Hospital Dr. Sótero del Río
JUNTOS PARA UNA MEJOR SALUD

Ministerio de Salud
Gobierno de Chile

Case # 3

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Male patient

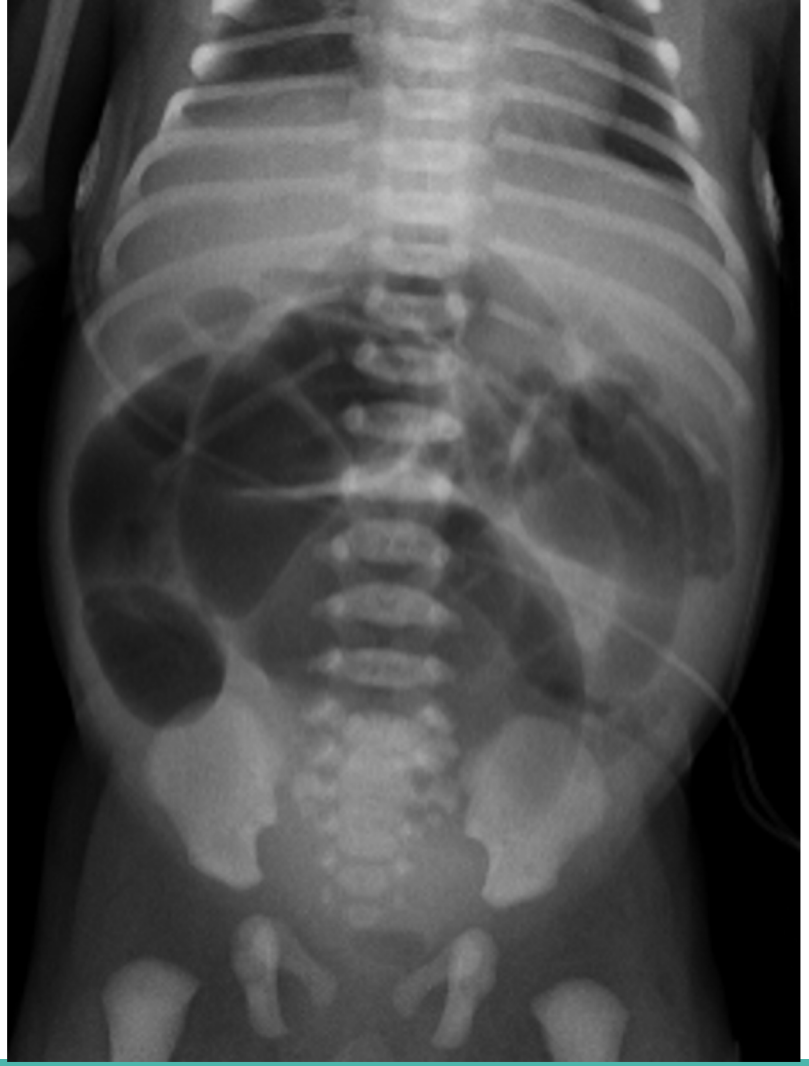
Current age: 1 year 5 months

2 days of life

Imperforate anus
Well-formed perineum
Good anal dimple
No meconium in the urine

Treatment

Colostomy and mucous fistula



