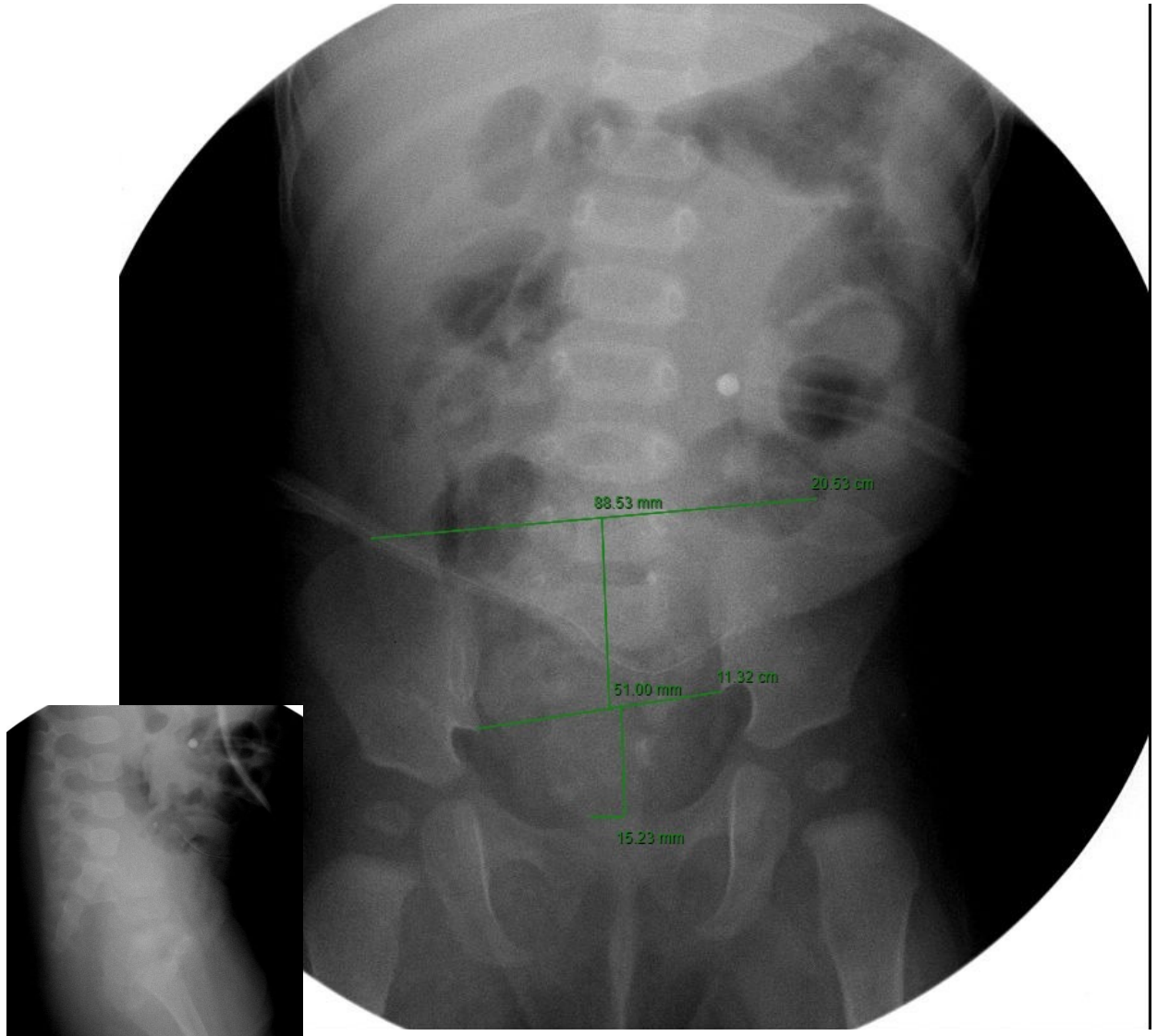
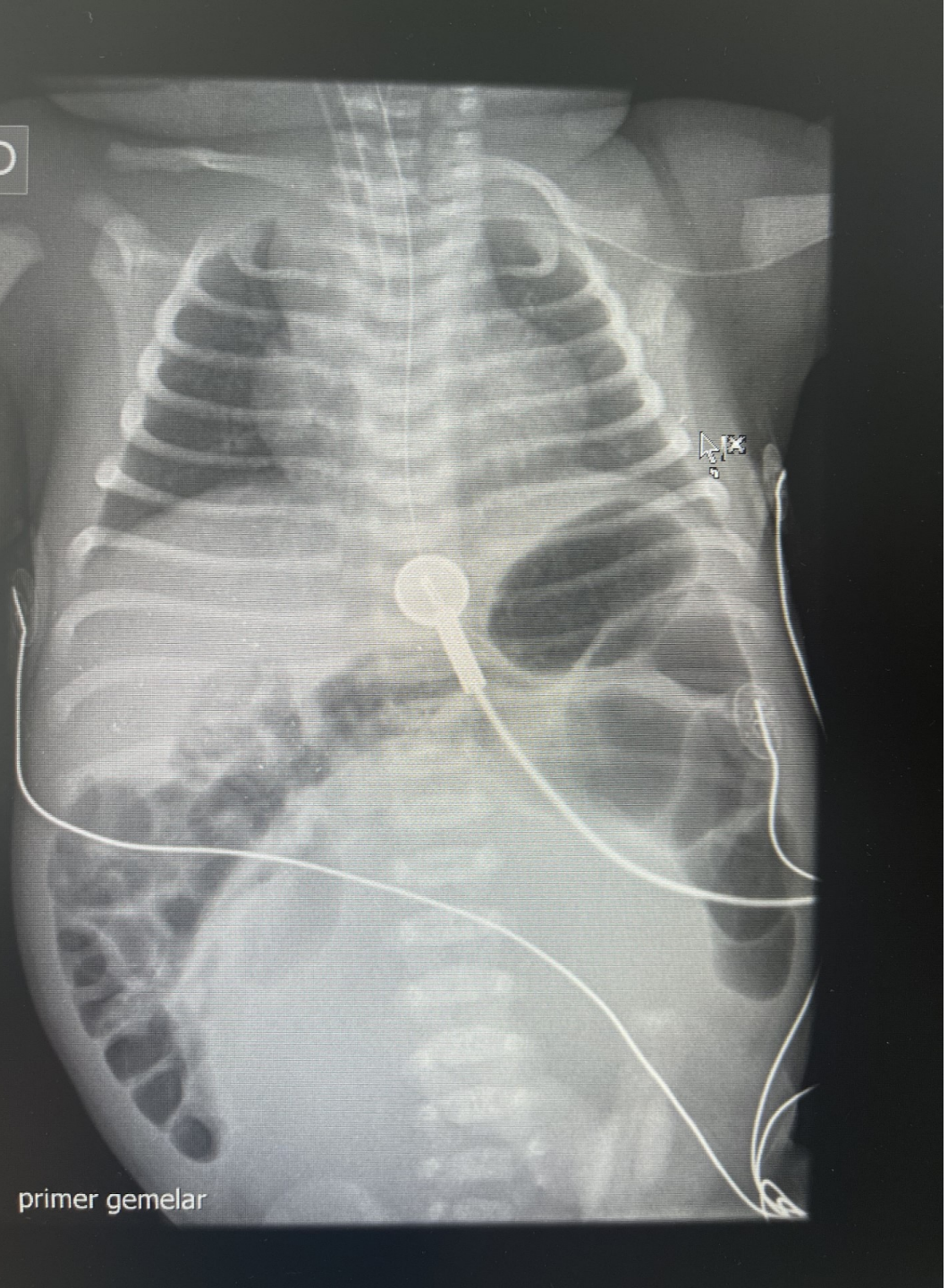
COLORECTAL WEB MEETING

- Instituto Nacional de Pediatría
- México
- Karla A Santos-Jasso, MD PhD
- Chanel Ugarte – Ignacio Chavarria, MD Colorectal Fellow
- September 2023

Female, 8 months

- V= Normal, SR 0.57 AP
- **A= ARM – Cloaca, colostomy**
- C= Normal
- T= Normal
- E= Normal
- **R= Urinary tracts infections Klebsiella KPC (multiple hospital admissions) she had cystostomy**
- L= Normal

