



# COLORECTAL WEB MEETING

KARLA SANTOS JASSO MD, PhD

CAROLINA GIRALDO MD COLORECTAL FELLOW

CHANEL UGARTE MD PEDIATRIC SURGERY RESIDENT /BOLIVIA

**INSTITUTO NACIONAL DE PEDIATRIA**

MEXICO CITY, OCTOBER 2022



ANORECTAL  
MALFORMATION WITHOUT  
EXTERNAL OPENING OR  
FISTULA.

COLOSTOMY WAS  
PERFORMED 2 DAYS AFTER  
BIRTH

# VACTERL



- SI 0.54
- Dorsal hemivertebra
- Bilateral clubfoot
- Horseshoe kidney
- MRI pending, to r/o probable lumbosacral dysraphism

Distal  
colostogram  
06/07/22



# LAPAROTOMY

Metabolic Acidosis

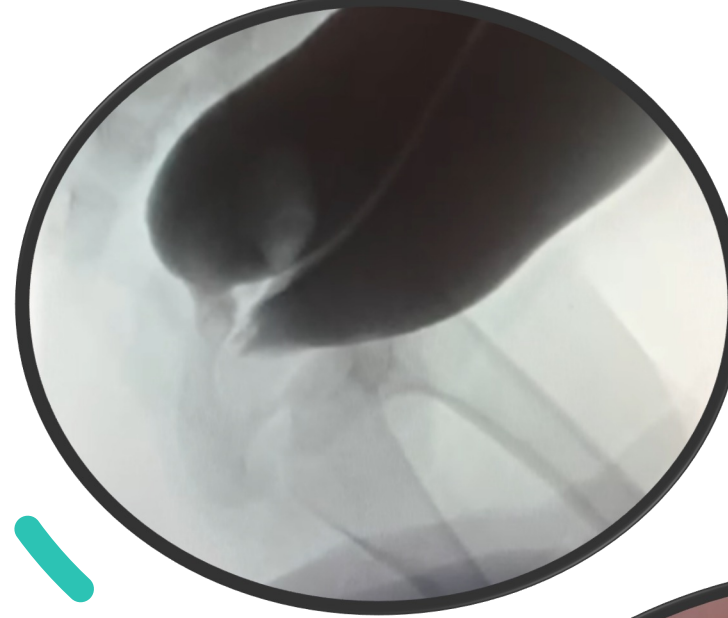
Acute abdomen and shock



Peritoneal lavage, no perforation site observed

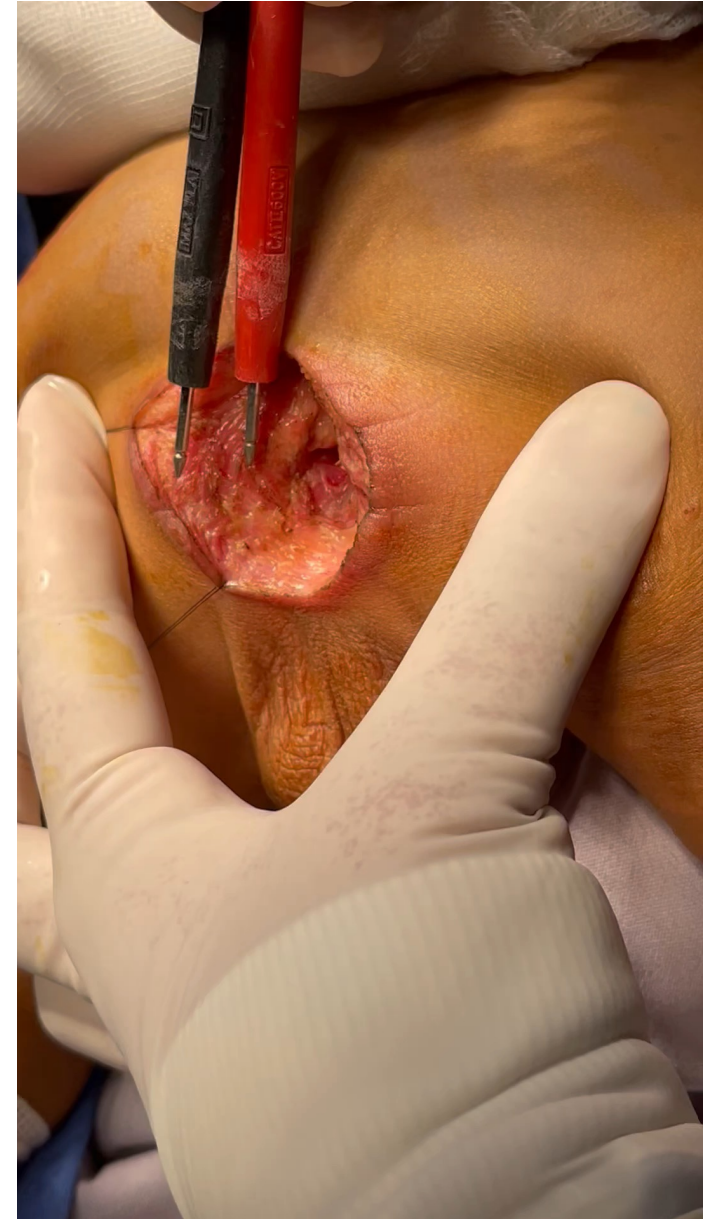
# What is your proposal for treatment in this patient?

