

COLORECTAL WEB MEETING

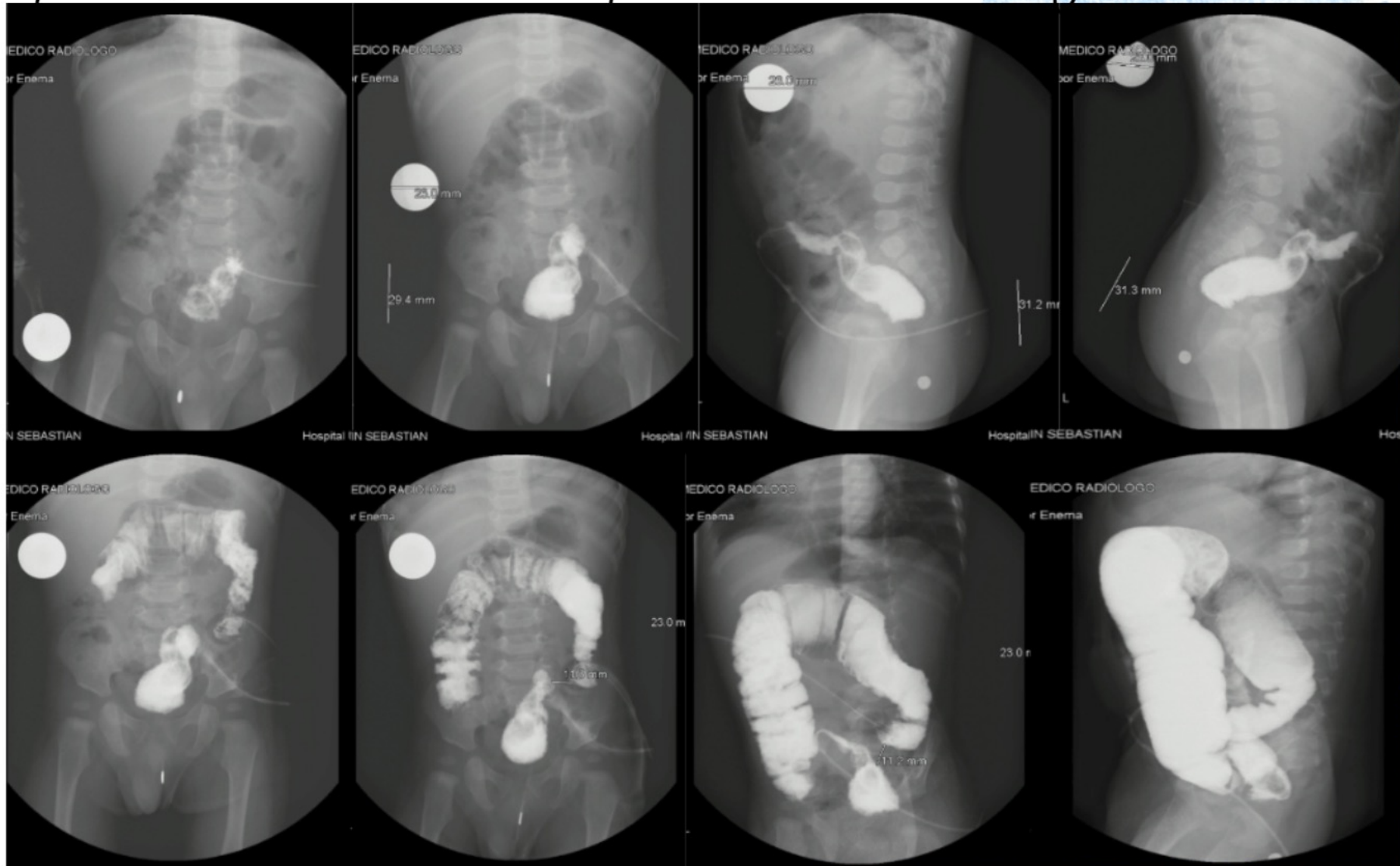
Rectal atresia and postop stenosis

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Case summary

- Male patient with history of abdominal distension and no meconium elimination
- Normal anus
- Diagnosed with rectal atresia
- Underwent diverting colostomy and mucous fistula on the 5th day of life

Pre-operative distal and proximal colostogram



What would be the ideal approach?

- 1) Posterior sagittal anorectoplasty
- 2) Transanal endorectal pull-through
- 3) Duhamel's procedure
- 4) Posterior sagittal anorectoplasty with laparotomy or laparoscopy
- 5) I don't know

Posterior sagittal anorectoplasty at 11 months old

- 15 days post op:
Anoscopy and dilation with Hegar 7
- 21 days post op:
Difficult dilation - an anastomotic stricture was suspected

A decorative blue watercolor splash is located on the left side of the slide, extending from the top left towards the bottom left. The splash has a soft, textured appearance with varying shades of blue and some yellowish highlights at the top left edge.

What would be your plan?

- 1) Distal colostogram
- 2) Attempt dilations
- 3) Reintervention
- 4) I don't know

Attempted dilations

- 1st Dilation
Hegar N 3 until Hegar N 7
- 1 week: Hegar N 6, 7, 8
- 2 weeks: Hegar N 5 to N8. Not possible to dilate with Hegar N 9.
Foley 24Fr is left channeling anastomosis
- 1 month: Probe withdrawn
Balloon dilation 10-11-12mm and 13-14-15mm. Calibrated with Hegar 12
- 1 month: Balloon dilation 16-17-18mm
Calibrated with Hegar 14

10 days later: emergency consultation
Rectal bleeding. Colonoscopy: bleeding stigmata
and stenosis. Dilations are suspended



What should we do next?

- 1) Redo posterior sagittal anorectoplasty
- 2) Redo posterior sagittal anorectoplasty + laparotomy
- 3) Transanal approach
- 4) It will depend on the distal colostogram
- 5) I don't know