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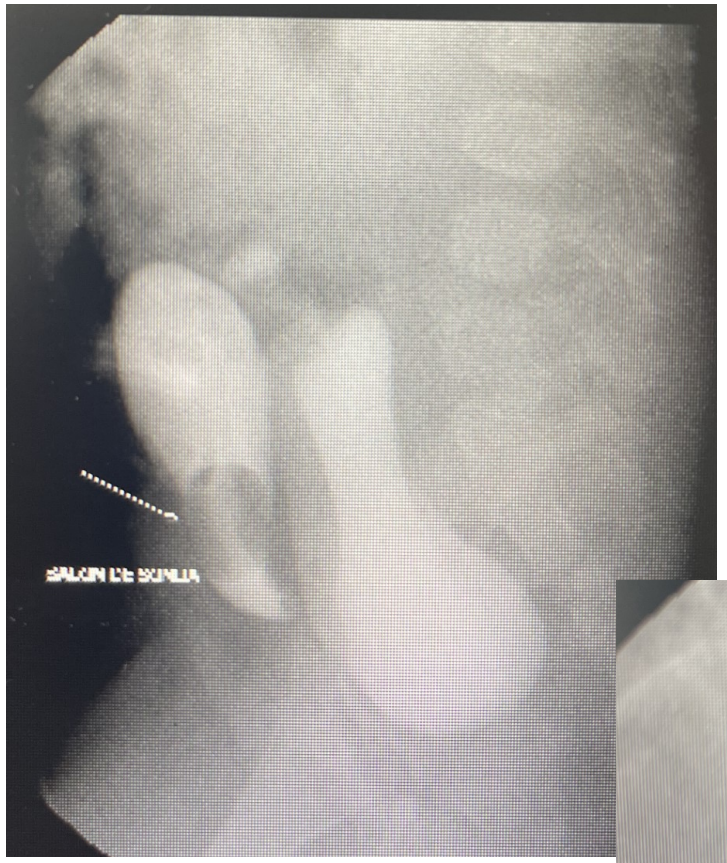
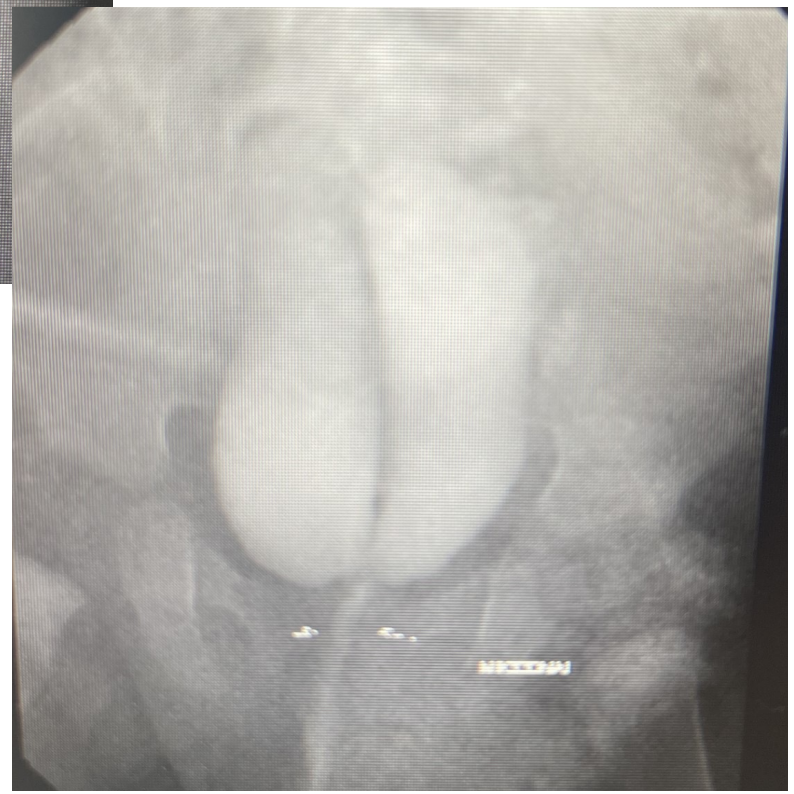
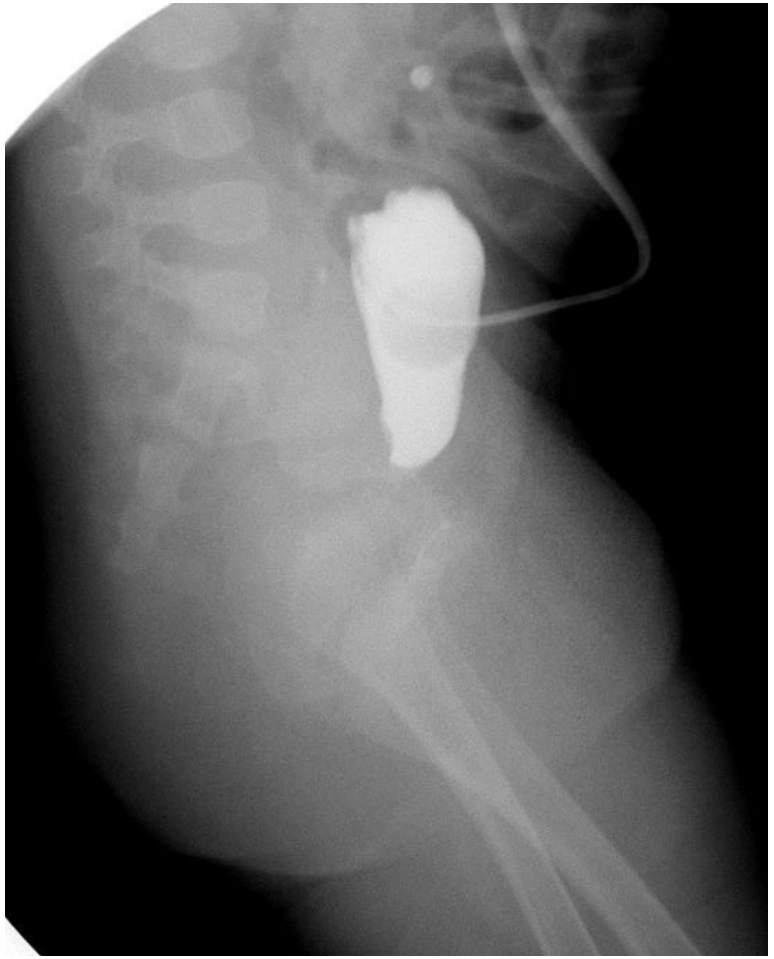
