

History before referral to the Colorectal Center

1 day of life

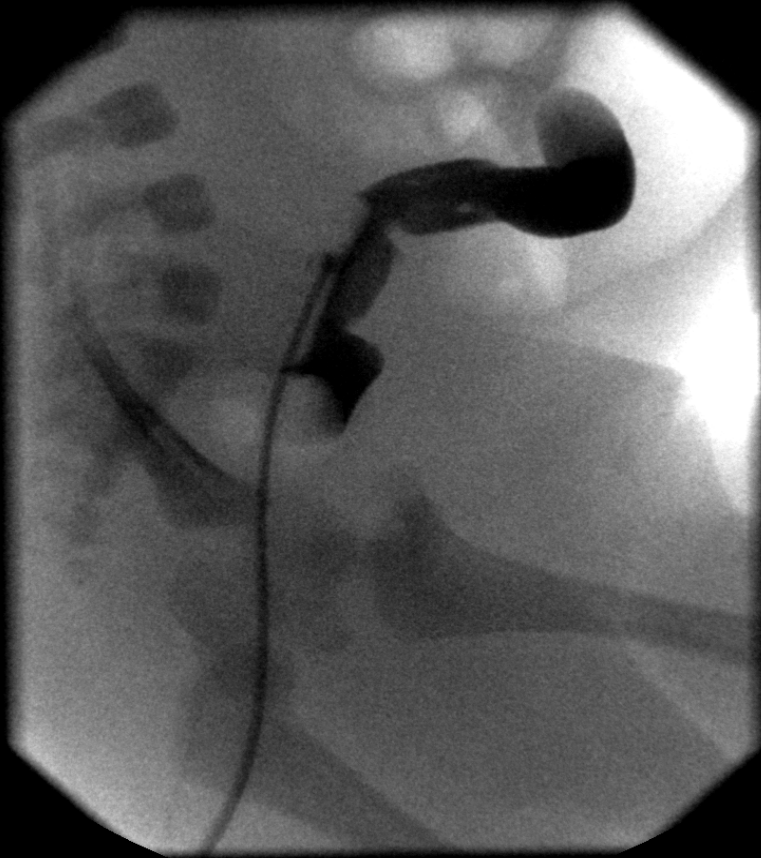
Respiratory distress

Abdominal distention

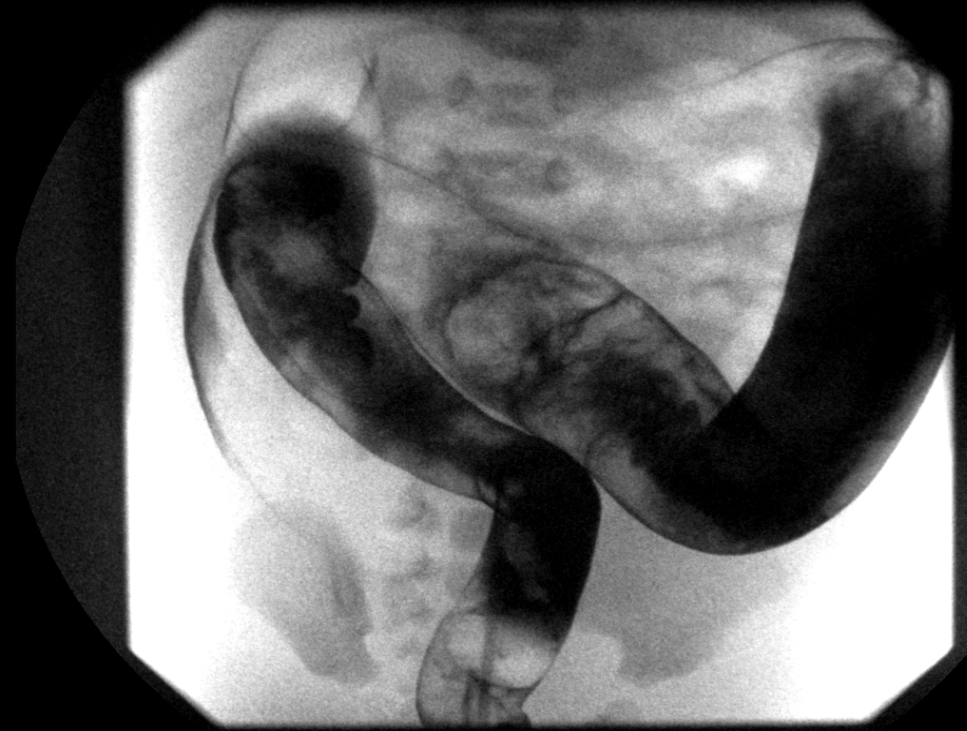
No passage of meconium

Down Syndrome

Contrast enema



H: 0 %
F: 6 %



H: 0 %
F: 6 %

DOL #2

Rectal biopsy - Hirschsprung

DOL# 4

Flagyl and irrigations

DOL# 6

Lap-assisted Soave endorectal pull through

Postoperative outcome

Patient had 6 BM per day
Persistent diaper rash

30 months of attempted treatments for diaper rash without success:

Cephalexin

Nystatin

Hydrocortisone

Mupirocin

Cholestyramine

Ilex (Calcium/Sodium PVM/MA Copolymers, Corn Starch, White Petrolatum, Phenoxyethanol and Isopropyl Isobutyl Butylparabens,
Sodium Carboxymethylcellulose
And Zinc Oxide)

Aveeno

No sting barrier wipes'

Stoma powder

Triple paste "Extra protective cream

Dermatology and Pediatrician referred to the Colorectal Center

Diaper Rash



Colorectal enemas were initiated
150 ml of normal saline + 20 ml of glycerin

Patient was kept clean for several days

Anorectal exam under anesthesia was scheduled

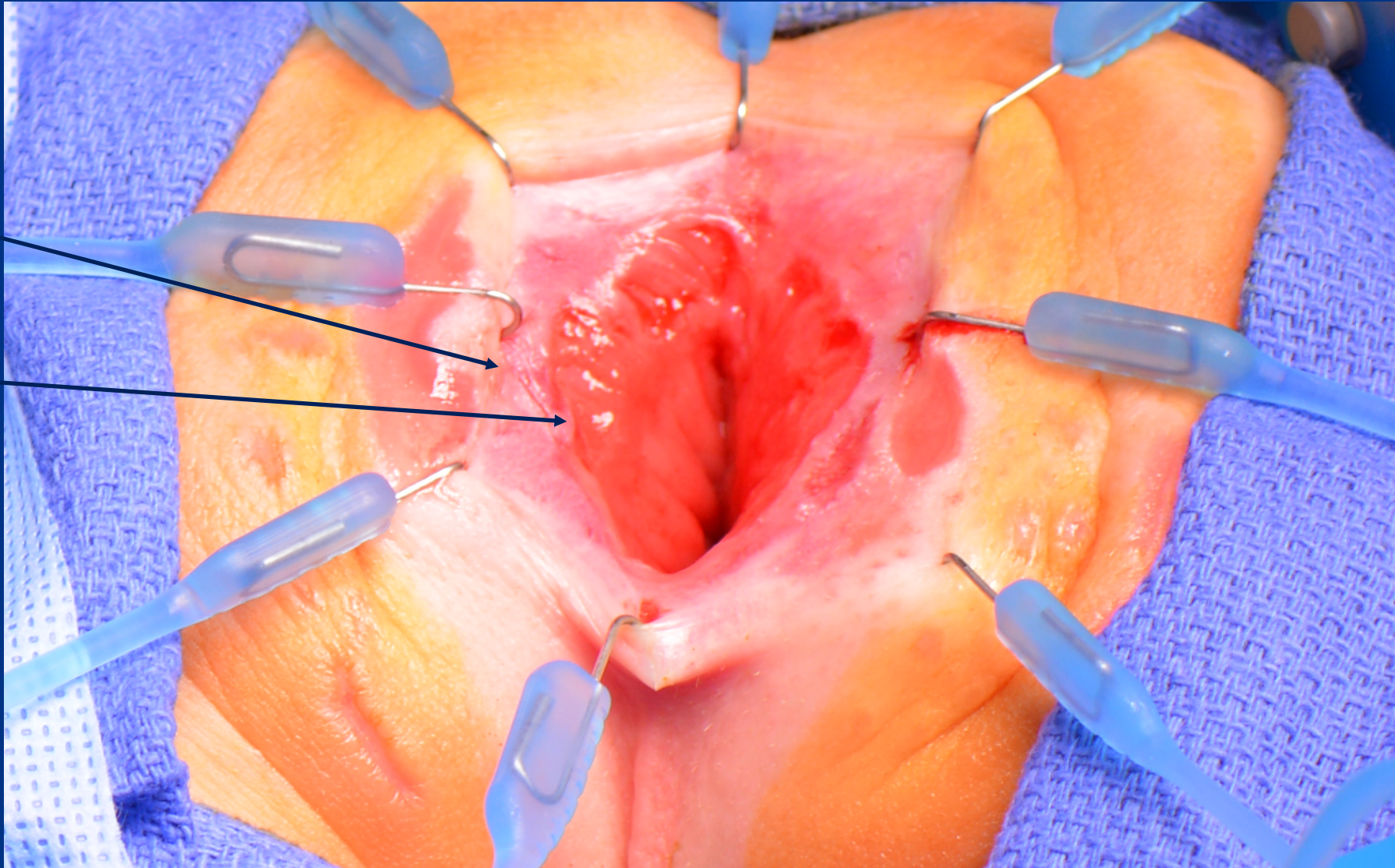
ANORECTAL EXAM UNDER ANESTHESIA

80% colo-skin anastomosis

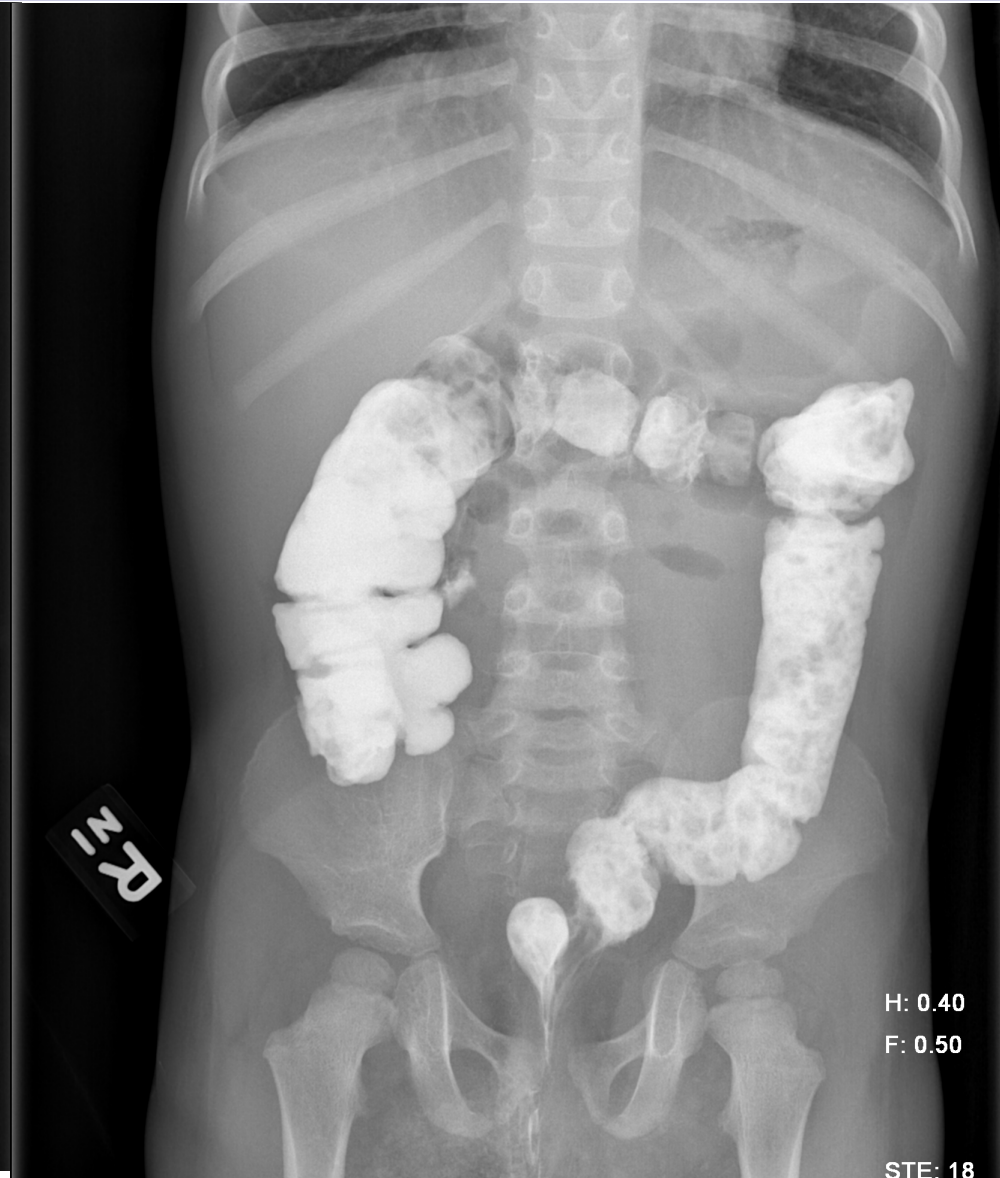
20% residual and incomplete anal canal

Skin

Colon



CONTRAST ENEMA





After 5 months with enemas and loperamide 2 mg every 12 hours