- a) PSARP
- b) Laparoscopy and PSARP
- c) Laparotomy and PSARP
- d) Only laparoscopy and anoplasty.

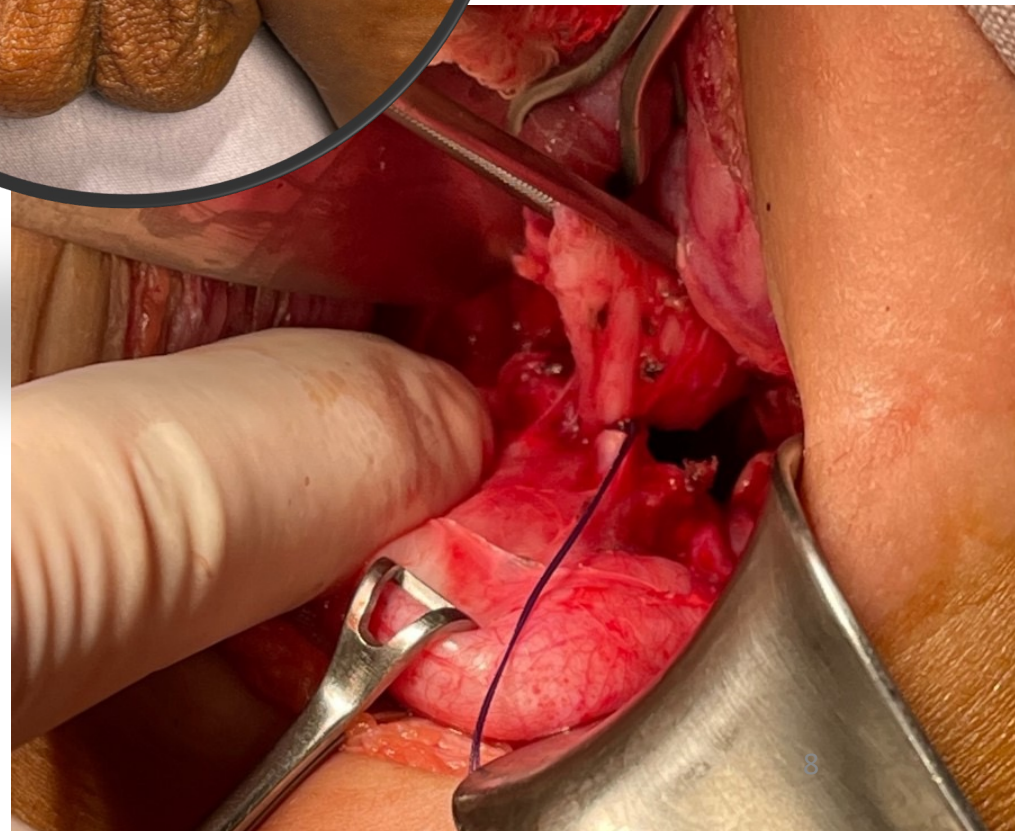
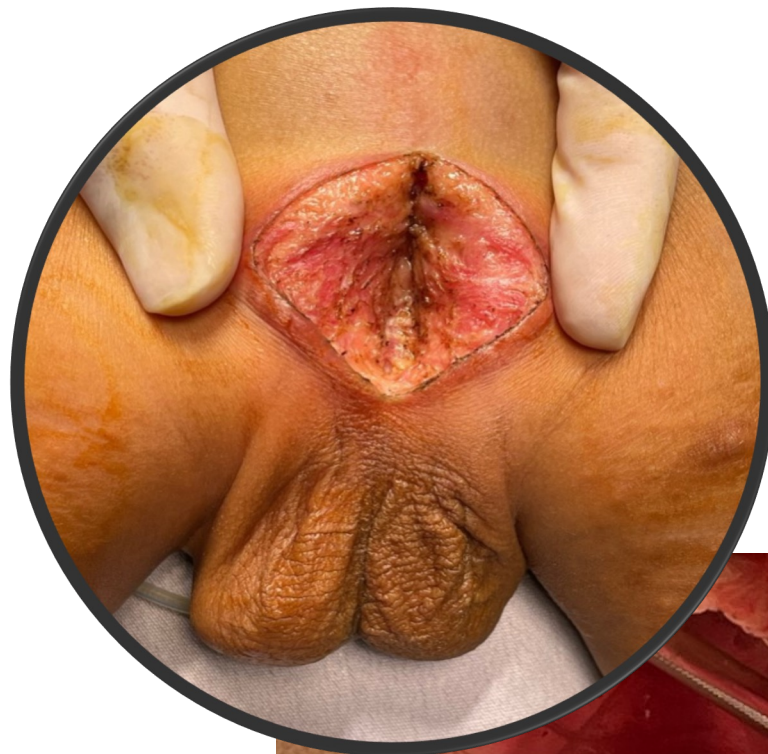