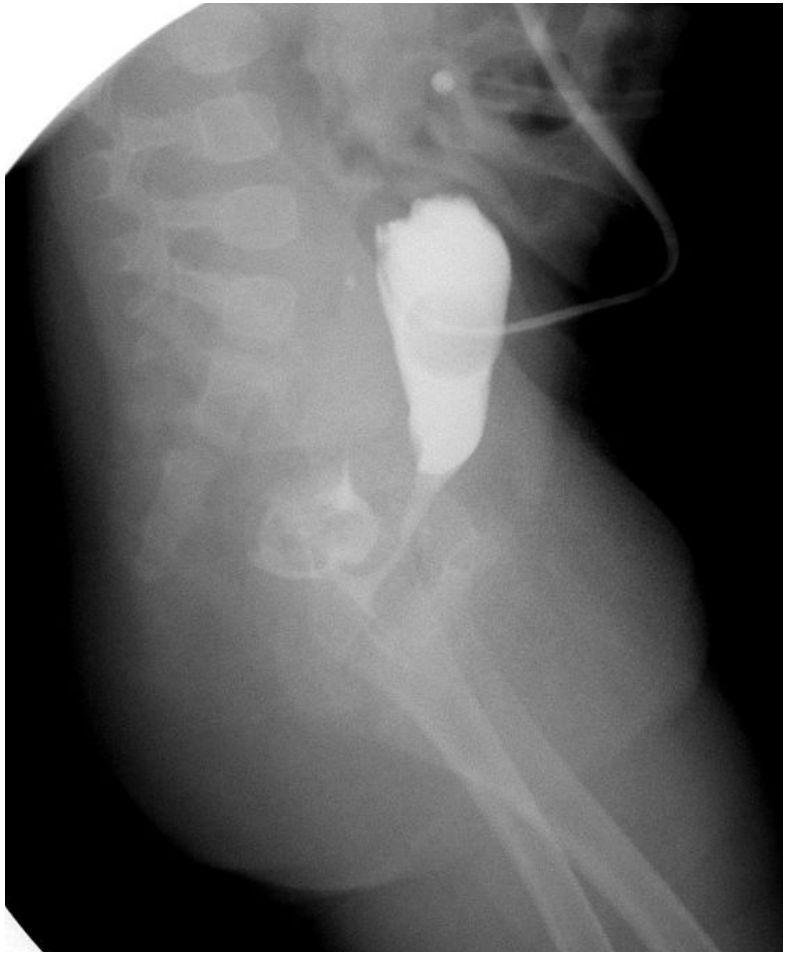
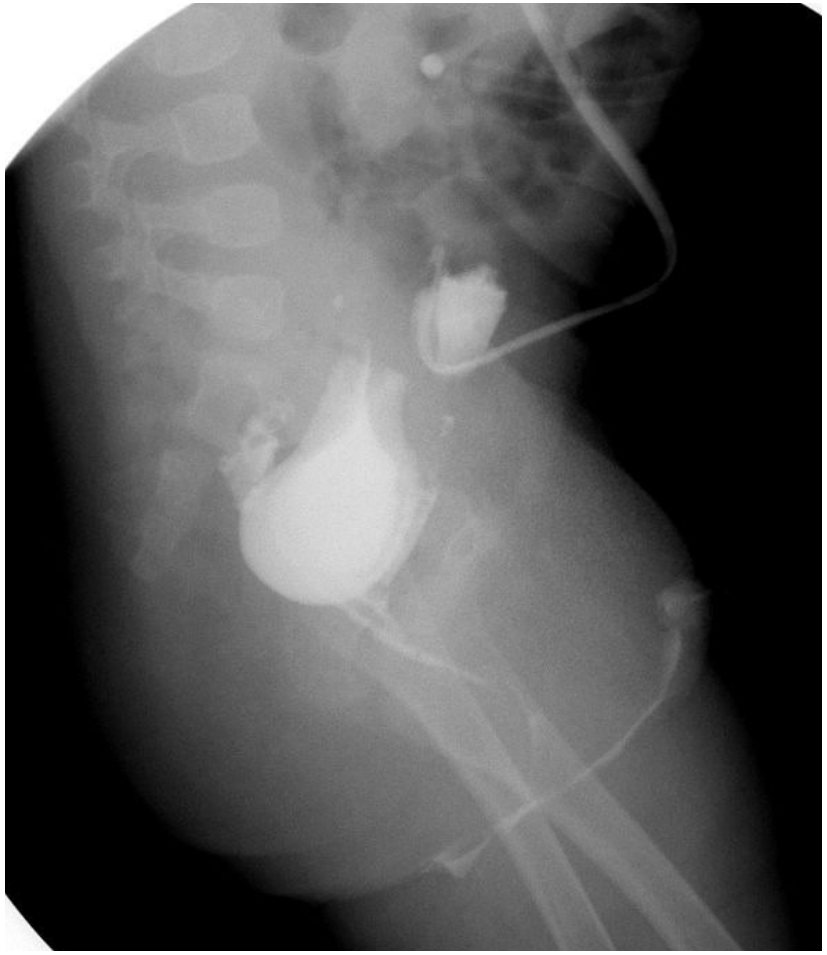
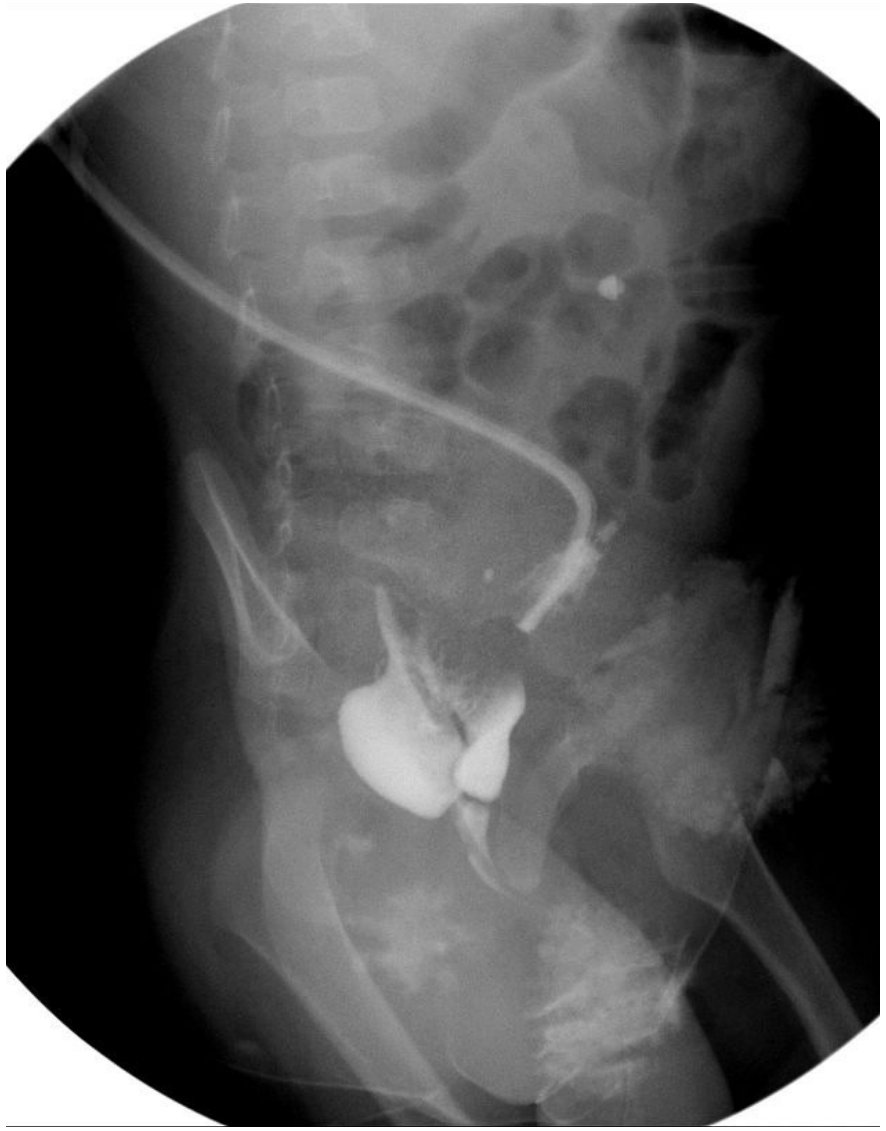
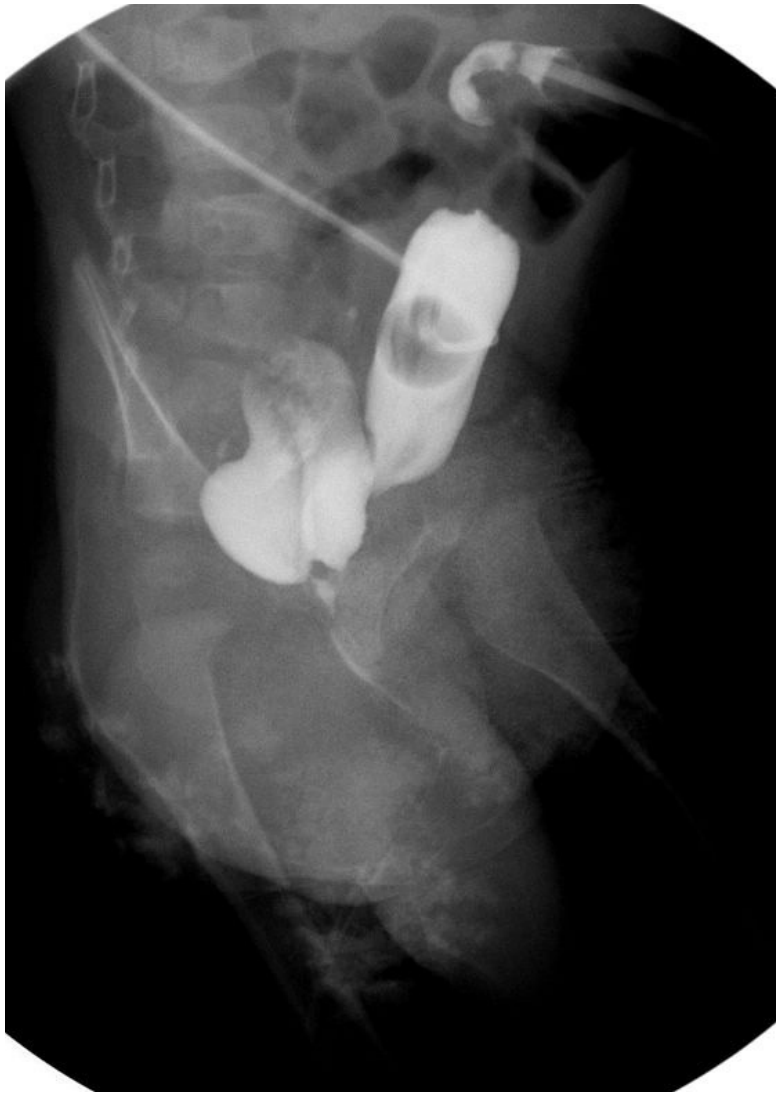
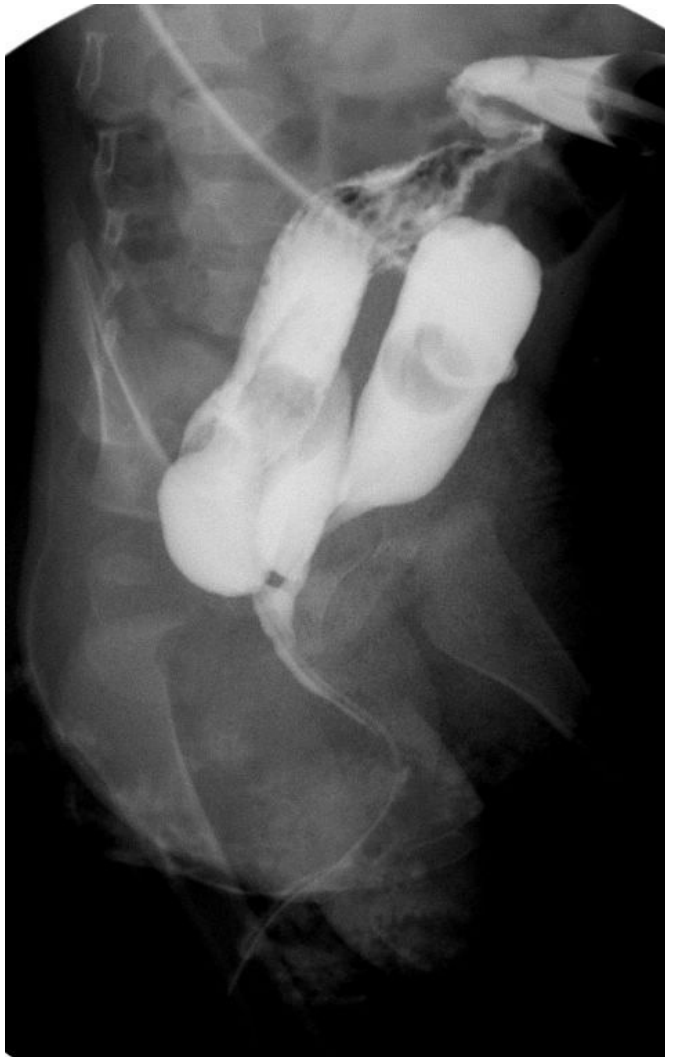