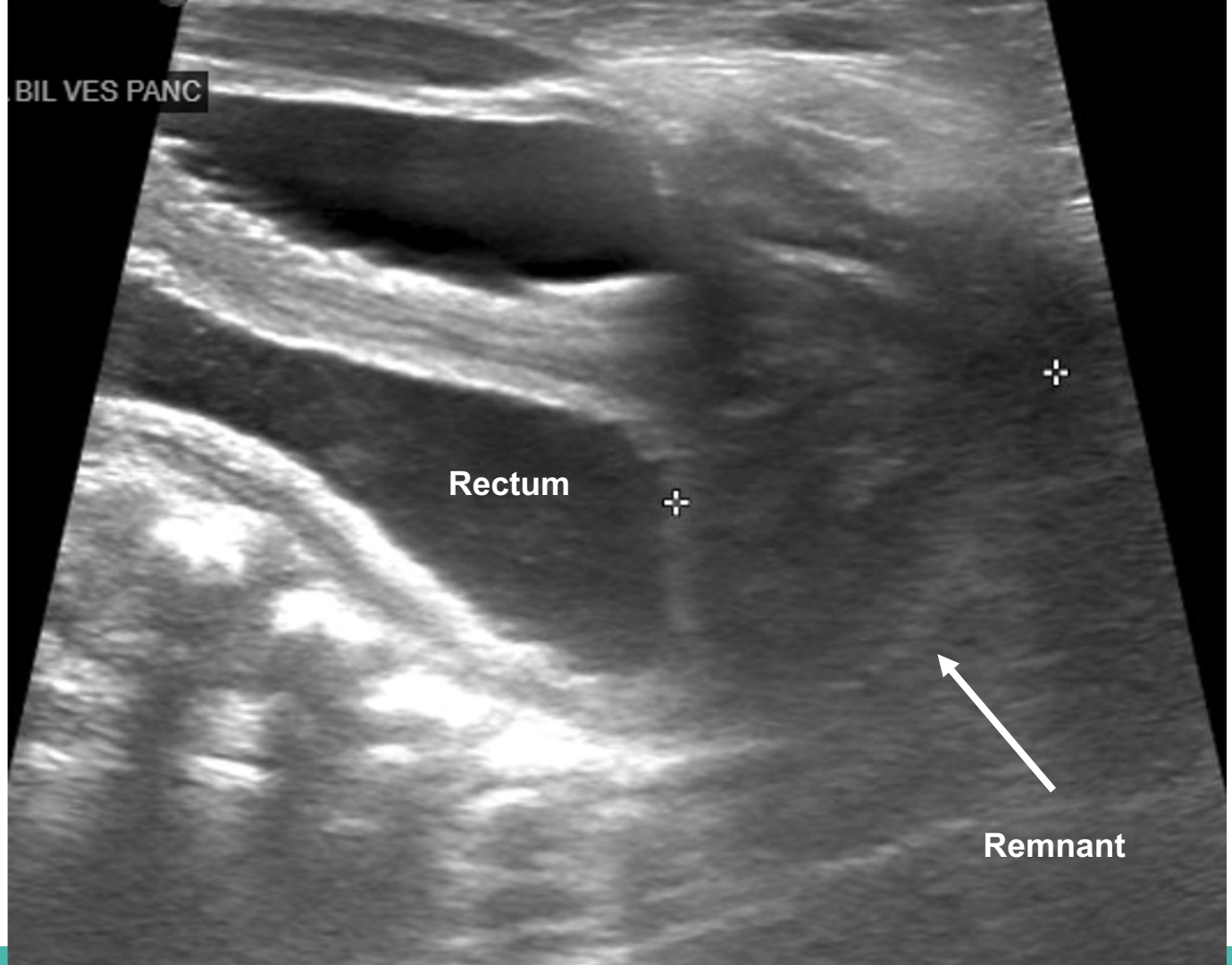
Work-up

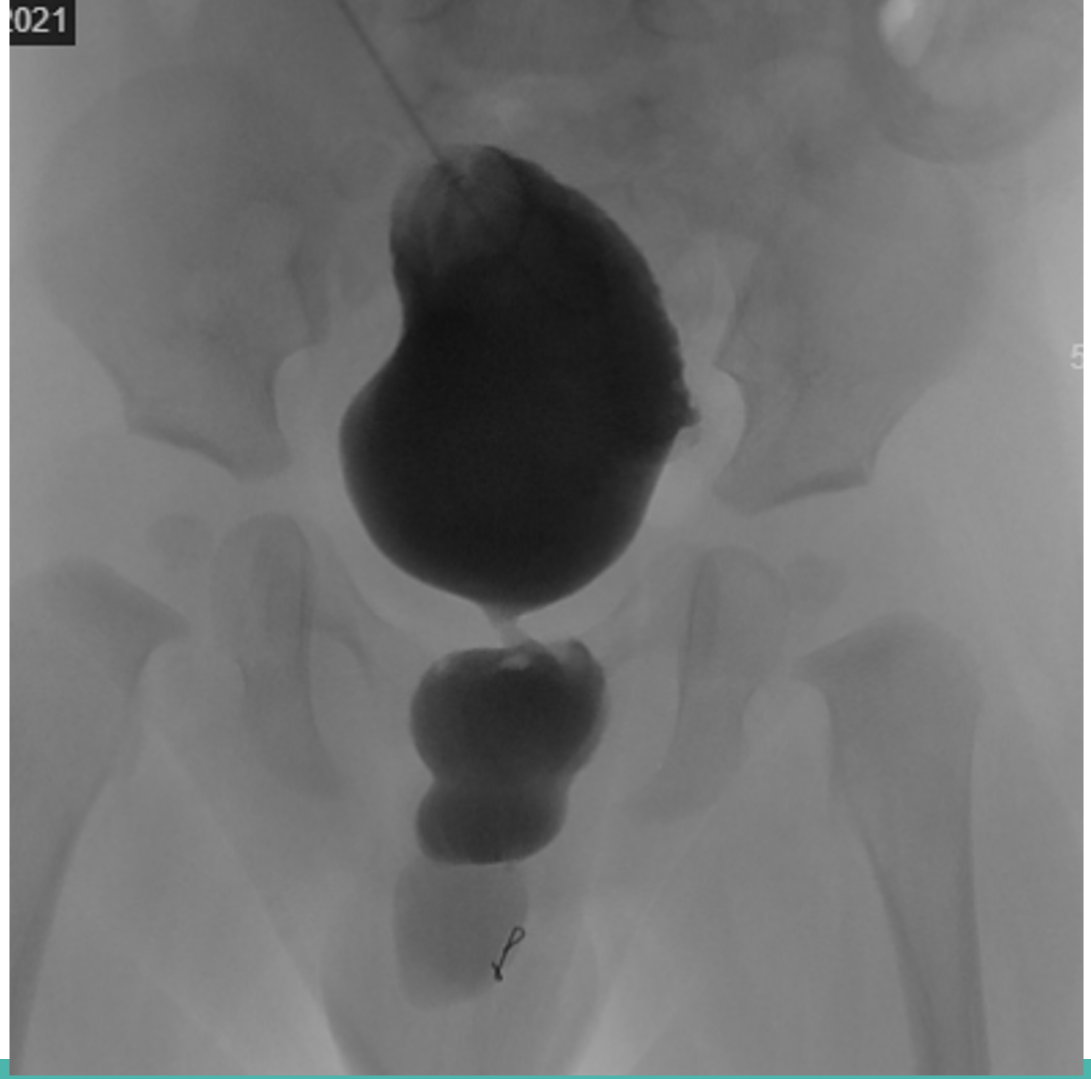
Echocardiogram: normal

Lumbar US: normal conus medullaris level, no tethered cord

Sacral ratio: 0.88

Abdominal US: normal kidneys. The perineal study showed a hypoechogenic filiform area projecting towards the base of the penis. **Dx: Possible remnant of the digestive tract.**


