

INTERNATIONAL COLORECTAL WEB MEETING MARCH 2025



CLINICAL CASE PRESENTATION

- ELIANE A. HEFTYE SÁNCHEZ MD
COLORECTAL SURGERY
- KARLA SANTOS JASSO MD PHD
CHIEF OF DEPARTMENT

COLORECTAL SURGERY CLINIC

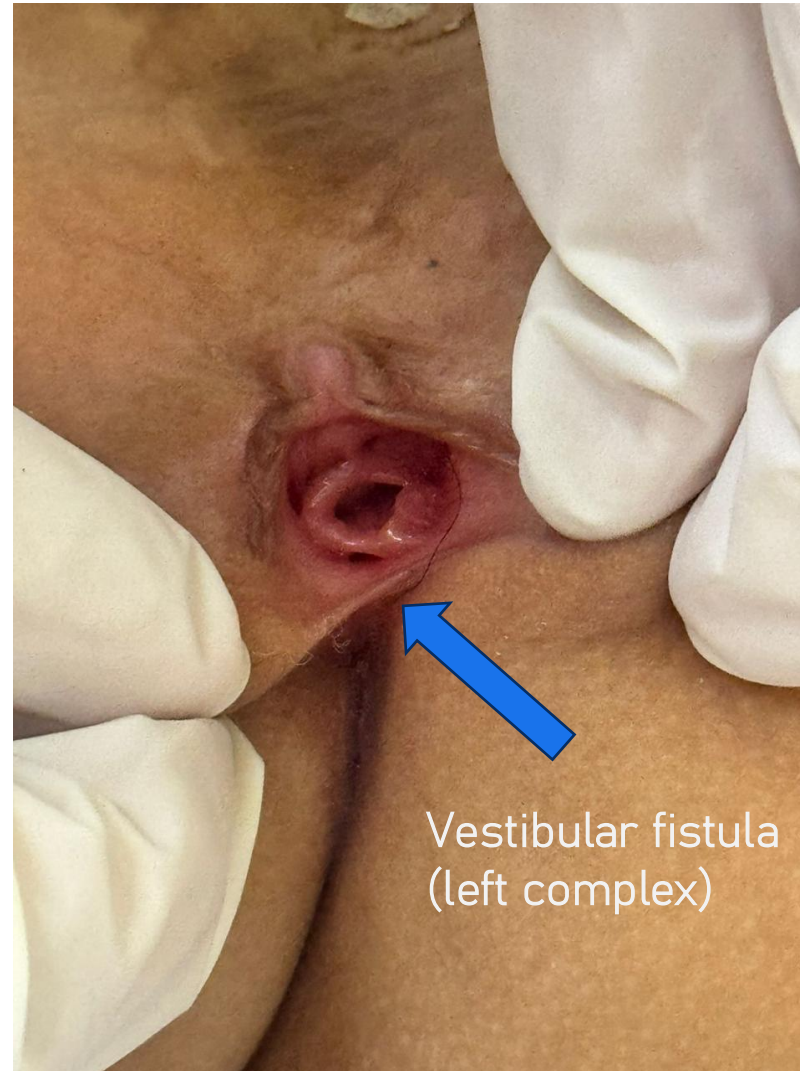
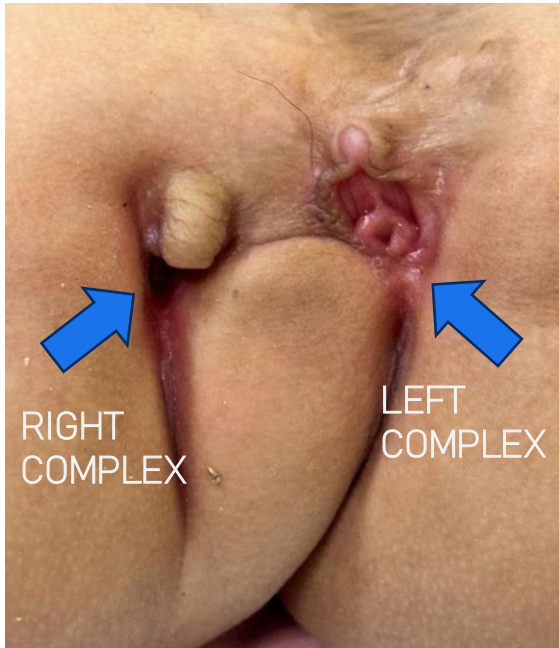


- 4 years old girl
- Referred to the clinic for surgical evaluation



¿What diagnosis do you think the patient has?





