

Unrepaired Cloacal Exstrophy in an Adult Patient

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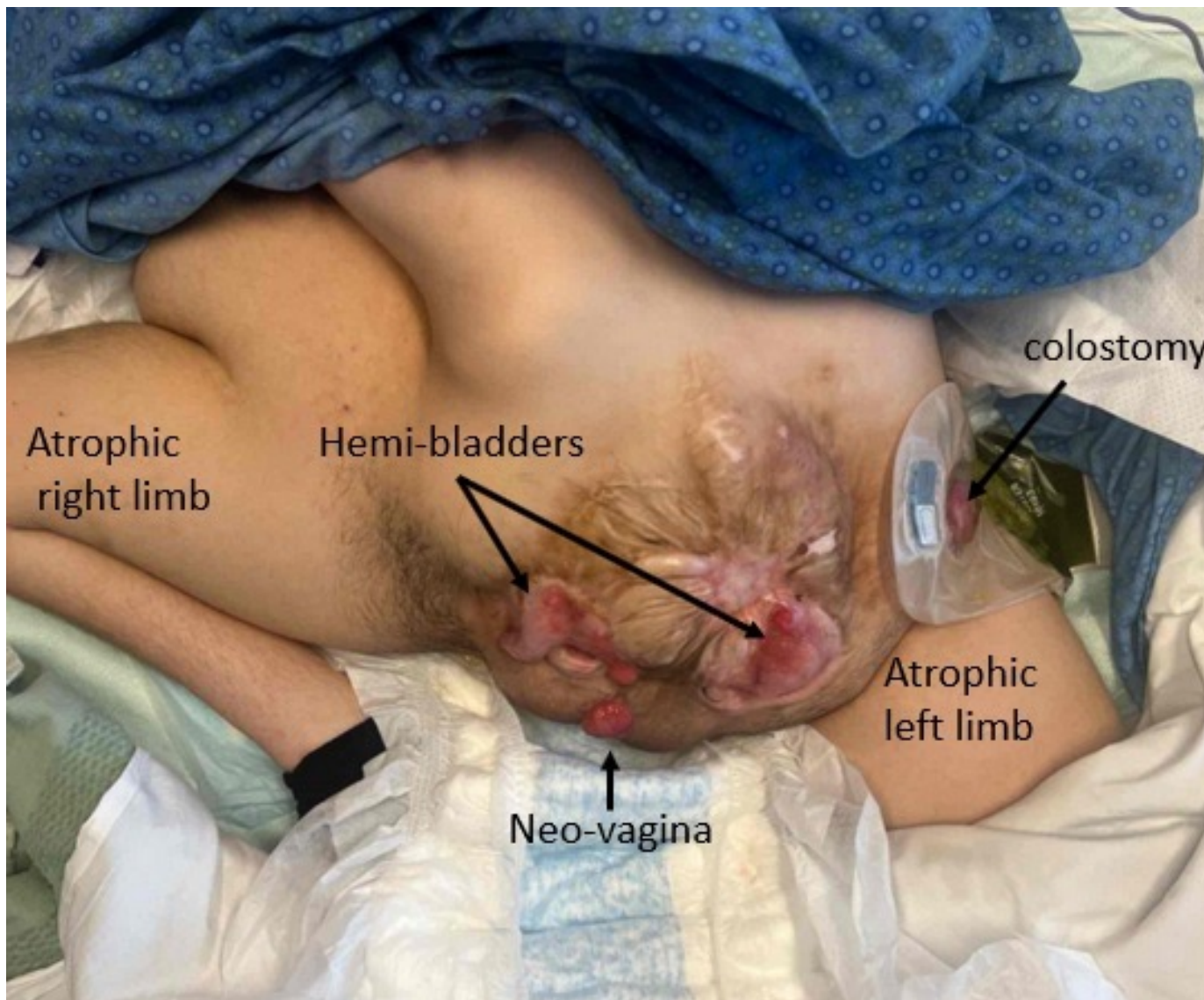
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24 yo, XY karyotype patient, raised as a female who had omphalocele repair at birth, hindgut was used as a neo-vagina, right orchiectomy (left testis not identified), colostomy creation, and bladder exstrophy left unrepaired.

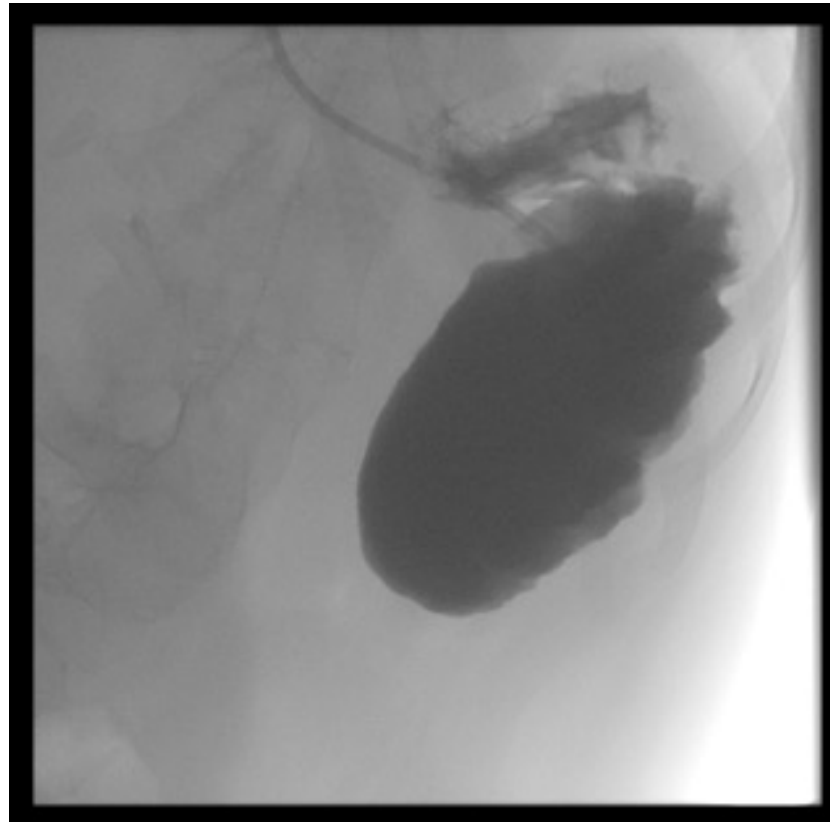
Admitted to an outside hospital with the diagnosis of bowel obstruction and transferred to our hospital.