BIL VES PANC
Rectum
Remnant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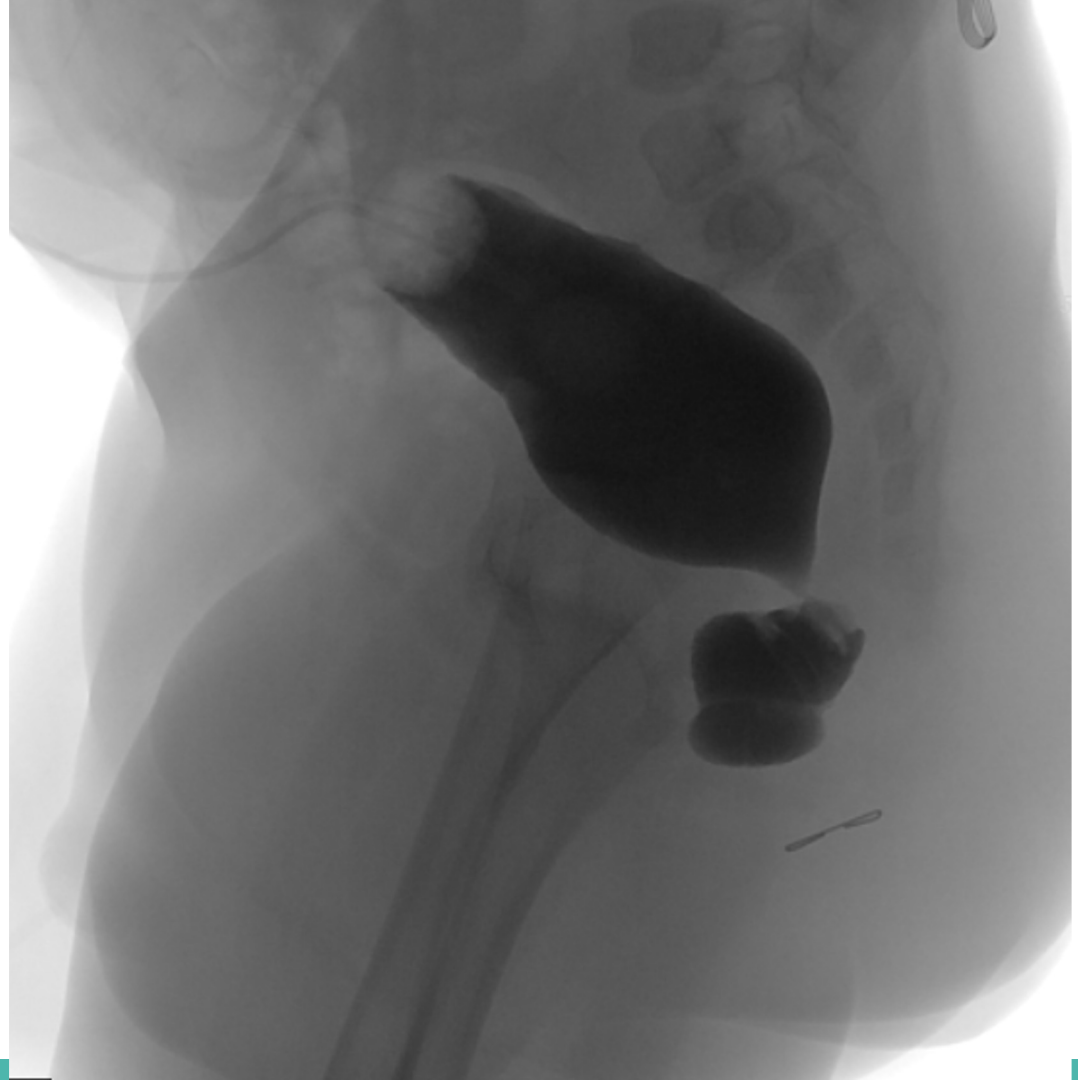
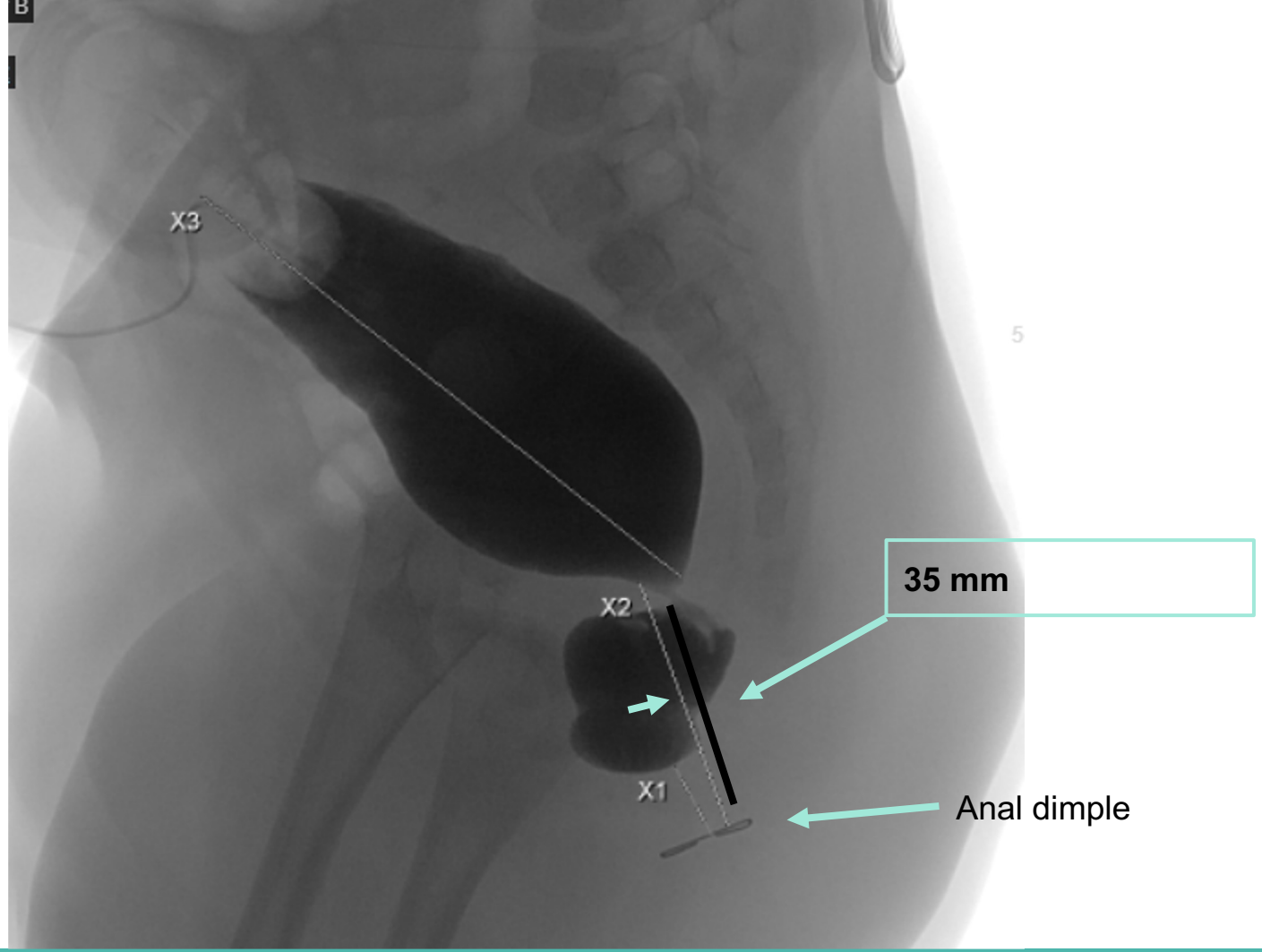
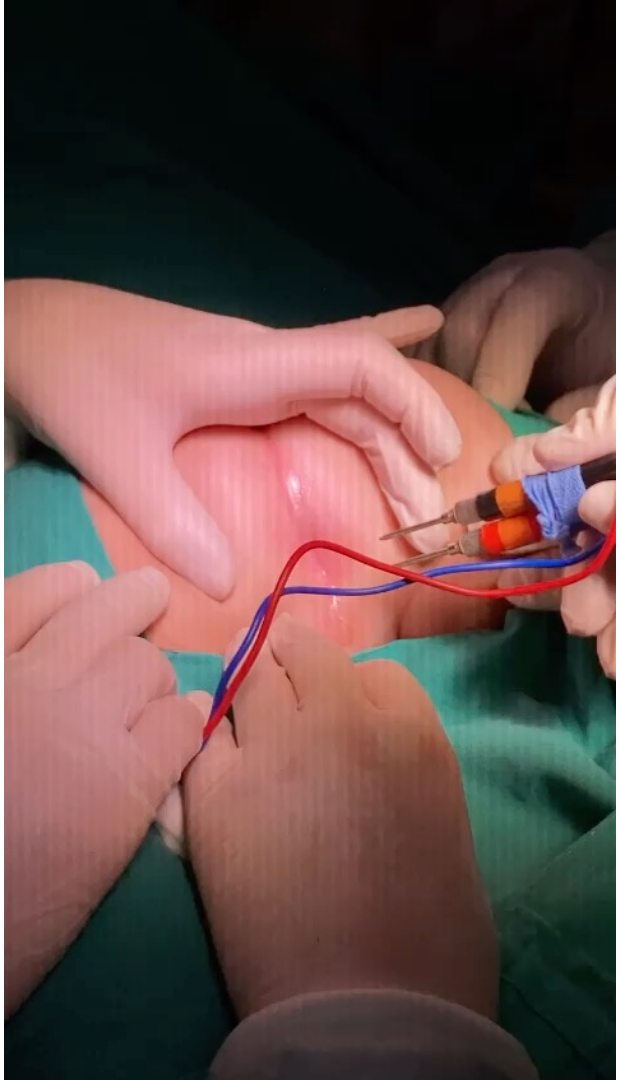



