

CASE REPORT :

RESIDUAL HIRSCHSPRUNG ASSOCIATED ENTEROCOLITIS WITH ANEMIA

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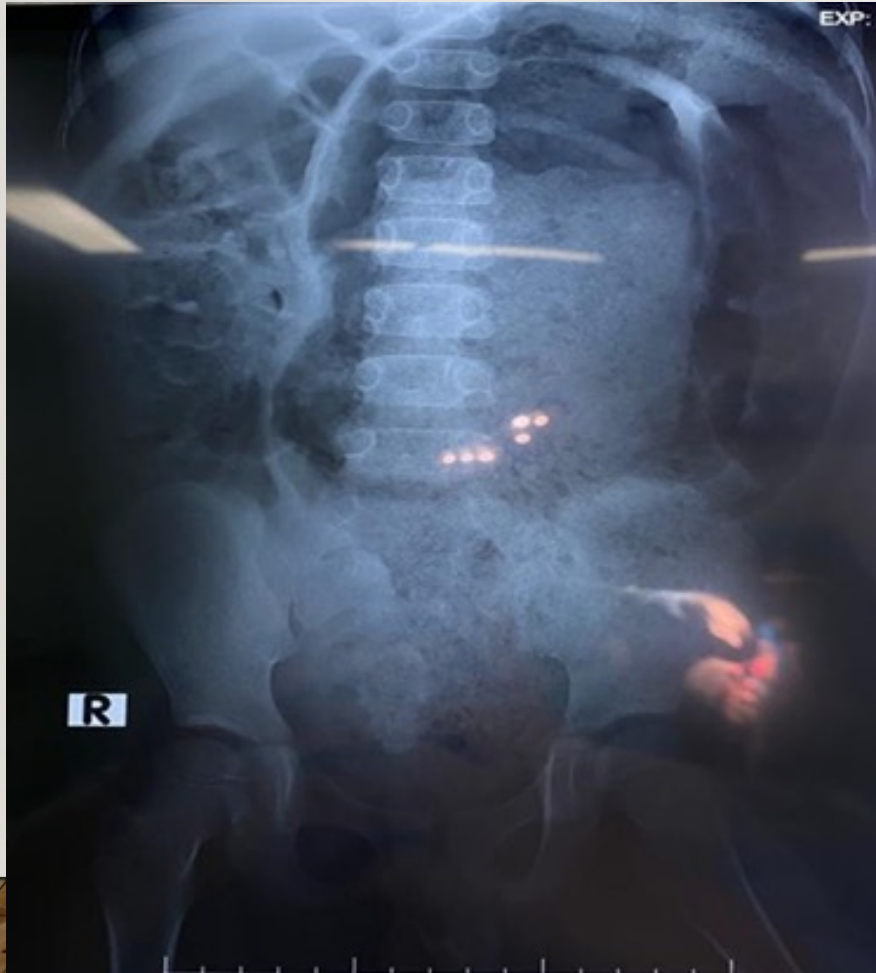
SUMMARY

- 8 yo, male patient referred to our hospital due to anemia.
- History of Hirschsprung disease s/p pullthrough.
- Family described “large abdomen” and black stool.

LABORATORY RESULTS

- Hemoglobin : 6,1 g/dL
- Hematocrit : 20 %
- Erythrocyte : $3,2 \times 10^6/\text{mm}^3$