MEDICAL RECORDS

- 4 YEARS OLD GIRL
- DIAGNOSIS:
 - **Complex Anorrectal Malformation** (recto-vestibular fistula of left complex)
 - **Caudal duplication syndrome** (complete double urinary tract due to lack of cervical fusion with Müllerian duplication).
 - Diastasis of the pubic symphysis
 - Sacral hypoplasia
 - Grade III right vesicoureteral reflux

SURGICAL HISTORY

- Colostomy (Oaxaca/newborn)
- Urethrocytoscopy + vaginoscopy (8 mo)
 - Report:
 - **Right duplication:** vaginal introitus and urinary meatus present, urethra 1cm length, vagina 3.5cm, 1 cervix, right ureteral meatus visible and left is not.
 - **Left duplication:** Vaginal introitus and urinary meatus presente. Rescto-vestibular fistula present. Urethra 1cm length and vagina 3.5cm length, 1 normal cervix. Left uretral meatus is visible, right is not.

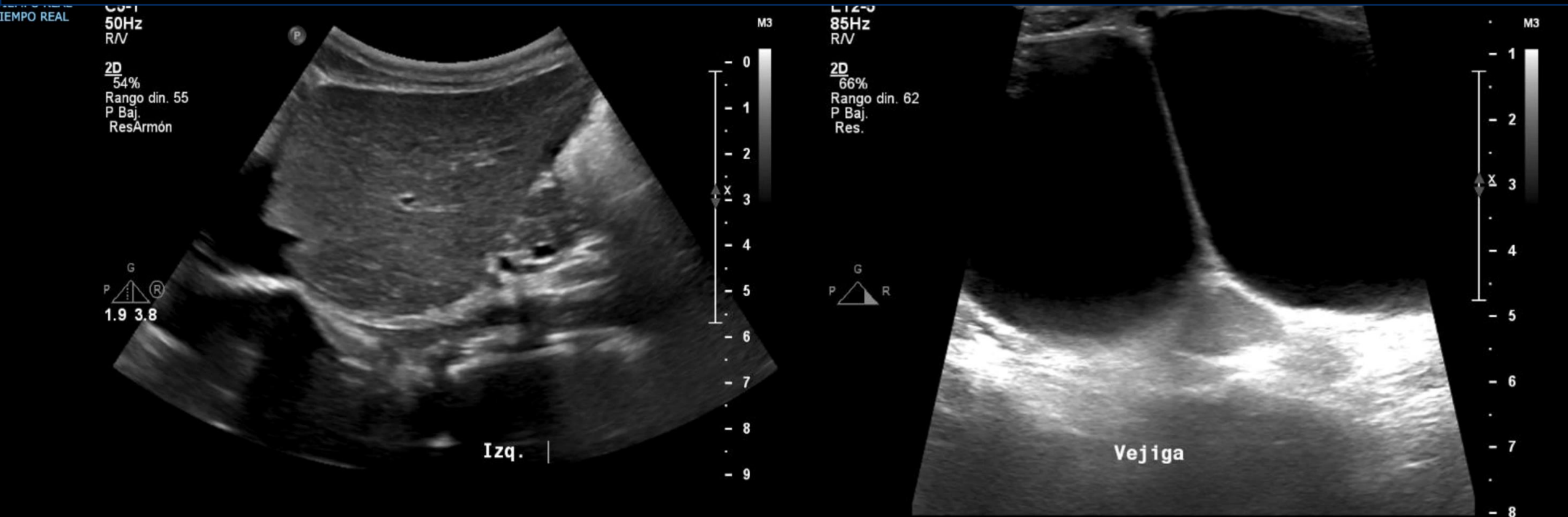


Procedures were performed at another hospital before we evaluated the patient.