X3
X2
X1
35 mm
Anal dimple

Conclusion

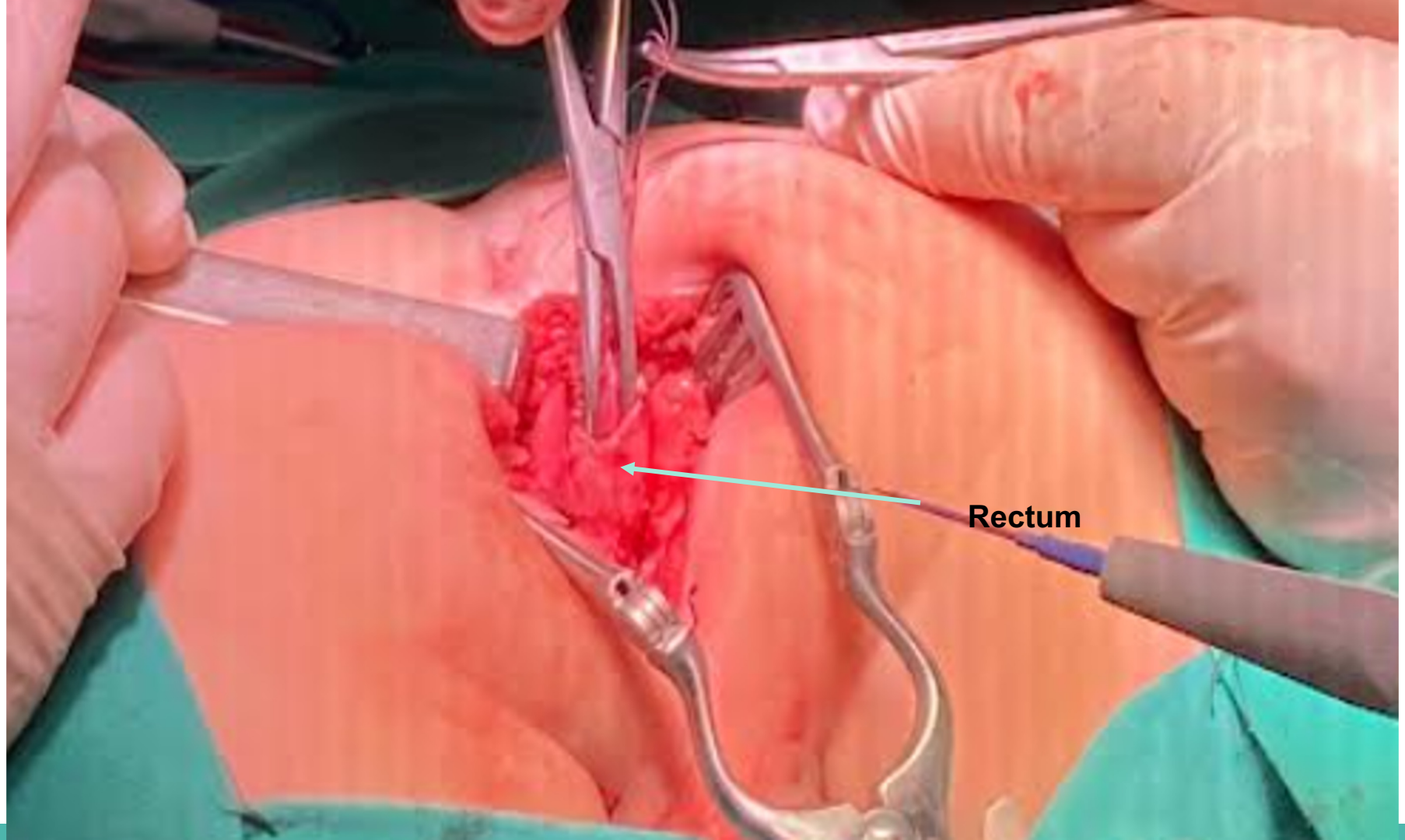
A probable fistulized collection of rectal pouch or intestinal embryonic remnant.