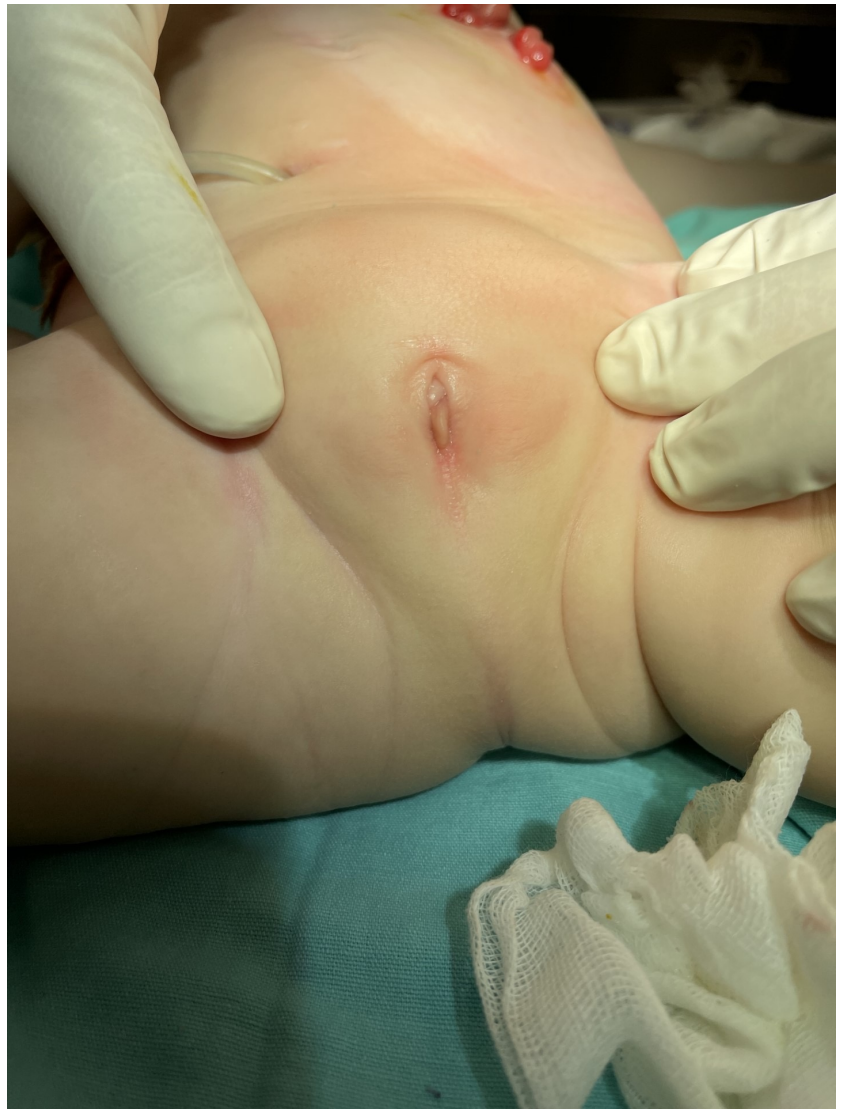


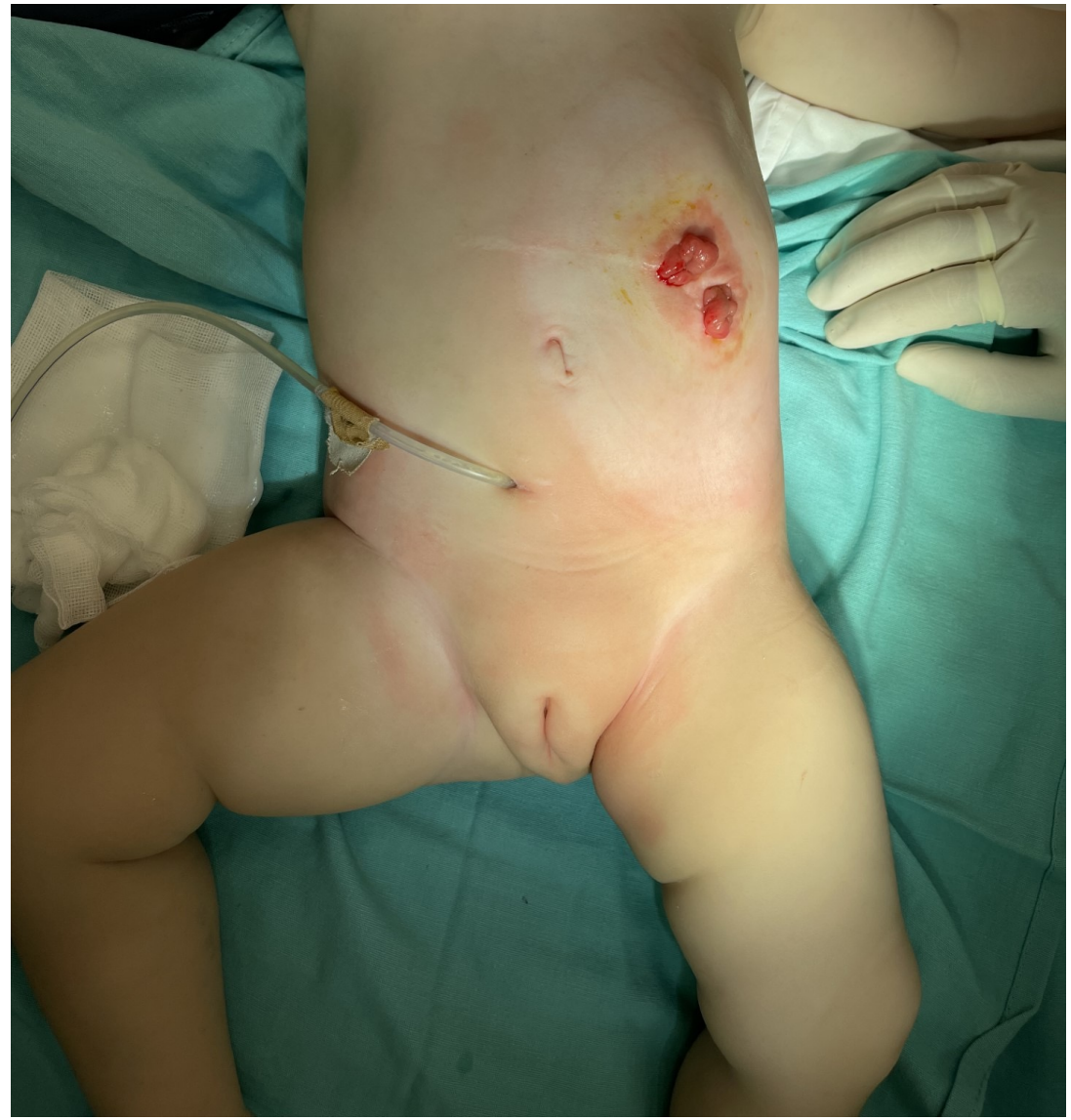








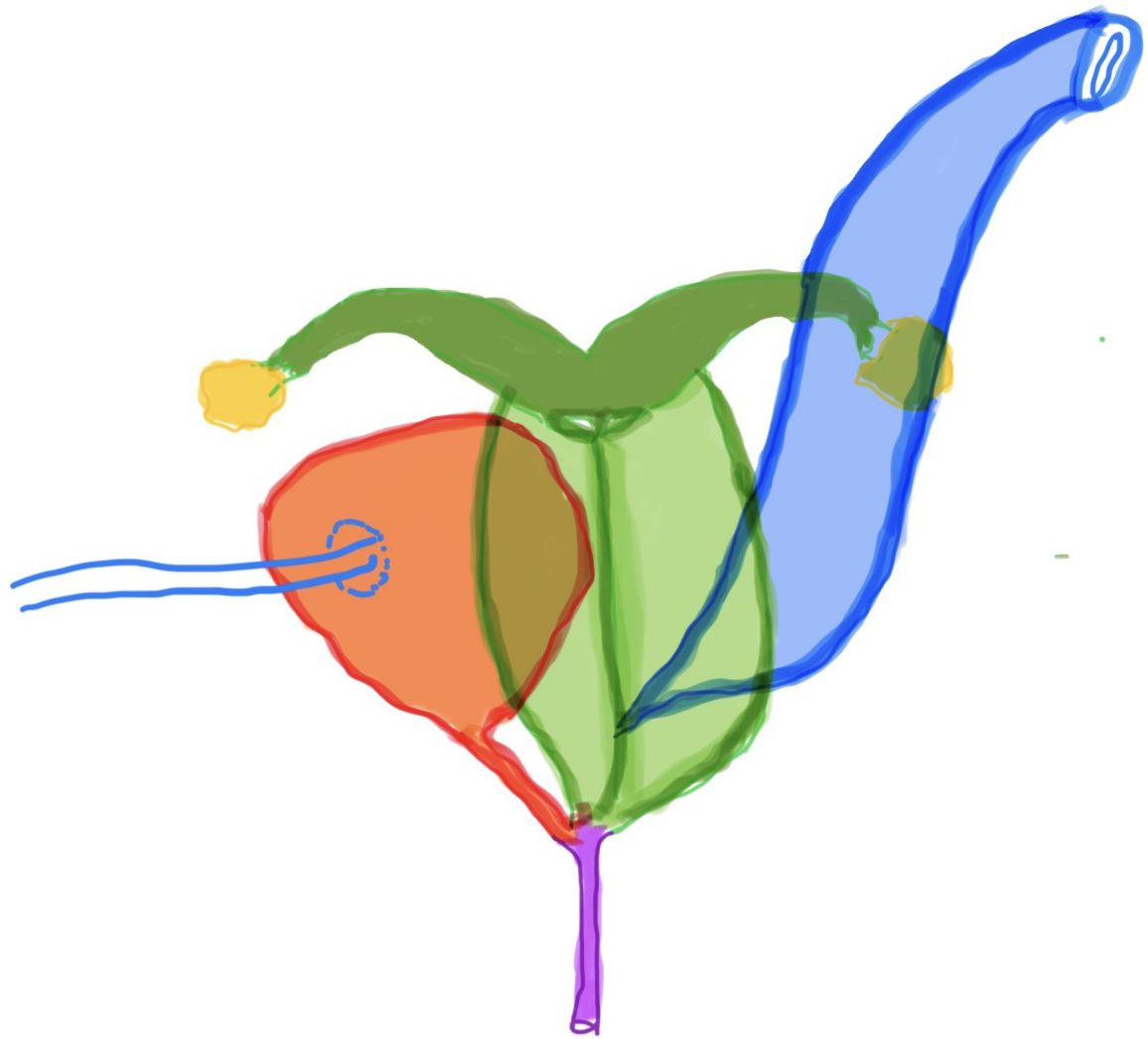


