Case #1

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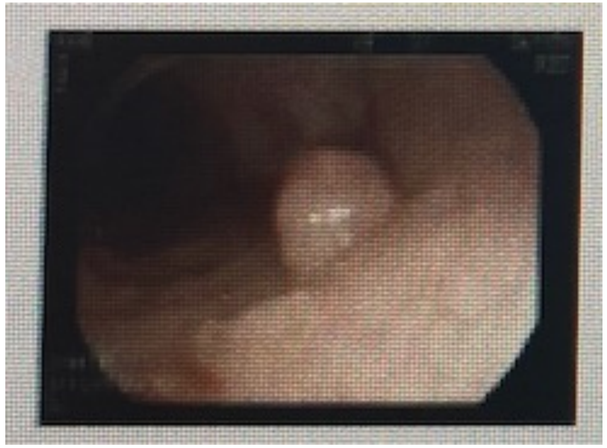
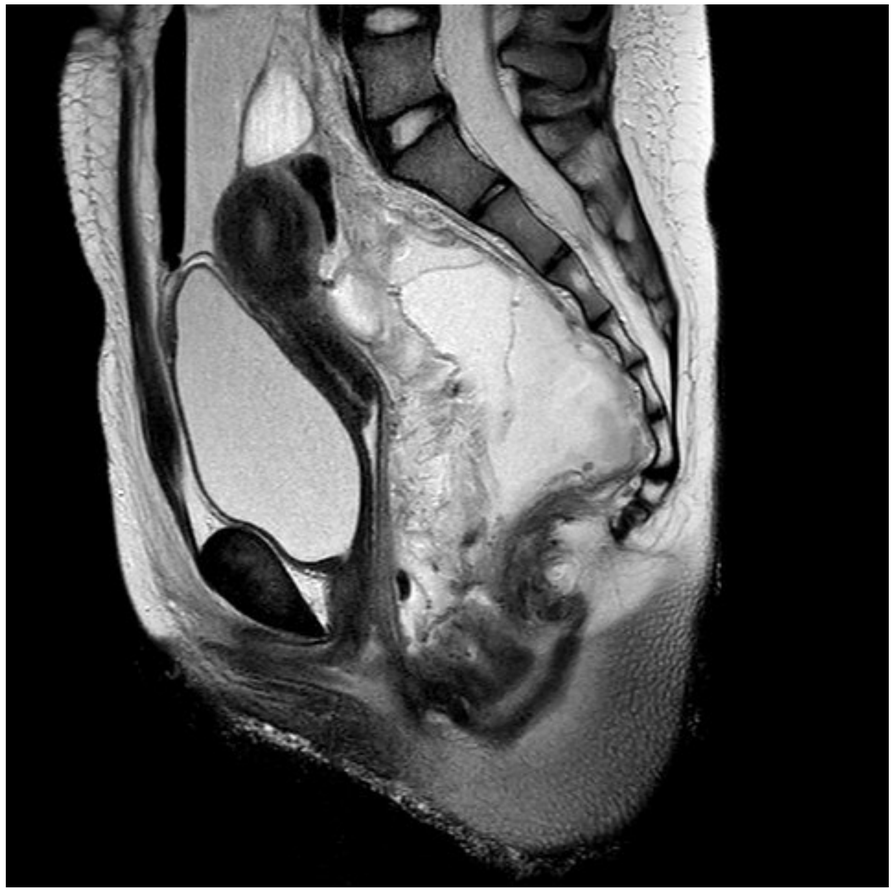
Patient Case



- 13-year-old female.
- History of Familial Adenomatous Polyposis (FAP). Genetic Confirmation.
- Mother died at 35-year-old from Colorectal Cancer.
- EGD and Colonoscopy yearly since she was 10-year-old. In 2021 high grade dysplasia at the ascending colon. Prophylactic Colectomy indicated.
- 08/2021 Total Proctocolectomy with J pouch Ileo - rectal anastomosis at 2cm of the dentate line.