PSARP November 2022 at 6 months



PSARP findings

Rectal pouch at 3 cm from the anal margin.
No evidence of urinary fistula
No narrow area found in the distal bowel
No collection in the area described in the distal colostogram
An 18 Fr Nelaton probe was passed proximally (10 cm)
No areas of stricture were identified
Uneventful anorectoplasty


Rectum

Outcome

Discharged on post-op day 5

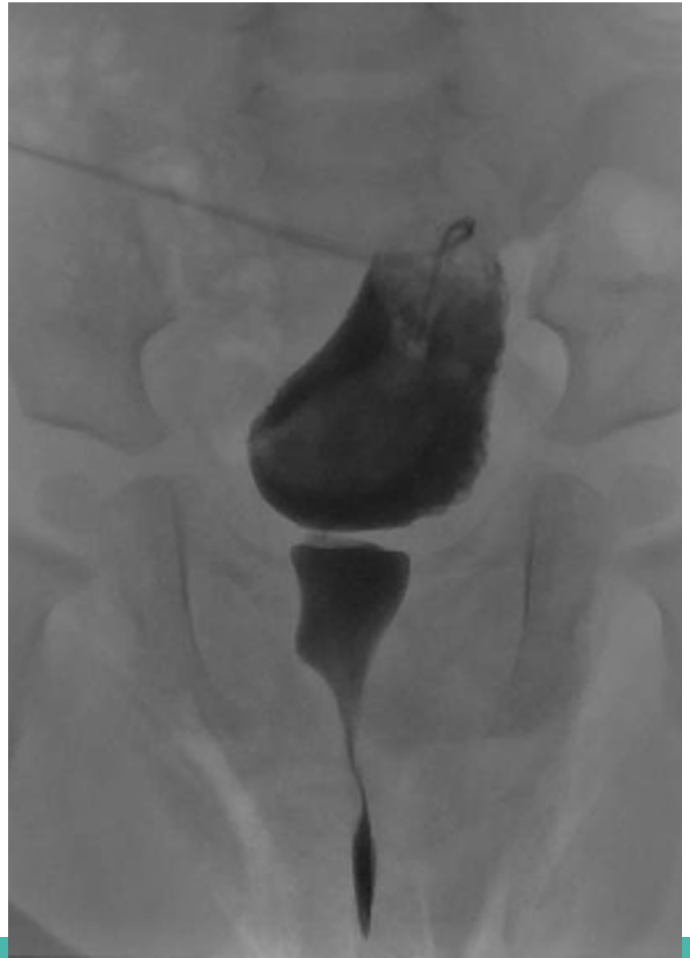
At 4 weeks post-op, anal dilations were started

A stricture at 4 cm was detected on digital rectal examination.

We were able to pass an 18 Fr. Nelaton catheter. Saline was instilled and it came out through the mucous fistula.