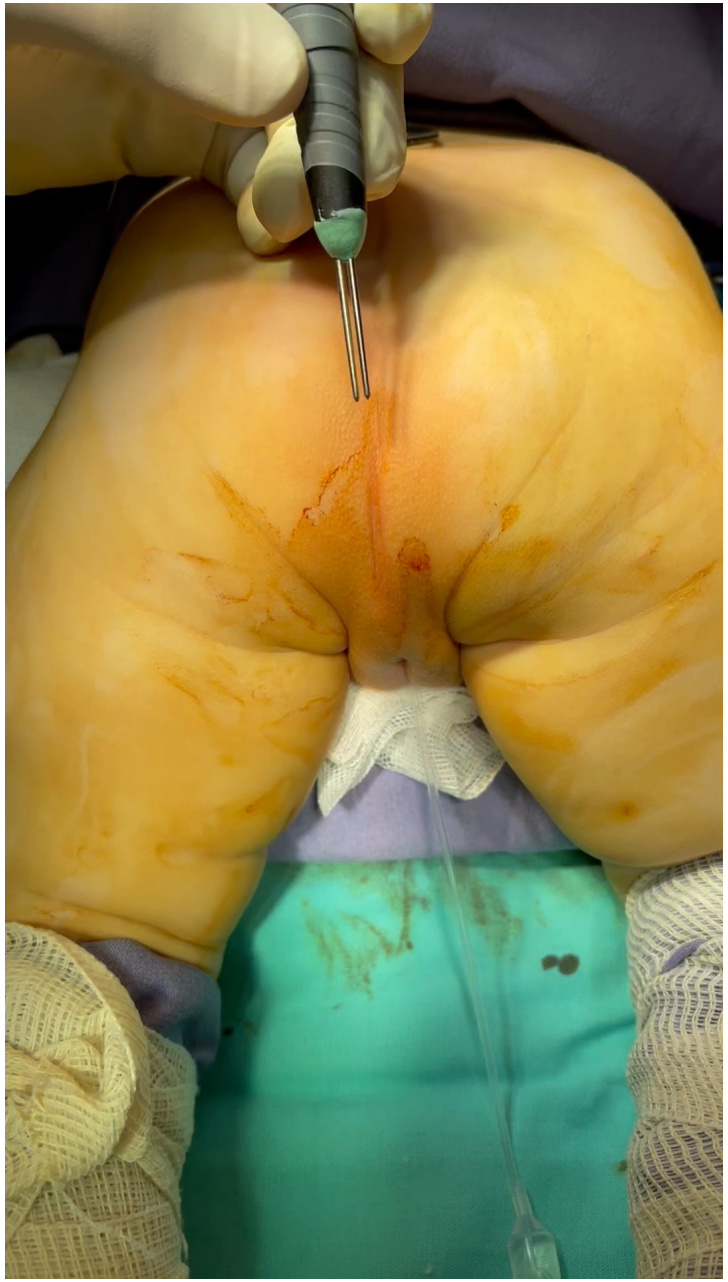


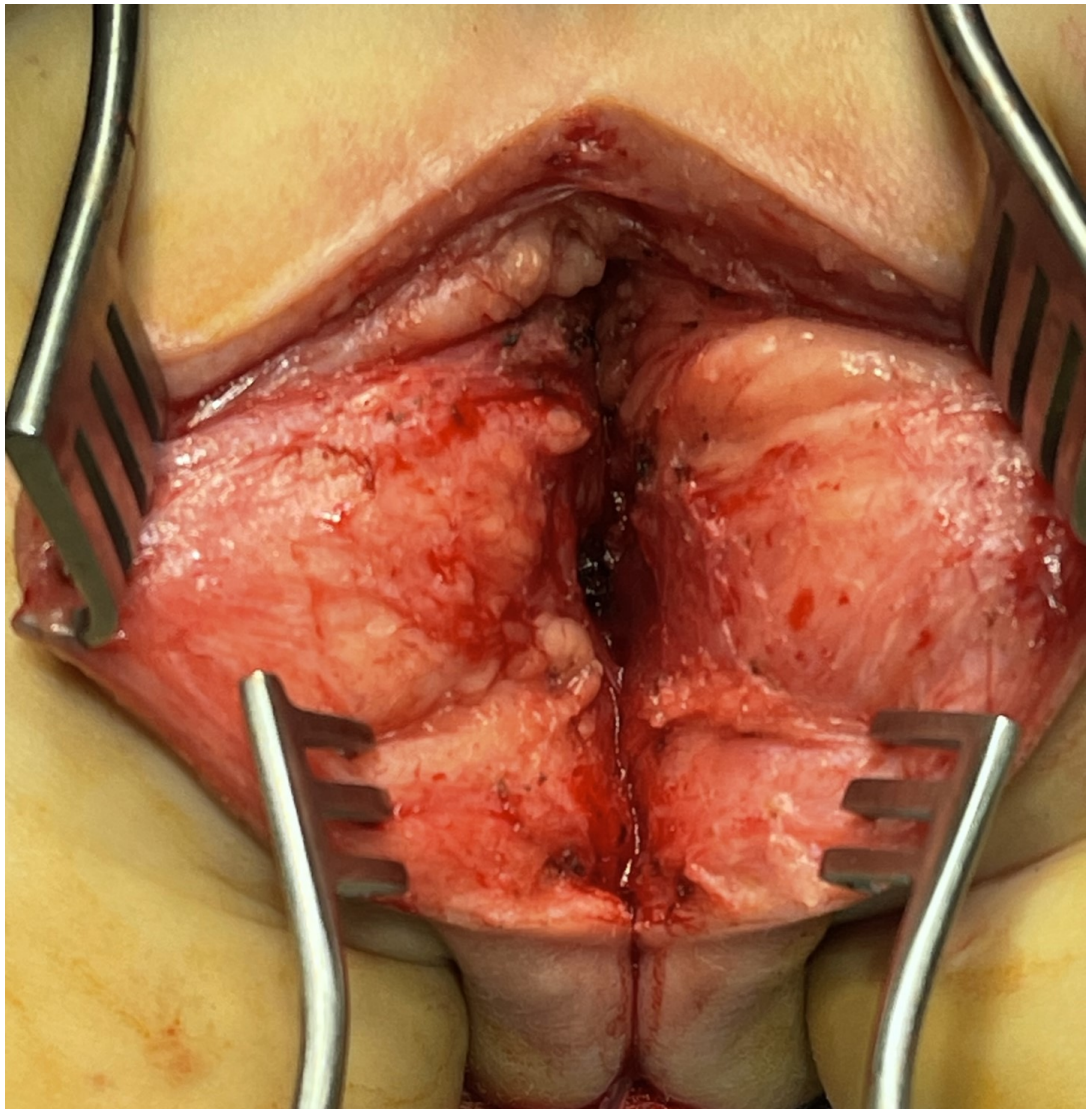


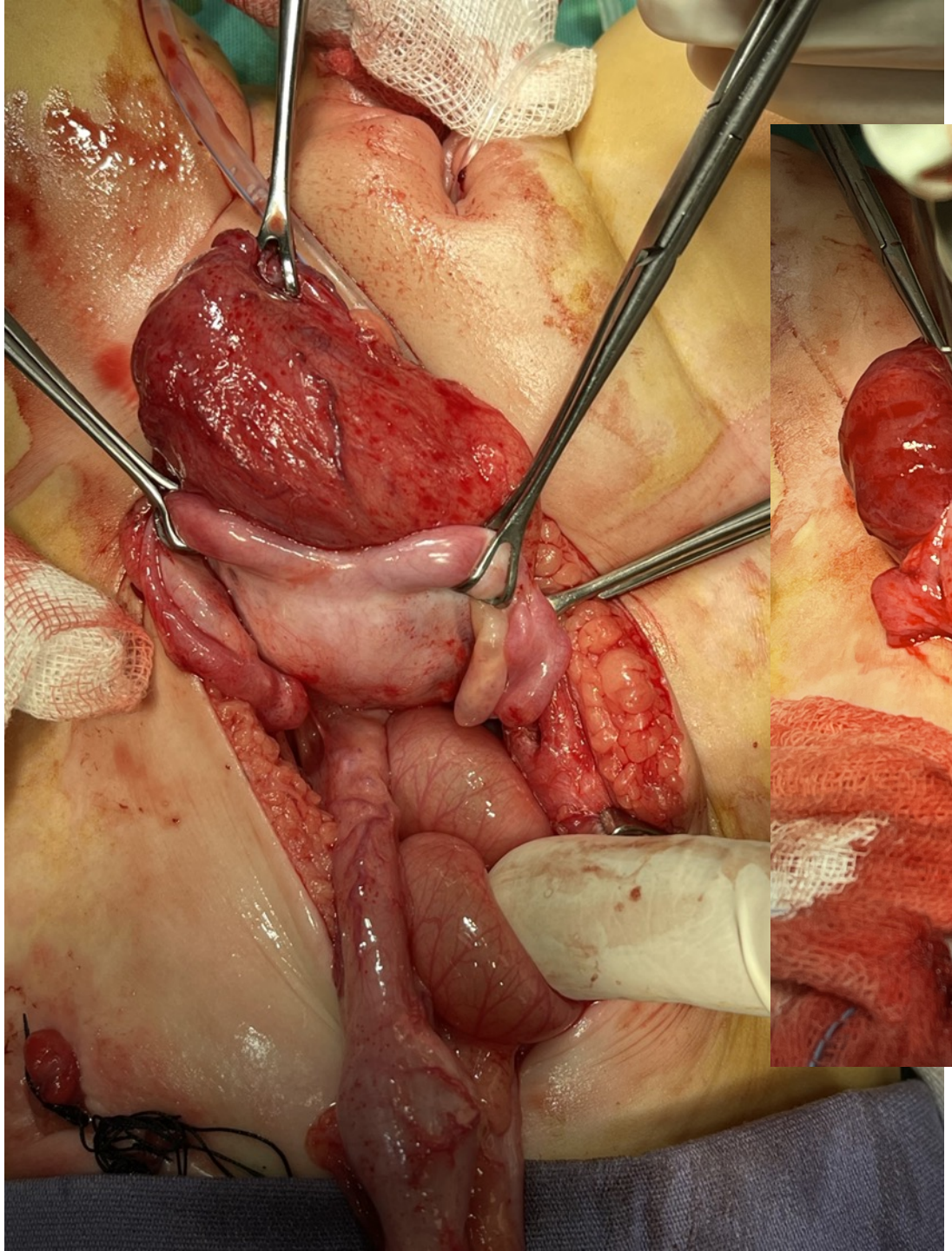
WHICH APPROACH WOULD YOU PERFORM?