Patient Case

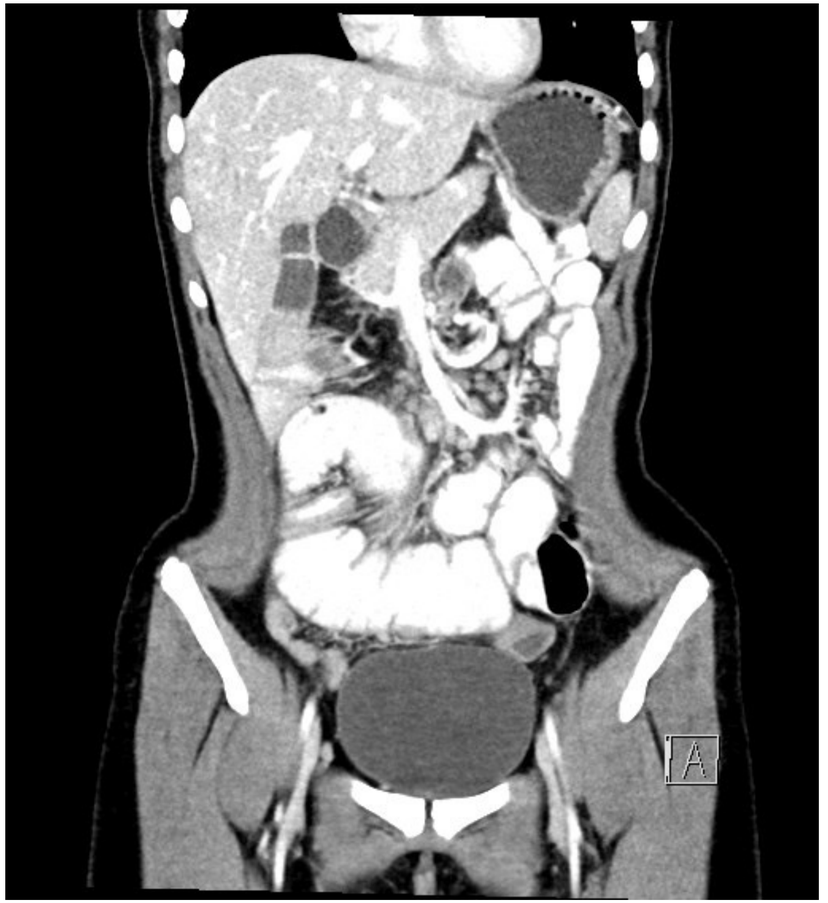
- Pathology report : Multiple tubular adenomas, with only one with focal hight grade dysplasia at the level of the rectum
- At day 6, clinical deterioration with systemic inflammatory response. Total anastomotic dehiscence identified (Fig 1) with second attempt of a new ileorectal anastomosis with limitation due to mesenteric vessels.
- 09.2021. Again Failure of the anastomosis, so ileostomy performed with a segment of 40 cm of ileum proximally open and distally closed at the level of the pelvis.