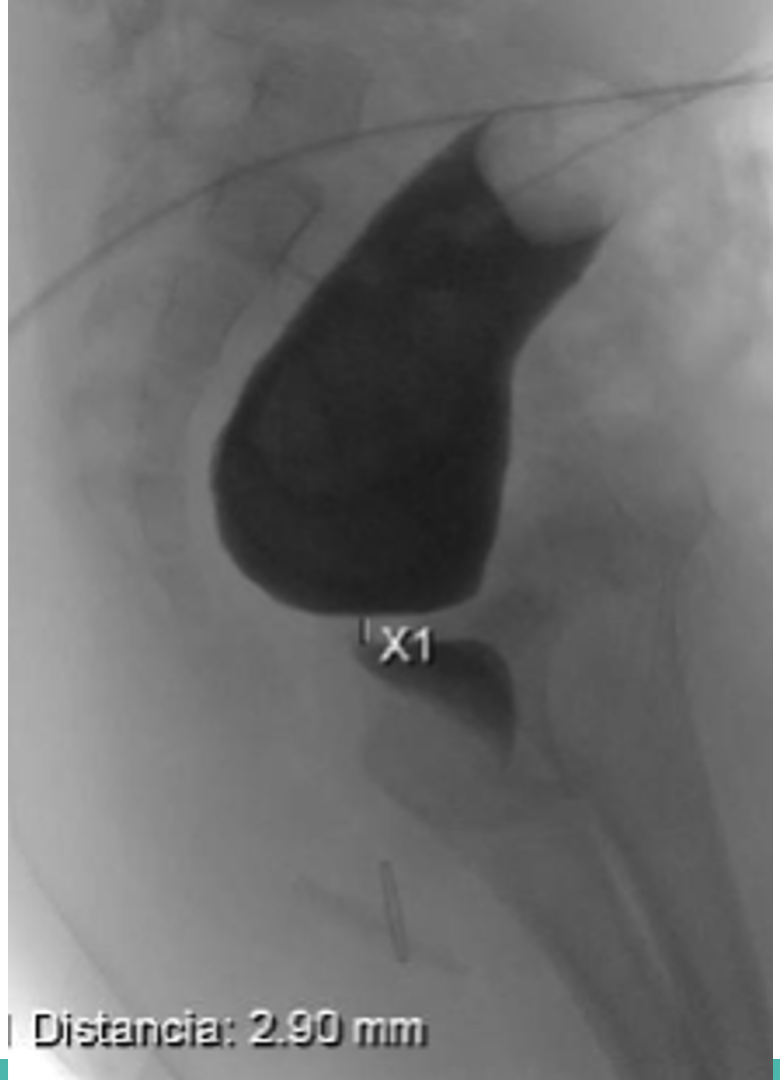
The patient admits easly a #16 Hegar

Distal colostogram after PSARP



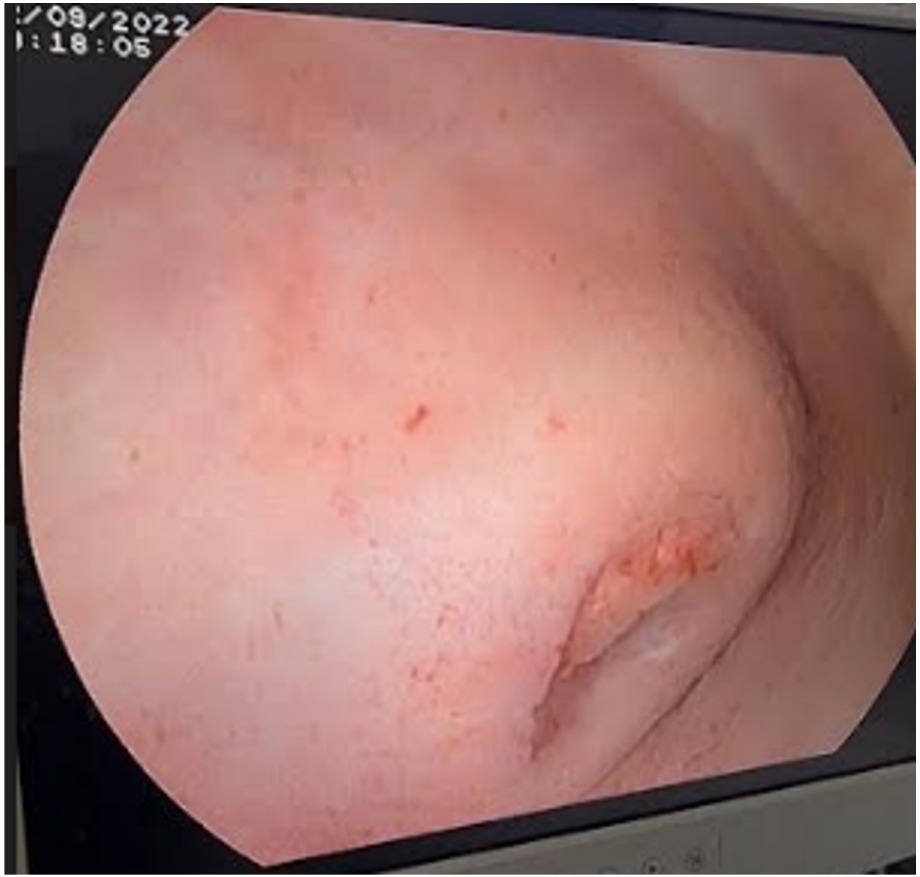
The proximal rectum is dilated and has a communication of 3 mm towards the distal rectum.

Distance from the dilated rectum to the anorectoplasty is 36 mm.



Colonoscopy

At 3 cm from the anus, we identified concentric stenosis.