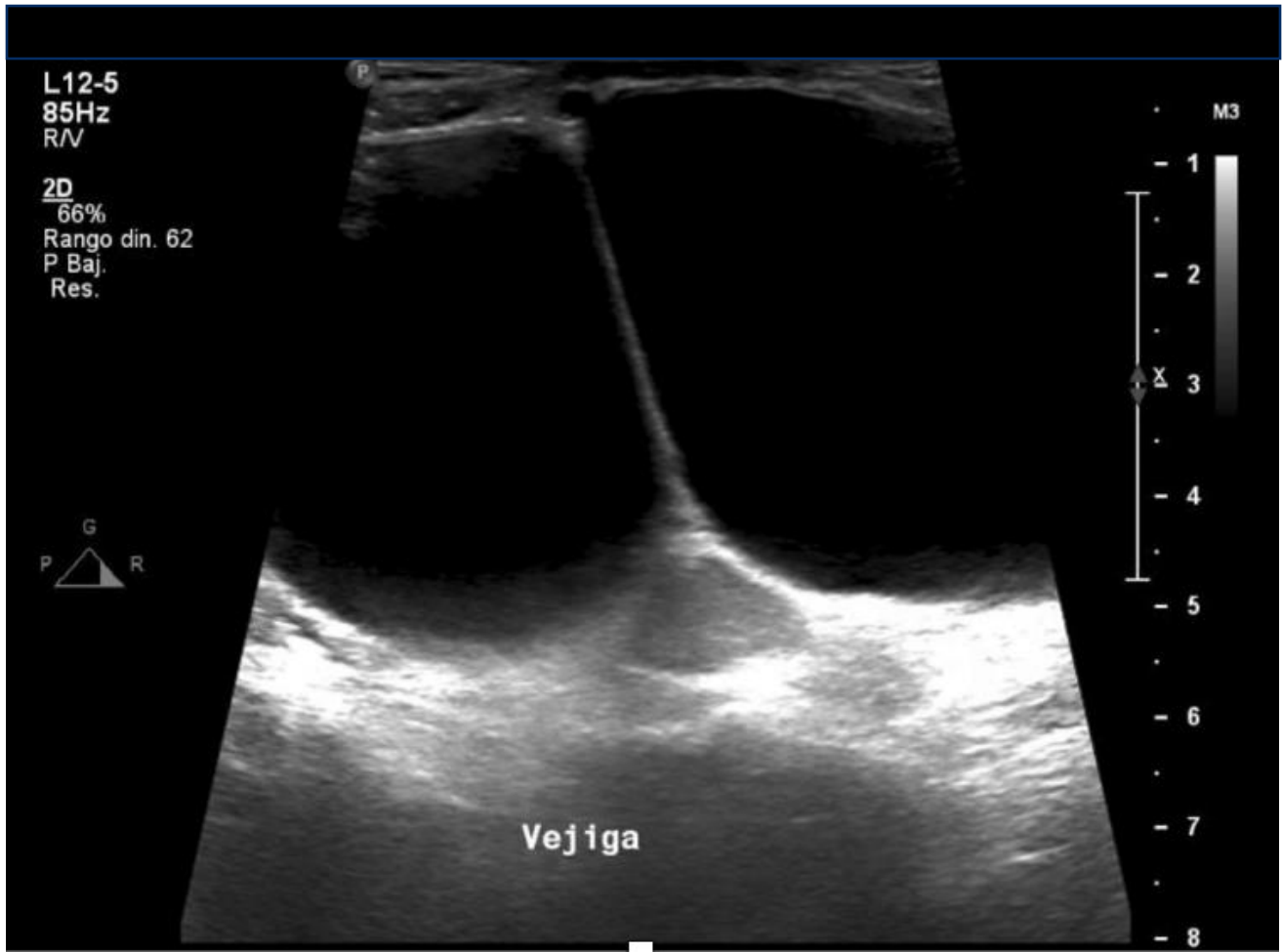
DIAGNOSIS APPROACH

- Evaluations by
 - **Cardiology** : OK
 - **Orthopedics**: Patient is a candidate for surgical treatment, consisting of pubic symphysis closure.
 - **Urology**: Renal and bladder US, CUG and renal scan with MAG-3