RADIOLOGY EXAMINATION



DIAGNOSE

- Residual Hirschsprung Associated Enterocolitis
- Anemia

RADIOLOGY EXAMINATION

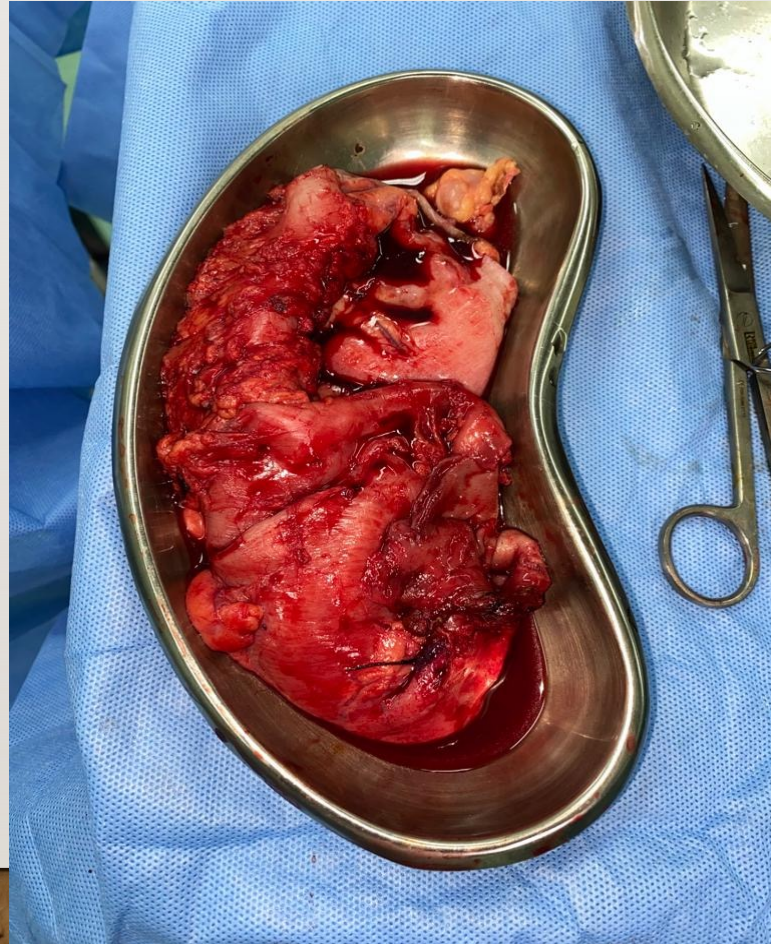
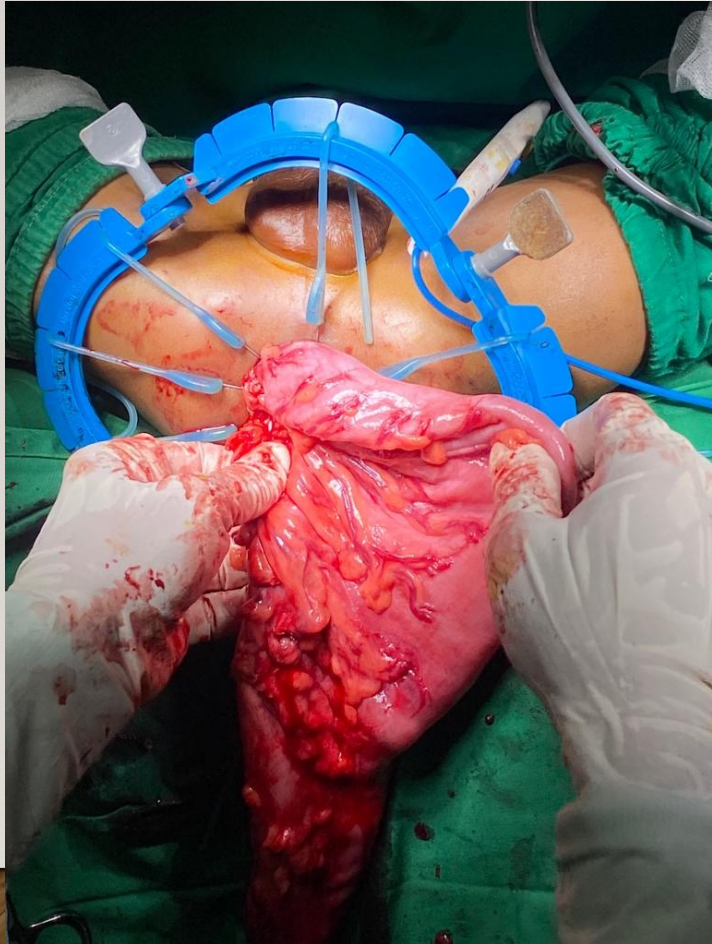


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- After patient's general condition improvement (blood transfusion) and barium enema examination, we decided to plan RE-TEPT surgery for this patient.