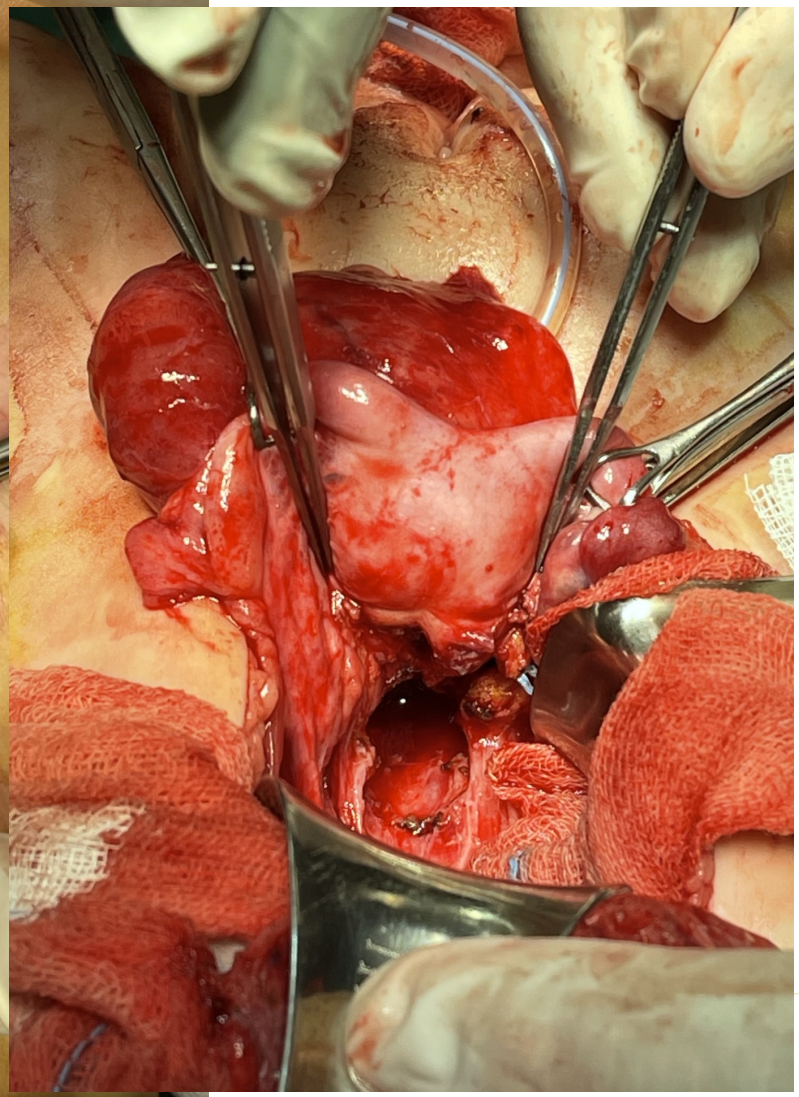
- 1. posterior sagittal approach + total urogenital mobilization
- 2. posterior sagittal approach leaving the common channel intact + vaginoplasty (vaginal switch)
- 3. posterior sagittal approach leaving the common channel intact + vaginoplasty (with vaginal sustitution with bowel and anastomosis between bowel and hemivaginas) + Anorectoplasty
- 4. posterior sagittal approach leaving the common channel intact + vaginoplasty (with vaginal sustitution with bowel and anastomosis between bowel and hemivaginas) + vesicostomy + anorectoplasty