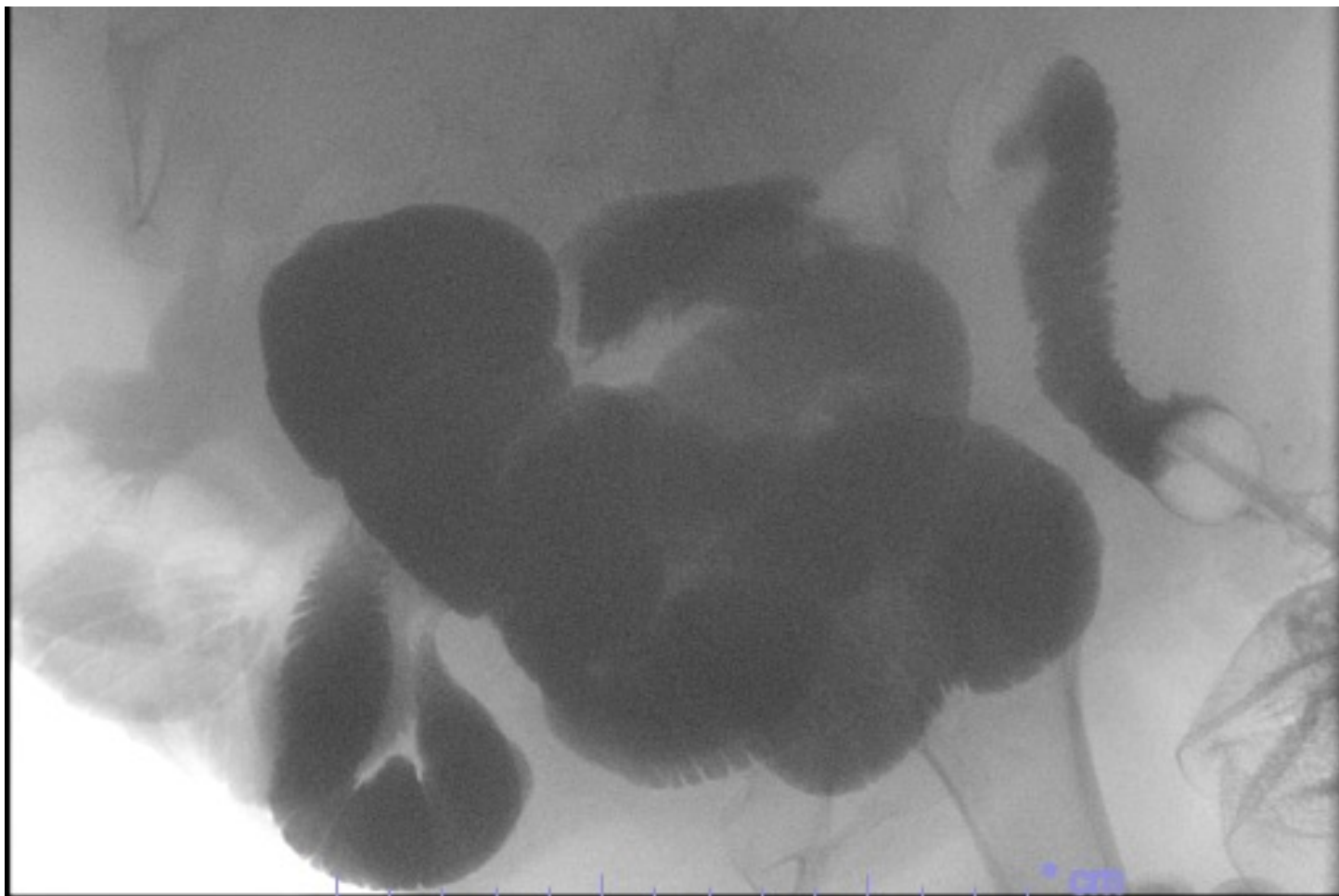


- Bowel obstruction was attributed to a hernia next to the neo-vagina.
- Upon arrival, colostomy was working but NG was also productive.
- Since we did not know what we would find, we decided to study her bowel with an upper GI and colostogram.

Upper GI – no progression



Colostogram – normal





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Surprise

- Patient had gastroparesis and no bowel obstruction!



- Patient is non-ambulatory
- Developmentally delayed
- Mother is the proxy for medical decision-making



- What is the best for this patient?
- What are the mother's goals for her child?
- What are the risks of a major operation?
- What are the options for non-operative management?



- To confirm gastroparesis diagnosis, a nasoduodenal tube was placed. Patient tolerated full feeds in 48 hours!



Risks



- Malignancy: testicle and exposed bladder



Discussion

- Quality of Life



Thank you

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