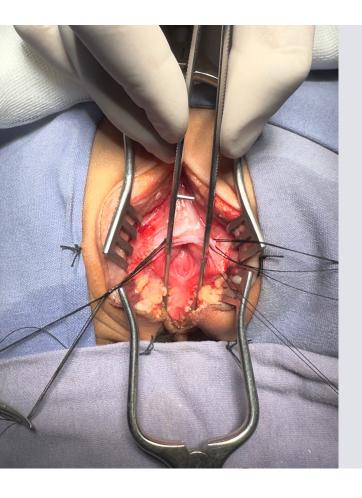
IDENTIFICATION OF THE FALSE URETHRAL FISTULA





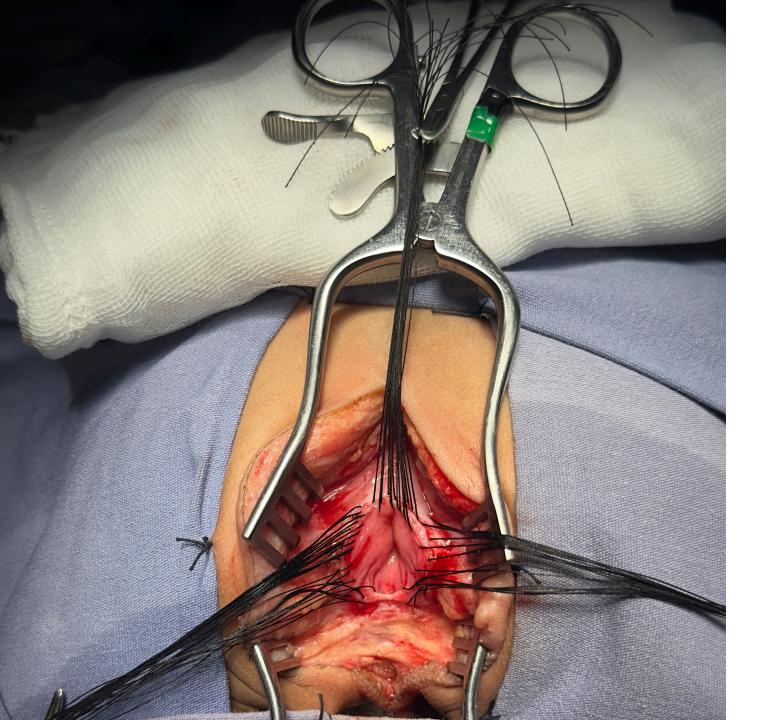
¿WHAT WOULD YOU DO?

- A) Dissect the fistula and close with absorbable sutures
- B) Dissect the fistula and cut, do not place sutures
- C) Dissect the fistula on the posterior wall and perform mucosectomy
- D) Seek assistance from the urologist
- E) I don't know what I would have done

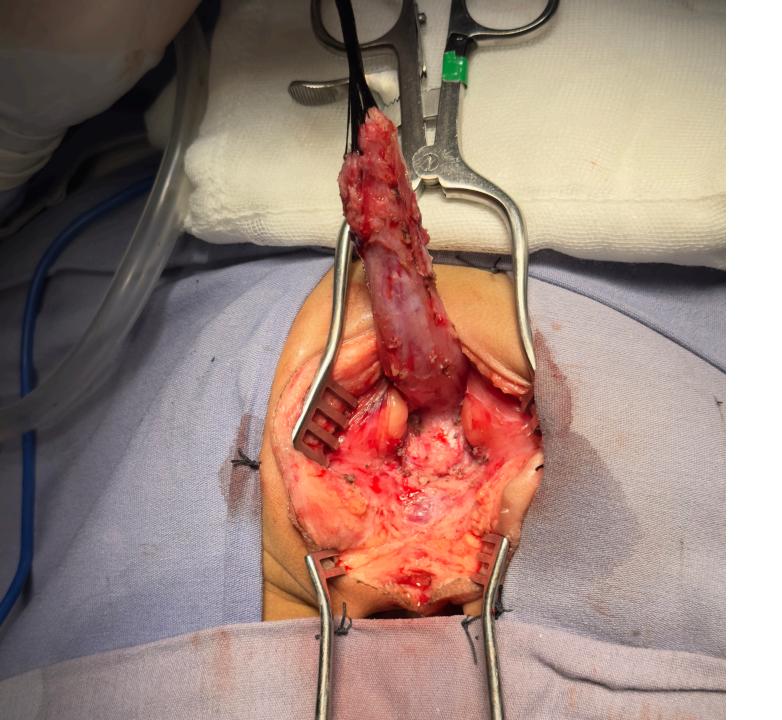


Dissection of the fistula on the posterior wall and perform mucosectomy

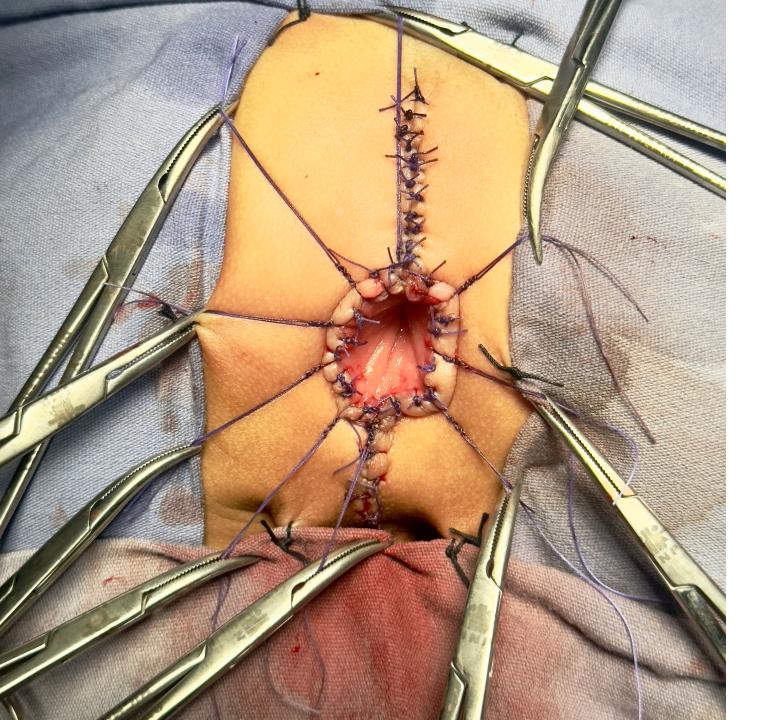




Mucosectomy of the false urethral fistula



DISSECTION OF THE RECTUM



PERINEAL RECONSTRUCTION, POSTERIOR SAGITTAL AND ANOPLASTY

THANK YOU!!! ©