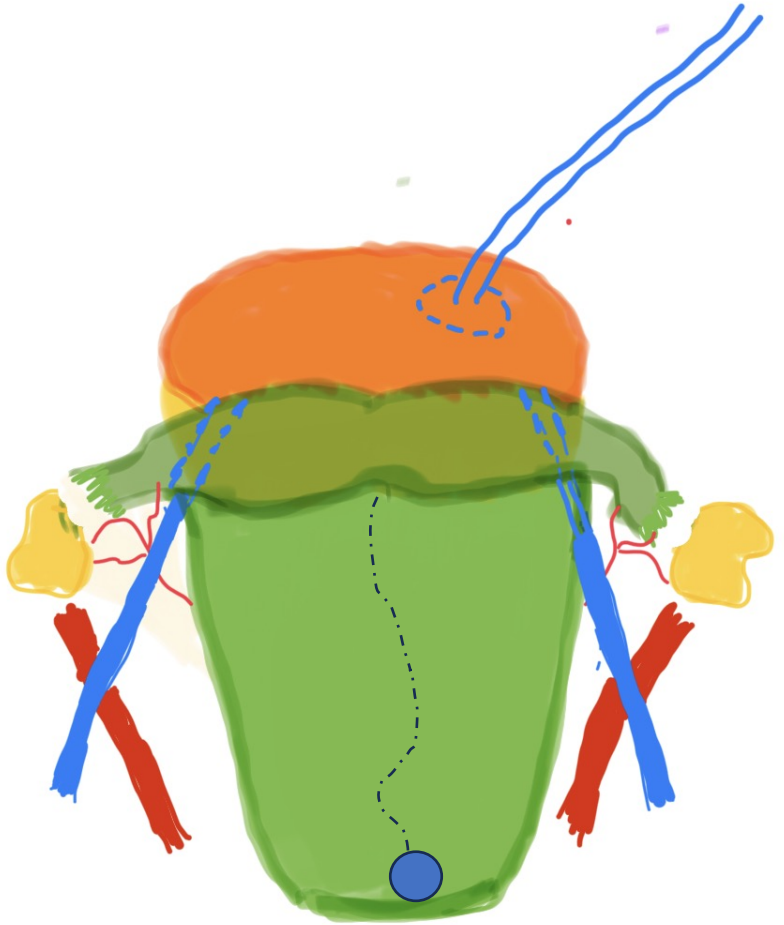


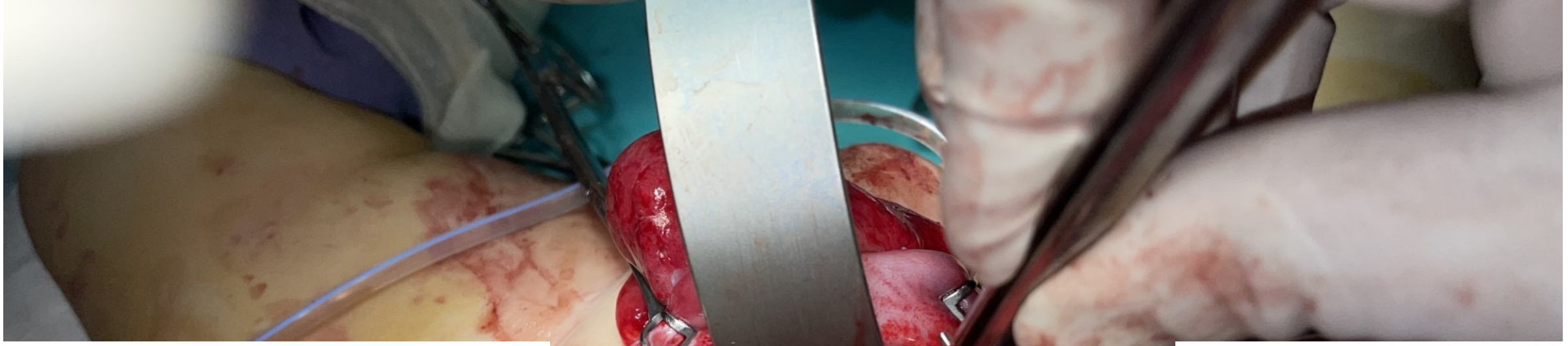


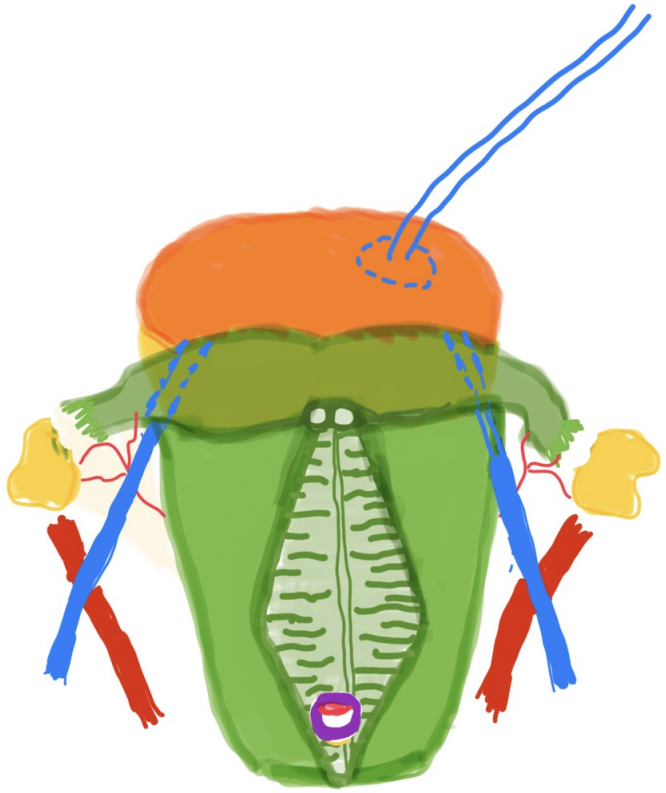


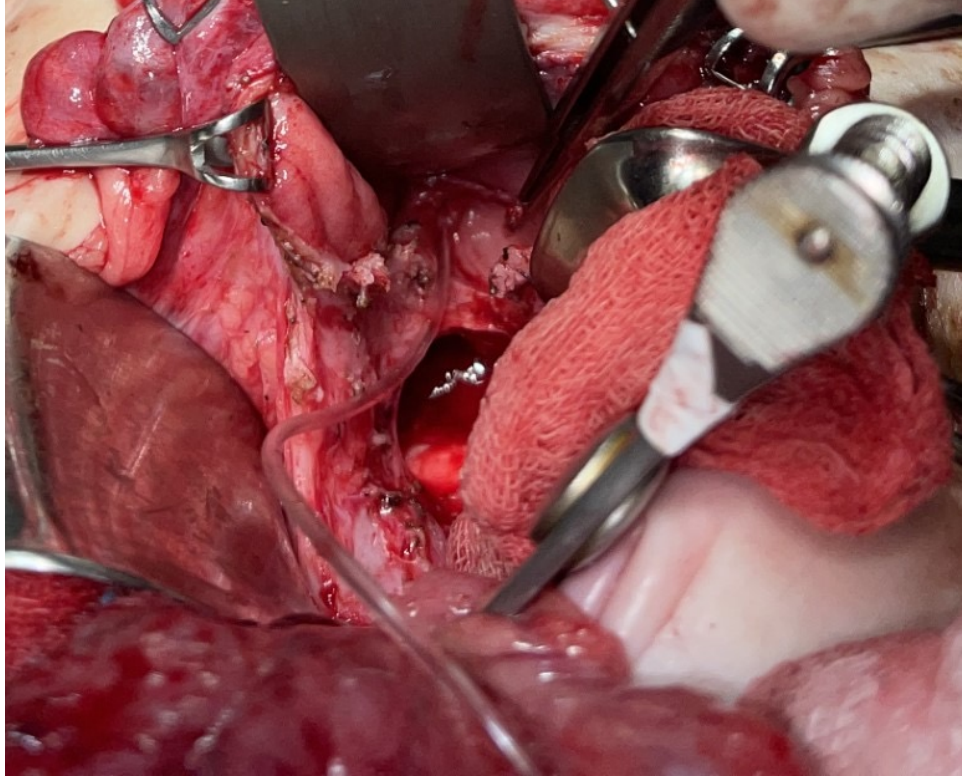


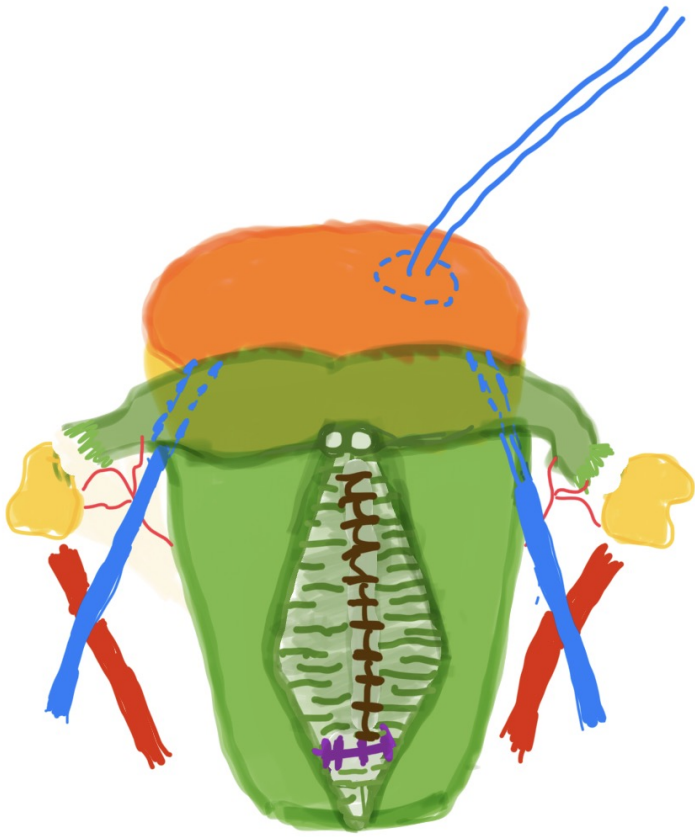


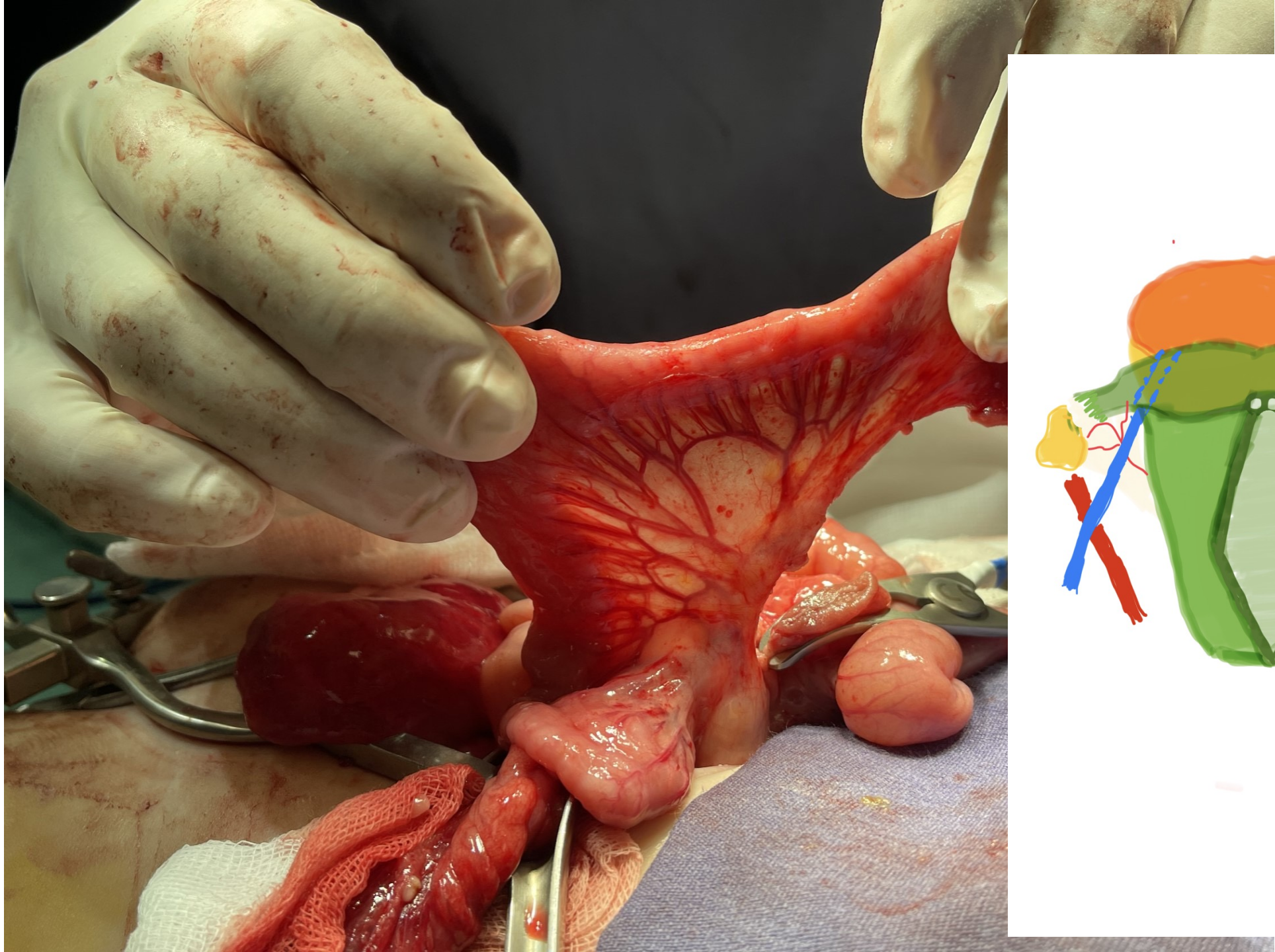


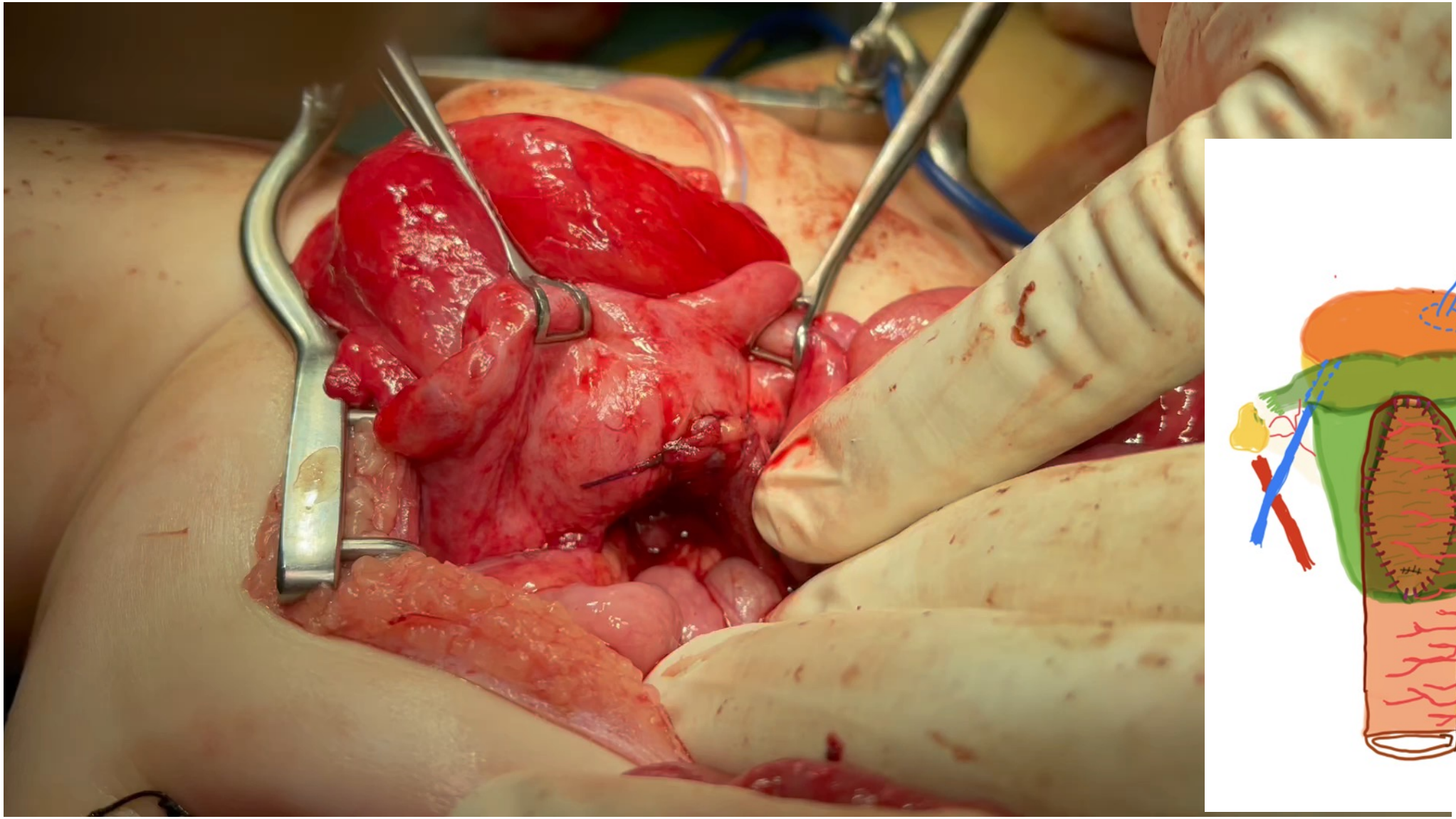


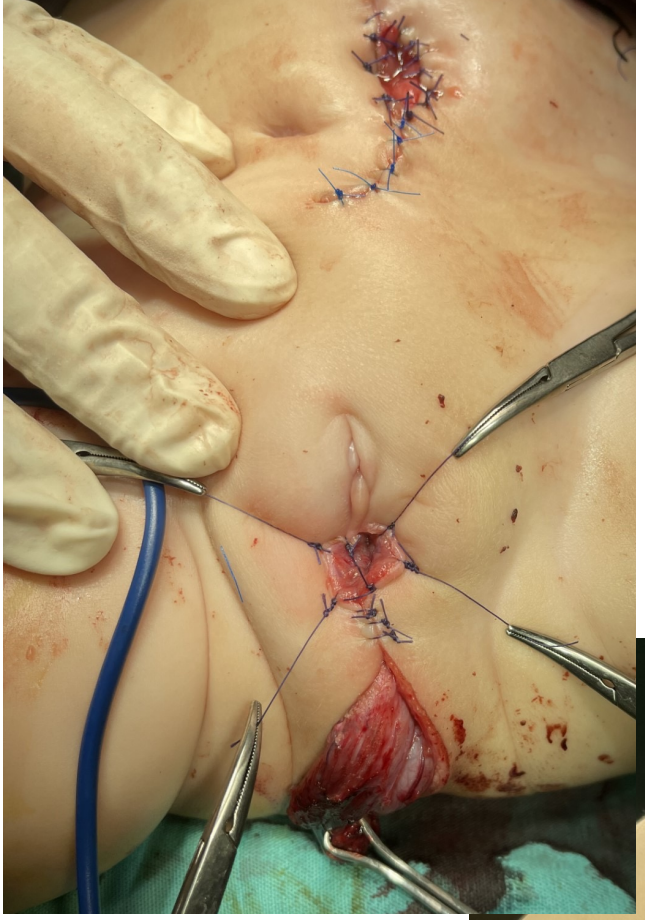


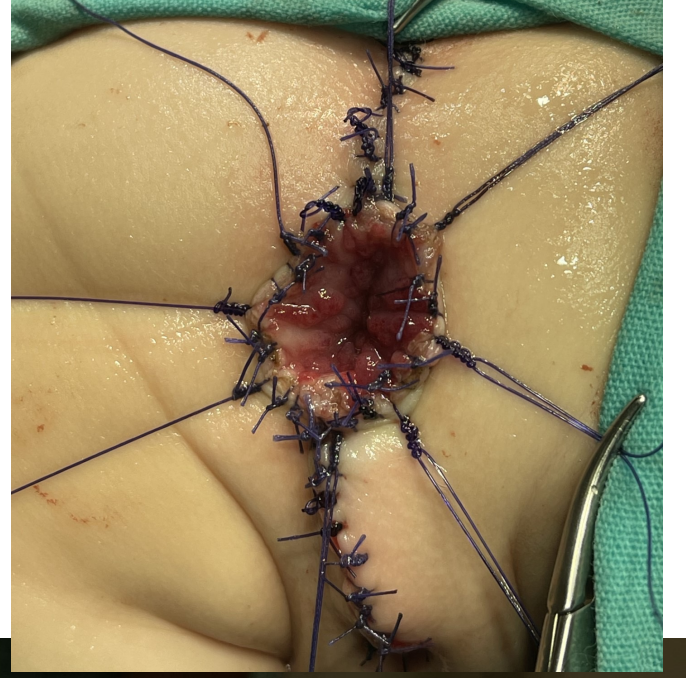


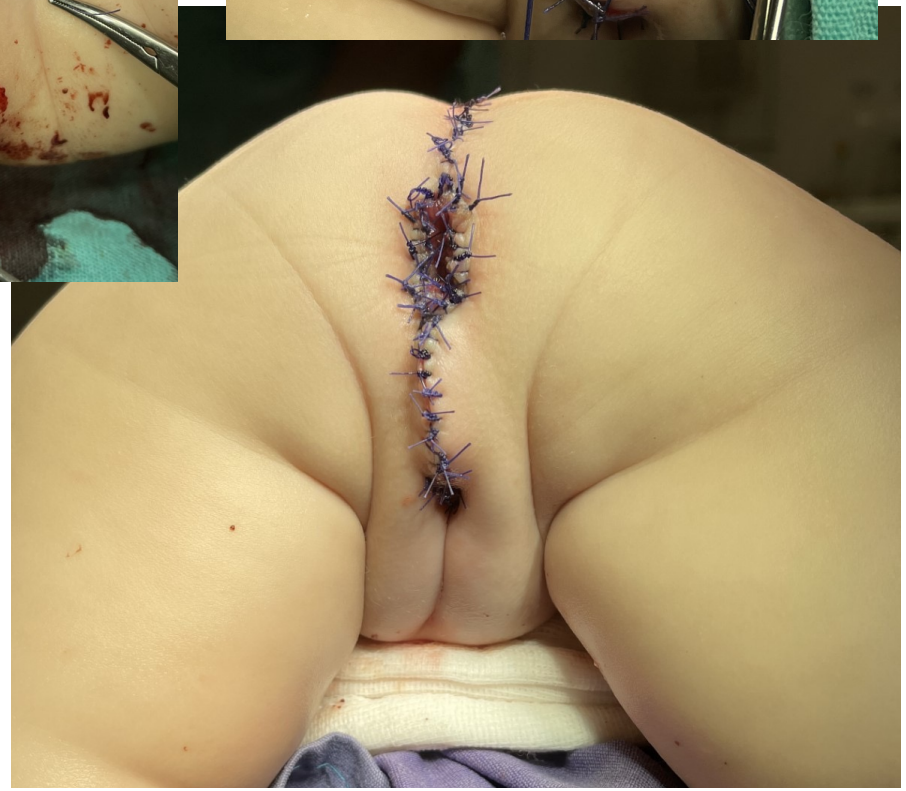