INTRA OPERATIVE REPORT

- Lithotomy position patient with GA
- The dentate line was identified, a spith structure was made 1cm from the dentate line, a 0.5cm circular incision was made from the dentate line from the previous TEPT to penetrate the mucosa and seromuscular
- Derumom released
- A pull-through of approximately 25 cm of the suspected aganglionic dilated zone was resected. Diameter 11 cm decided to do tapering with stapler 2 pieces
- Colonic anastomosis was performed with interrupted double layer PGA 3.0
- Operation completed, sample was sent to pathology anatomy laboratory

INTRA OPERATIVE REPORT



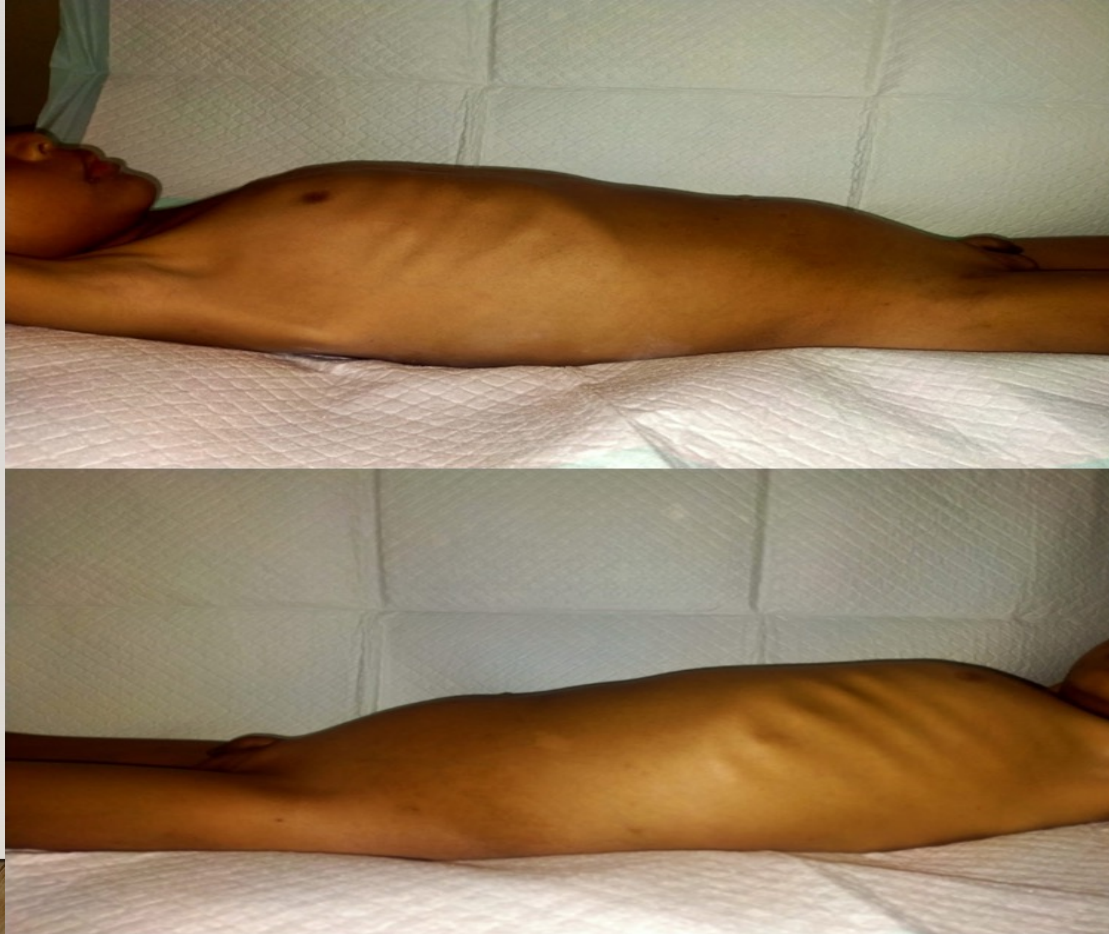
OUTCOMES

- After undergoing surgery, patient's chief complaint was resolved, patient's feces color was normal, and patient's abdomen was not distended anymore.

OUTCOMES



OUTCOMES



THANK YOU

