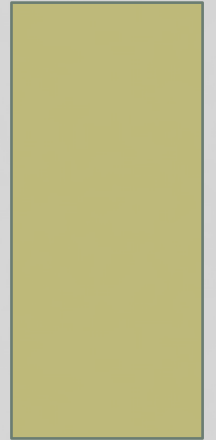


# REDUNDANT SIGMOID COLON AS A CAUSE OF CHRONIC CONSTIPATION



# PATIENT ID

- Male
- 5 years old
- Meconium passage within first 24 hours
  
- Past Medical History
  - Psychomotor impairment
  
- Constipation
  - Began 22 days of life
  - Required manual stimulation
  - Bowel Movement every 8-10 days

# FIRST PEDIATRIC CONSULT

- Age 8 months
- One bowel movement every 15-21 days
- Milk of magnesia was prescribed
- Lactulose anara and dulcolax were later added
- \*\* Senna is not available in Costa Rica\*\*

# COLON CONTRAST STUDY

## MARCH 2016



Radiology Diagnosis:  
Redundant Descending  
Colon, less than 50%  
evacuation, 200cc were  
needed to get to the  
splenic flexure

# HIRSCHSPRUNG?

- Rectal Biopsy 05-26-16
  - Full thickness
  - Positive for ganglion cells
  - No nerve cell hypertrophy

# CLINICAL PROGRESS

- Patient was having multiple hospital admits due to fecal impaction
- Dulcolax had him having one bowel movement every 6 days
- Enemas was indicated but not always correctly done by the parents

# SURGERY

- August 2016
  - Laparoscopic Assisted Sigmoidectomy
  - 38cm of descending and sigmoid colon were resected in total
  
- Post Op # 8
  - Bowel Obstruction
  - No bowel was resected

# POST SURGERY CLINICAL EVOLUTION

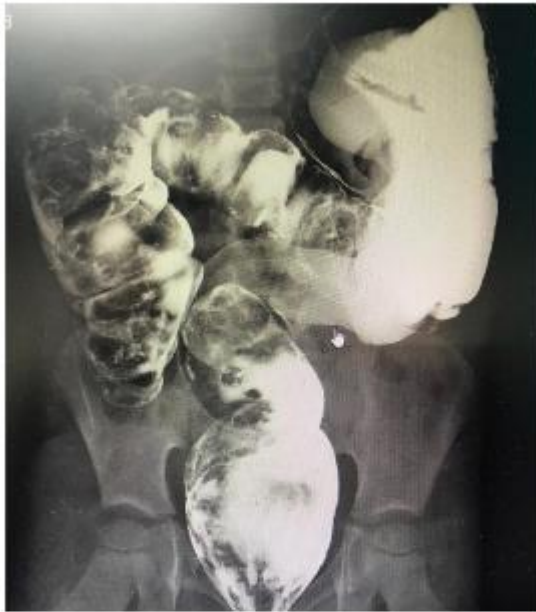
- Did well for the first 3 months after surgery
- Bowel Movements every 2-3 days
- Bristol 2
- Laxative: Mineral Oil and High Fiber
  
- 4 months after surgery bowel movements every 5 days
  
- High doses of Milk of Magnesium and Mineral Oil
- No Stimulant laxatives are available



# JANUARY 2019

- Is requiring enemas daily
- Mother has a hard time giving the enema, many times they are not successful
- Bowel Movements every 20 days

# CONTRAST ENEMA STUDY DECEMBER 2018



# SURGICAL REFERRAL

- Options for surgery:
- Left residual colectomy + Rectal Tapering and Malone?