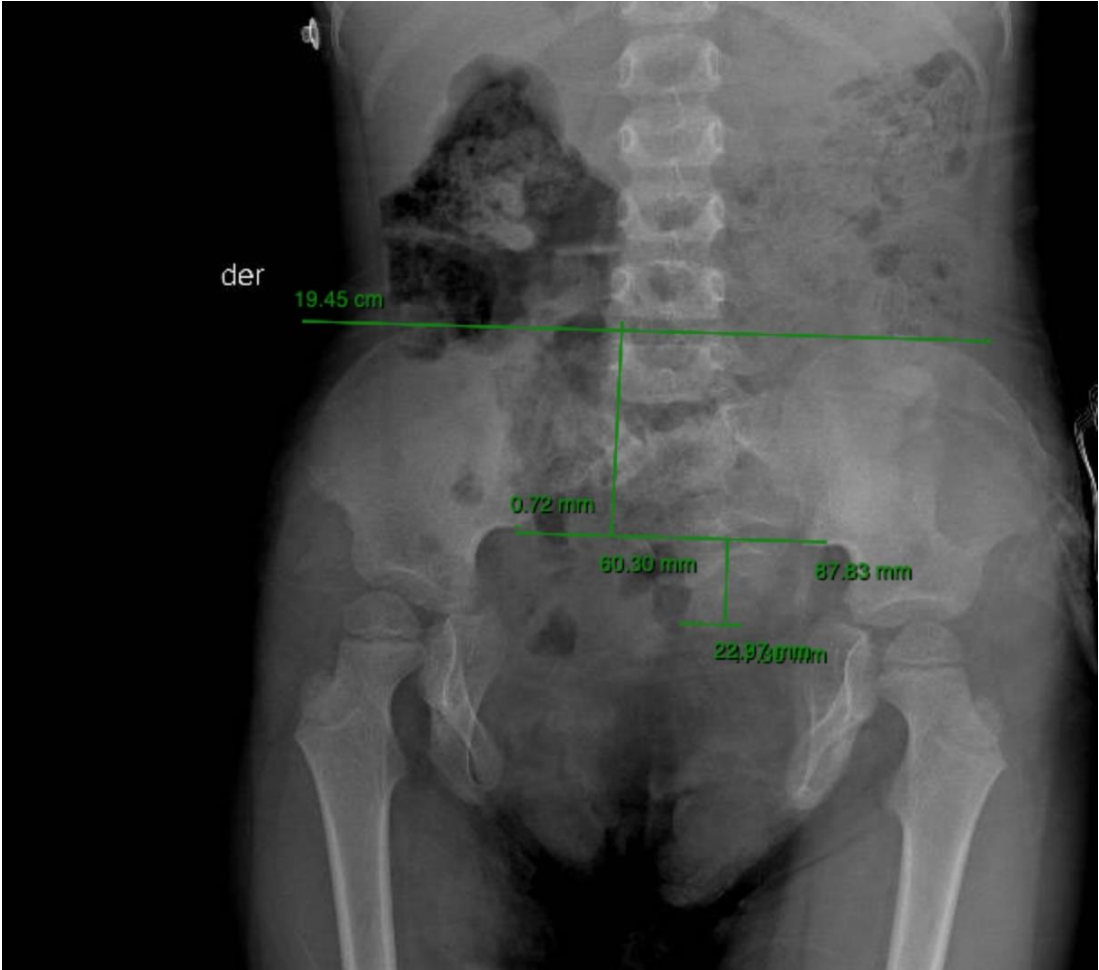
RENAL, BLADDER, PELVIC AND ABDOMINAL WALL ULTRASOUND



- BLADDER DUPLICATION WITH URINARY JETS
- UTERUS AND ADNEXA OK
- 1 CERVICAL CANAL 33MM
- RECTUS DIASTASIS



SCI: 0.39

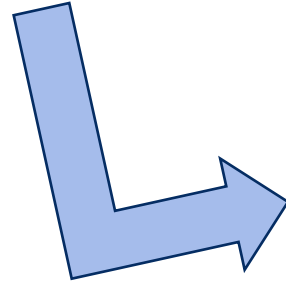


With the physical examination and the studies we have so far, what would be your surgical plan?



