

# It's not just the anatomy...

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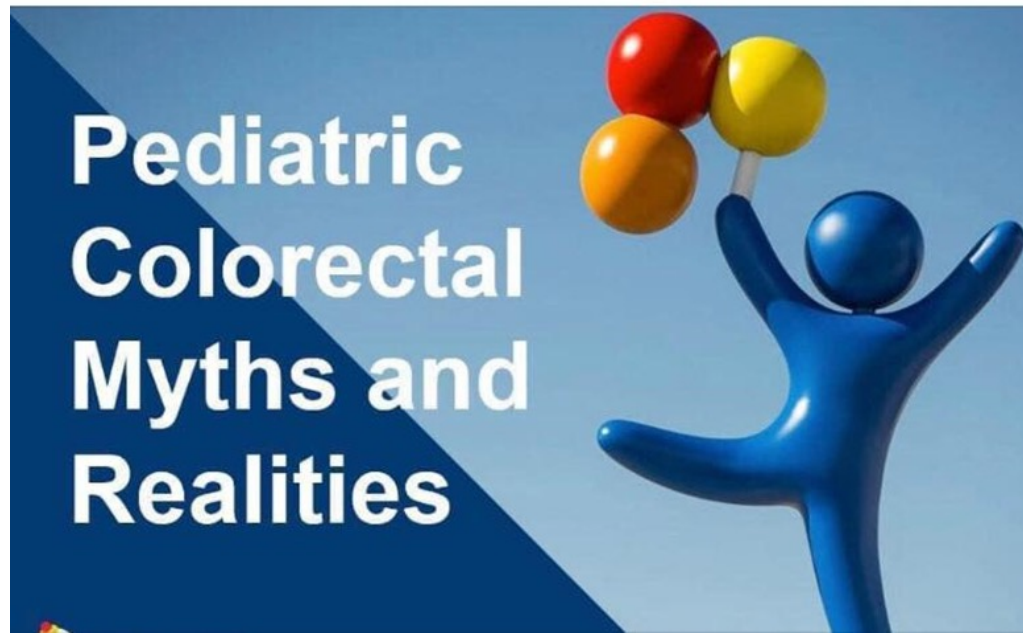


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Myth: All Anorectal Malformations are diagnosed at birth.

Reality: Unfortunately, Anorectal Malformations can be missed at birth. Some can be missed because a full physical exam was not done properly, others, the most benign ones (recto-perineal fistulas), because the diagnosis is not so obvious to unexperienced eyes.

Together we can Improve Colorectal Care Everywhere for Everyone!



**Pediatric  
Colorectal  
Myths and  
Realities**



# Past medical history

- 11-month-old female

- Panama

- Out of hospital delivery

- No surgical history

- Mother is pregnant \*just found out\*



# Nutritional problem

- Feeds exclusively on maternal milk

- Loose daily stools

- Weight: 6,1 kg



# Geographical problem

- Migrate to CR for coffee plantations
- Economically dependant on 2 salaries but only husband is working while she is in the hospital
- Language barrier



# Clinical presentation

•She was admitted due to bronchiolitis  
Oxygen and ATB


•During hospitalization, scabies and imperforate anus with fistula are documented.

•What to do?



# Initial Hegar size #8





# Anatomical problem

## I.A perineal fistula

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Fistula anterior to the muscle complex and anal fossa.

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Good gluteal crease

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Fistula is calibrated with Hegar 8. It is possible to pass until Hegar 10

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Abdominal ultrasound: normal

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Cardiology assessment: no heart disease







WHAT TO DO when it's not only the  
anatomy that is out of place?

Thank you