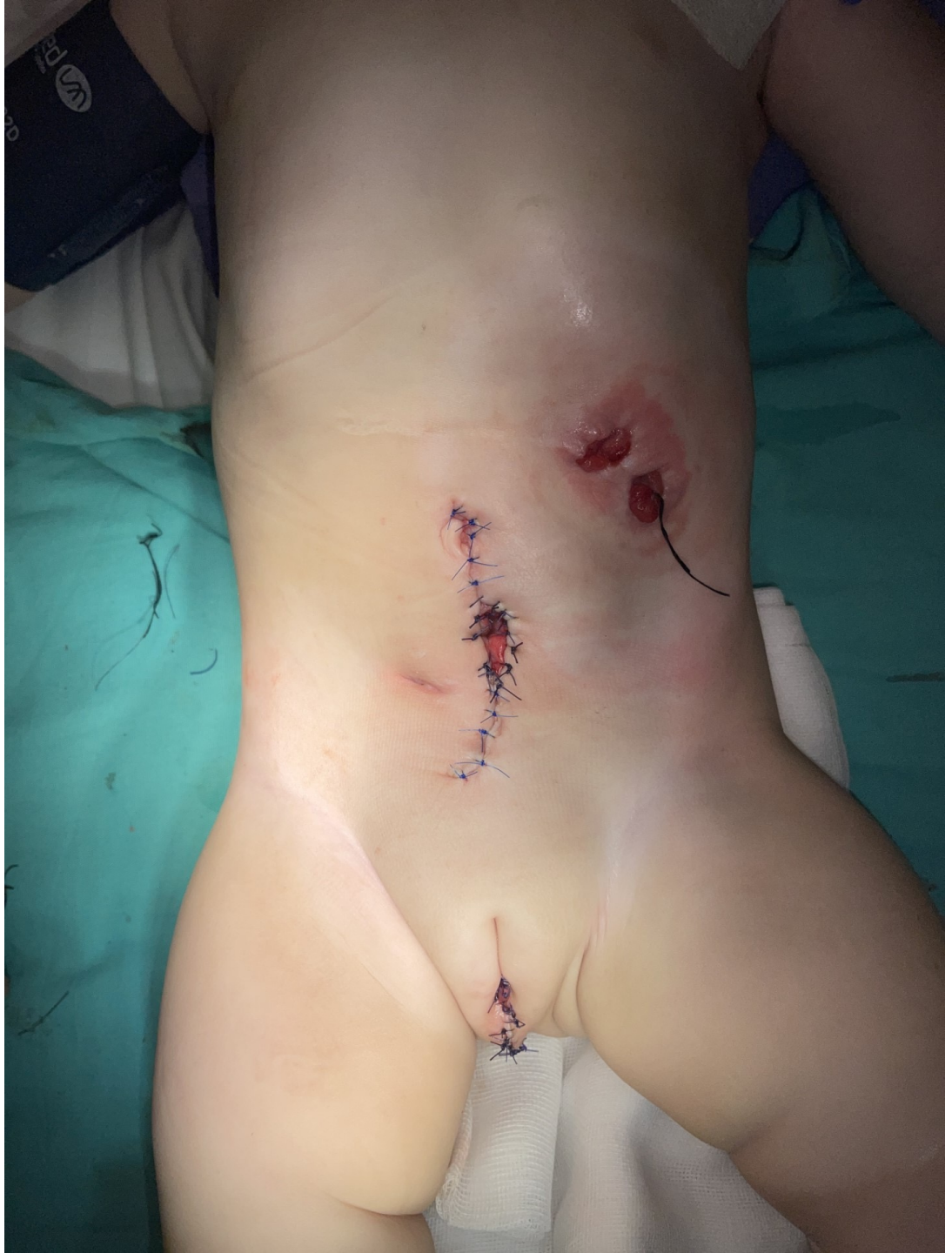












Discussion

- Vaginal switch was not possible because it could not separate the vaginas from the bladder without injuring the ureters.
- we need to have multiple resources for vaginal replacement
- Cystoscopy is a good resource that would help identify the urethra, but our smaller cystoscope did not pass through the urethra and it was not possible to advance a guide.
- Cloaca are a box of surprises