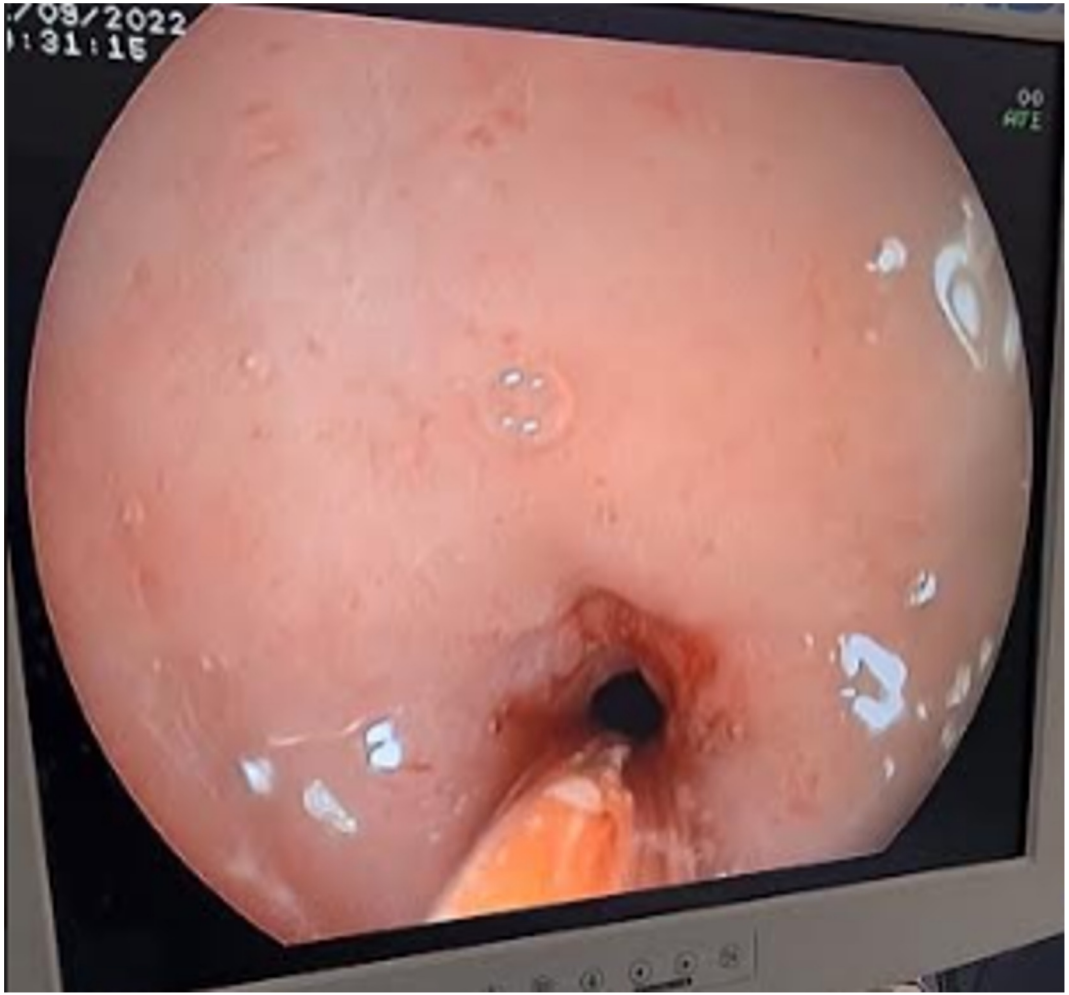


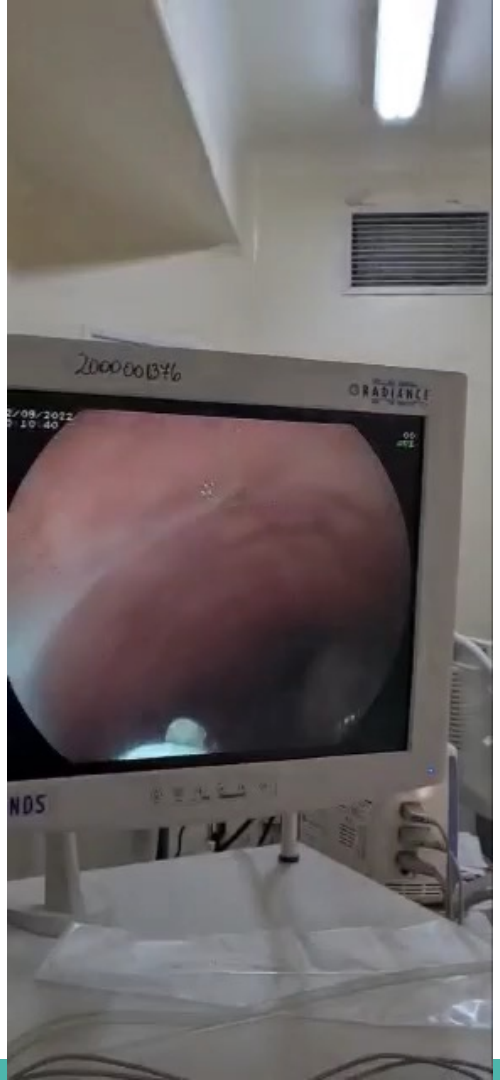
Colonoscopy

An unsuccesfull dilation with balloon was atempeted.

Therefore, we performed 2 radiated incisions with a dual Knife on the fibrotic wall.

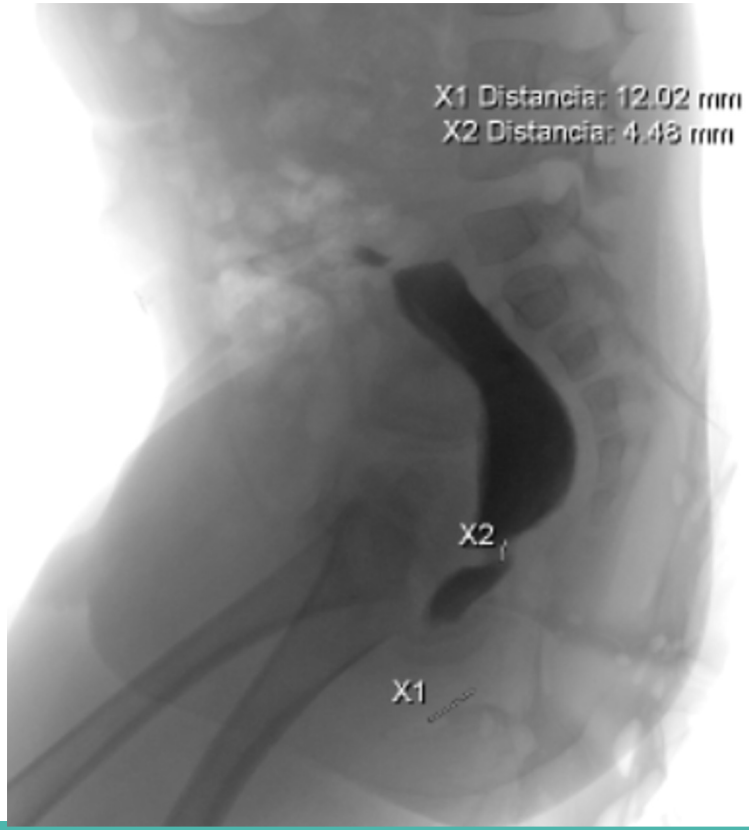
The incision was 4 mm without observing perirectal fat. A wide lumen was corroborated.