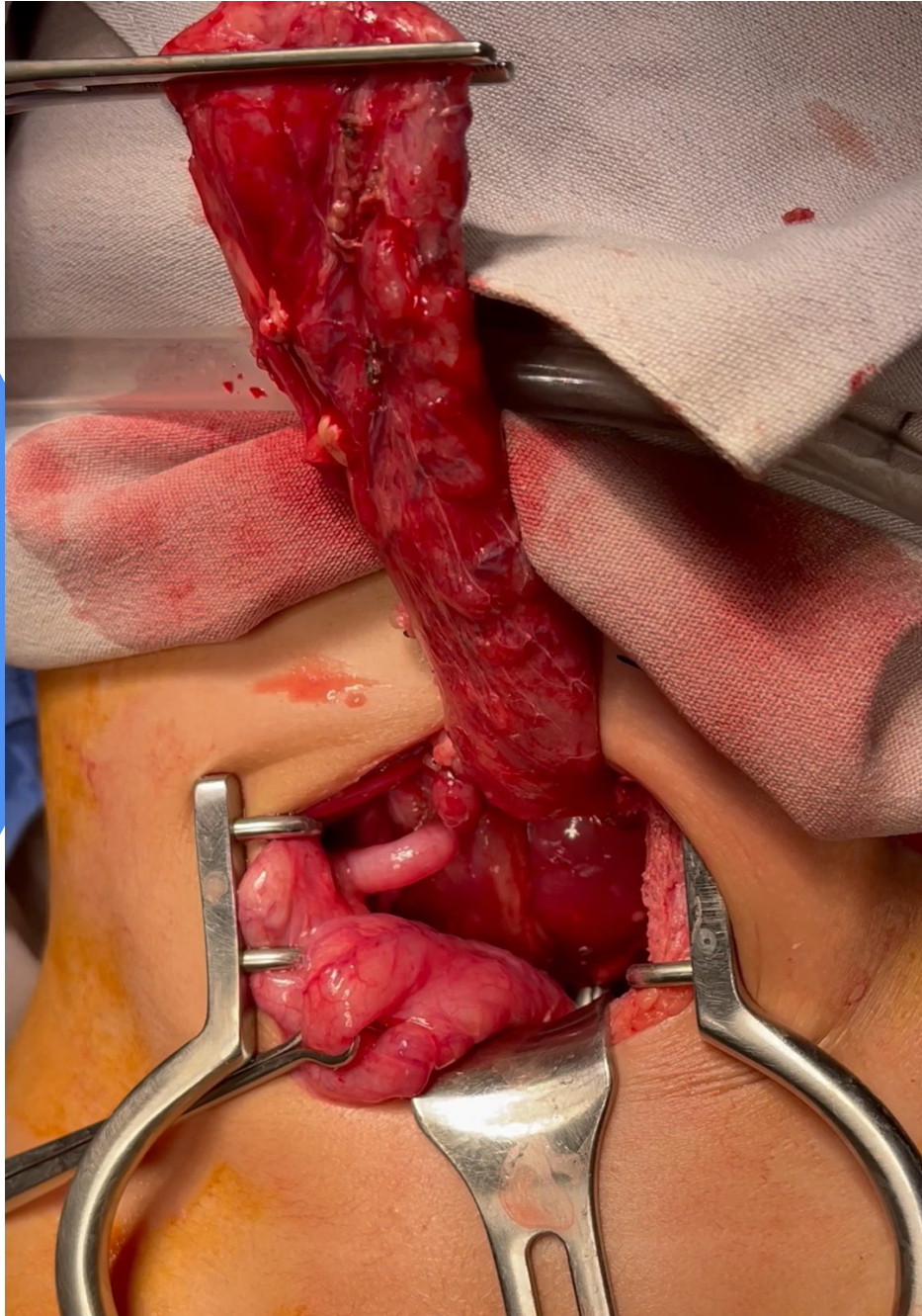
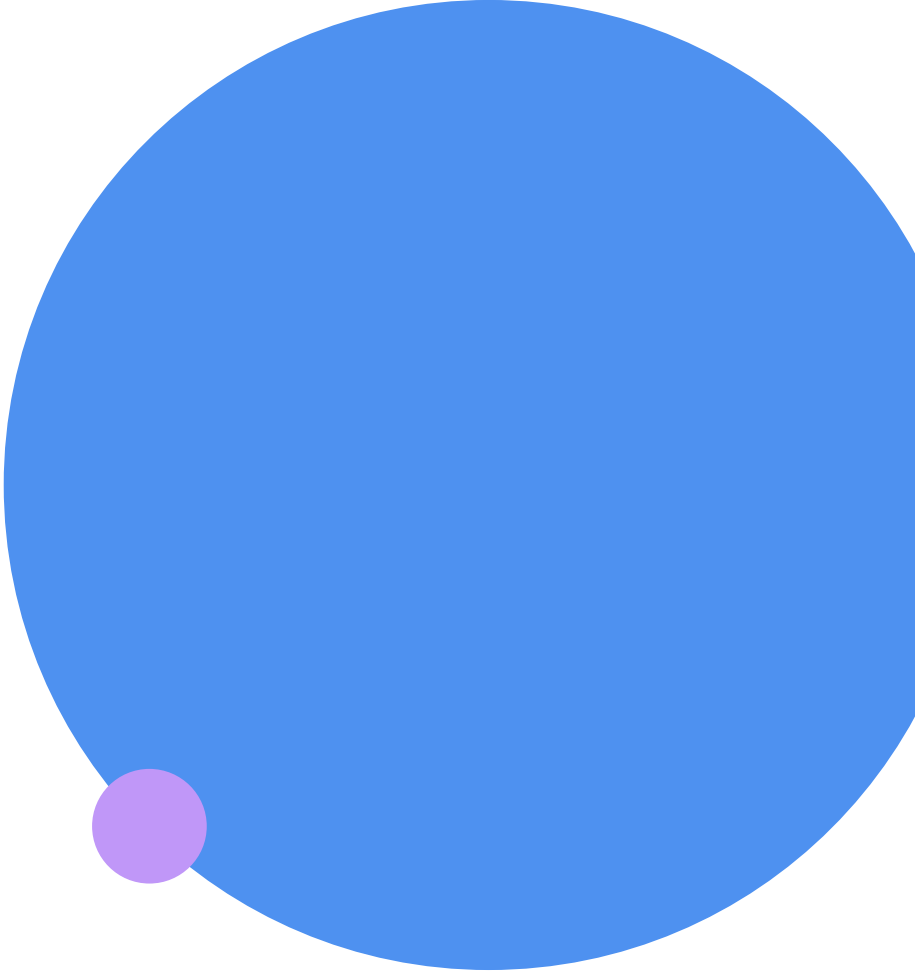
The electrostimulation showed the location of the muscle complex just behind the scrotum.