- Fig 1, Pelvic colection, total ileorectal anastomosis dehiscence

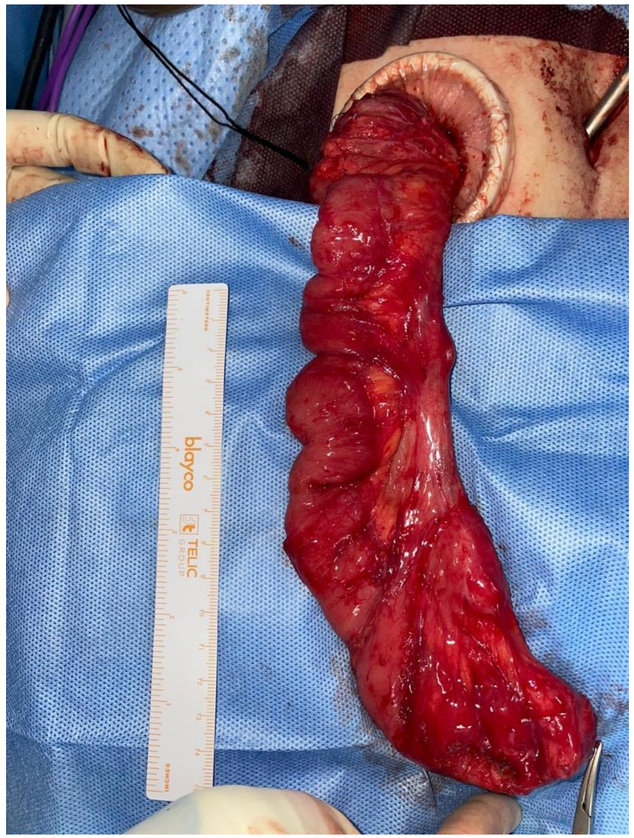
Patient Case

- 09/2022. Partial bowel obstruction at the level of the ileostomy , related with pain and vomit. Fig 2
- Ileal anastomosis performed with new ileostomy at the level of the terminal ileum. Segment that reach below the level of the genitalia Fig 3
- Anal inspection with dentate lane and 1,5 to 2 cm of rectum preserved. Fig 4

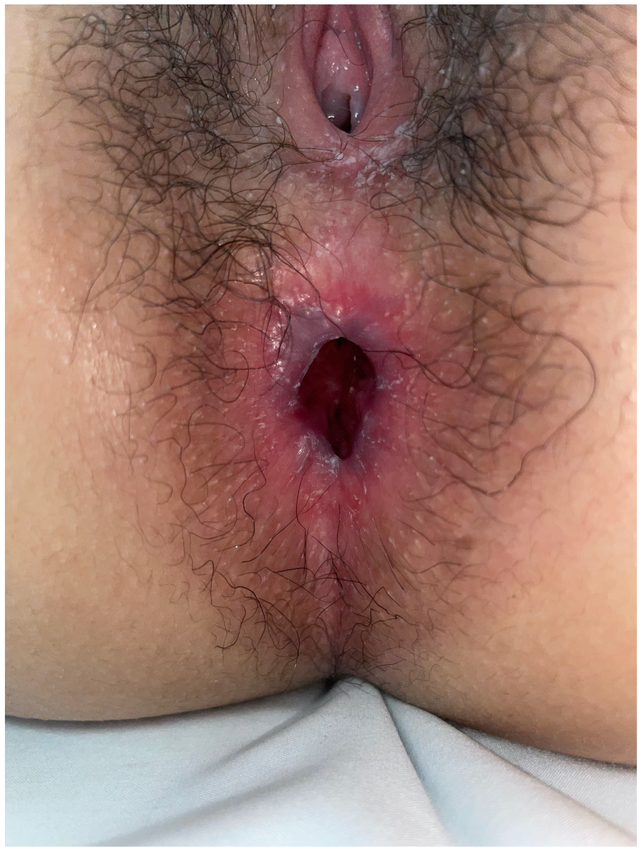


- Fig 2, Dilated distal portion of the ileum due to partial bowel obstruction at the level of ileostomy

Patient Case



- Fig 3. Terminal ileum , that reach below the level of the external genitalia



- Fig 4, External aspect of the anus. Dentate lane preserved with 1,5 to 2 cm of rectum

Summary

- 13 year old female, with FAP. With terminal ileostomy, that might be definitive. The patient manage the ileostomy by her self, nutritional status adequate with school attendance and doing well.
- Challenges
  - Psychological outcomes
  - Patient desire for closure
  - Mesenteric vessels

Major takeaways from the surgical experience

- Proctectomy was performed initiating at 2 cm of the dentate line using the Swenson approach and the whole colon and rectum was extracted through the abdomen.
- The decision to take out the rectum was made taking in to account the age of the patient and the early onset of high grade dysplasia.
- The decision to stop pursuing the ileorectal anastomosis, leaving a segment of ileum distal to de ileostomy.
- Psychological adaptation to the ileostomy, but difficulties to adapt to the posibility that might be definitive

Questions

- Will you try to pursue a new ileorectal anastomosis ?
- Will you leave de extraperitoneal portion of the rectum in the aim of a mayor probability of anastomosis success despite the risk of rectal cancer in the future ?
- Definitive ileostomy can be an option ?

Thanks !!!!!