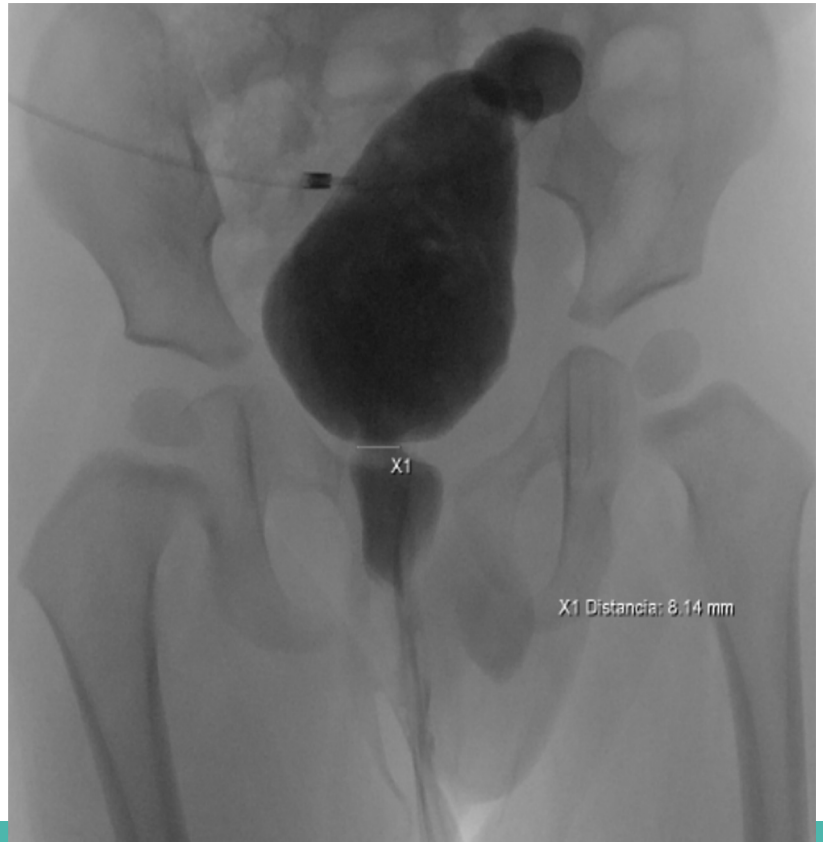




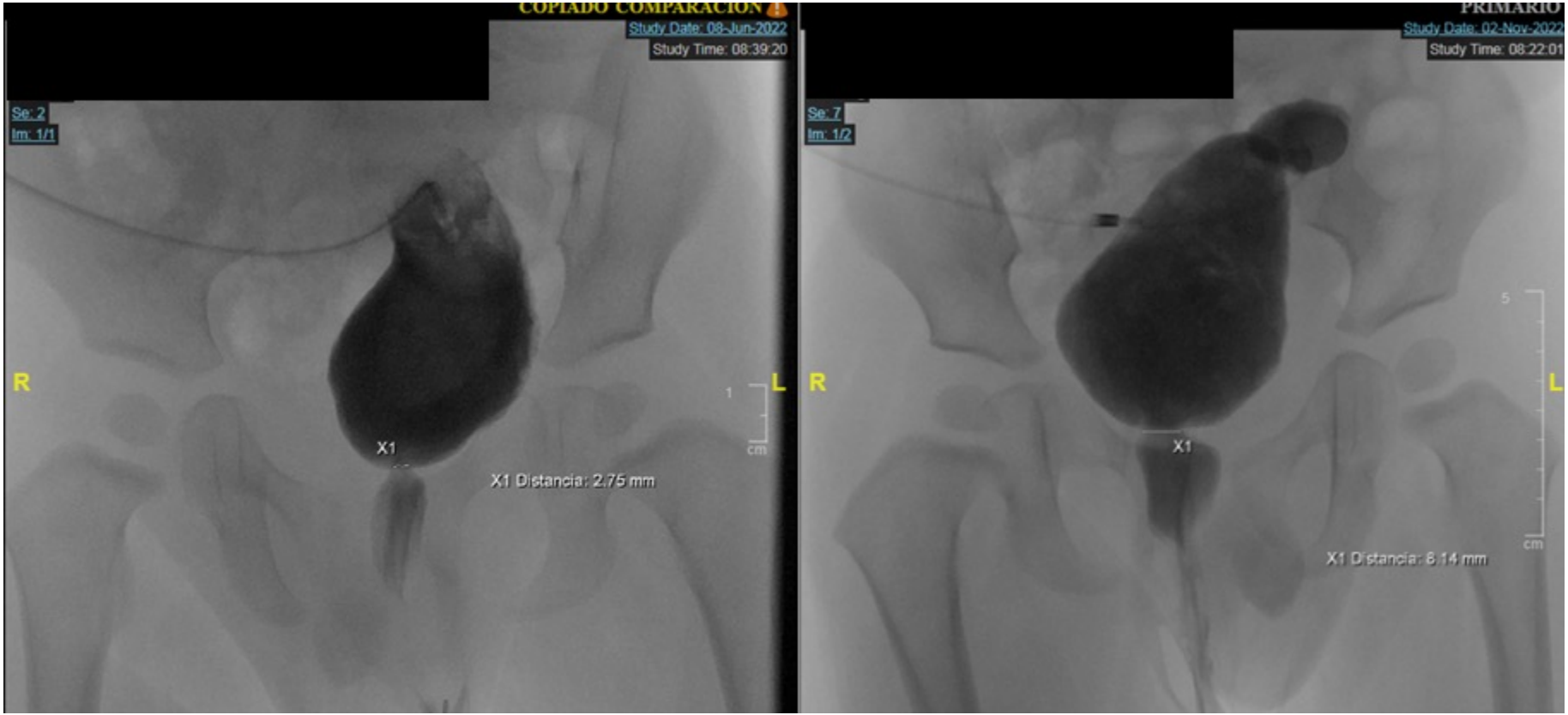
Electrocoagulación radiada de bordes.

Distal colostrogram after colonoscopy





Distal Colostogram before and after endoscopic incisions



What would you do next?

1. Perform another colonoscopy to perform a more extensive resection of the membrane.
2. Performed a transanal resection
3. Perform a posterior sagittal approach dissecting the rectum and do a Heineken-Mikulicz enetroplasty
4. Perform a new PSARP

Thank you

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