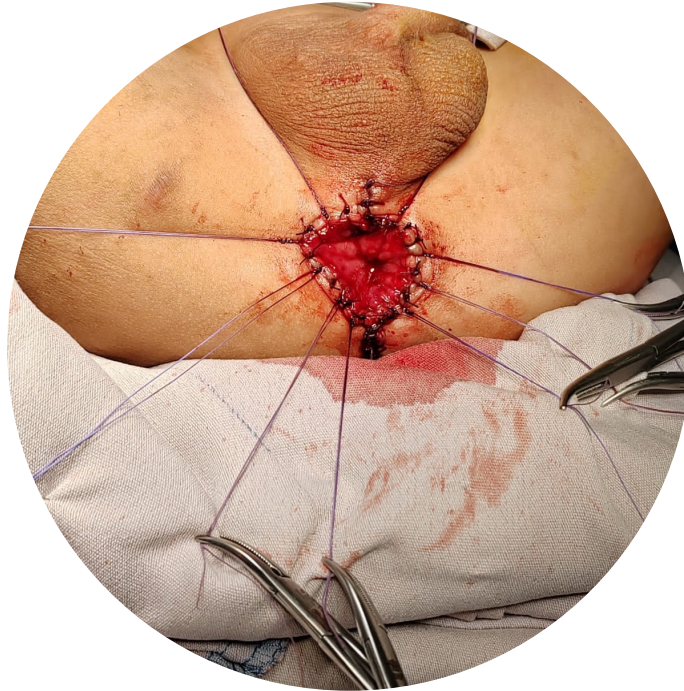


- After sagittal approach
- we performed a laparotomy.
- We found adhesions in the pelvis
- We ligated the fistula at the entrance to the bladder with absorbable suture









ANOPLASTY



Thank you

santosjasso@hotmail.com