SURGICAL PLAN (staged approach)

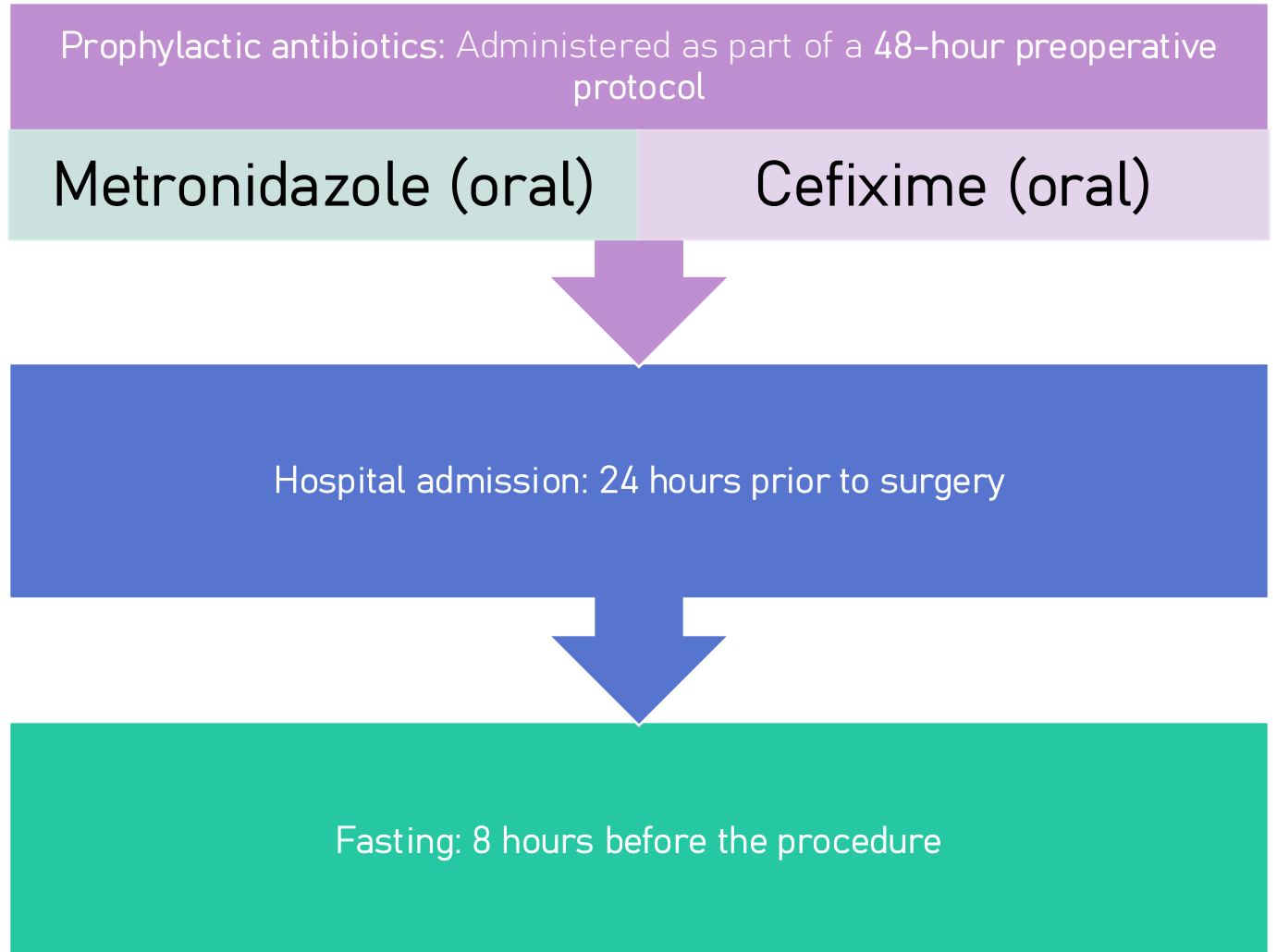
- COLORECTAL SURGERY +
UROLOGY



CYSTOSCOPY + POSTERIOR SAGITTAL ANORECTOPLASTY

- Decision on the functional complex (right vs. left) based on cystoscopic findings.
- **Rectovestibular fistula repair:** Correct the abnormal communication between the rectum and the perineum.

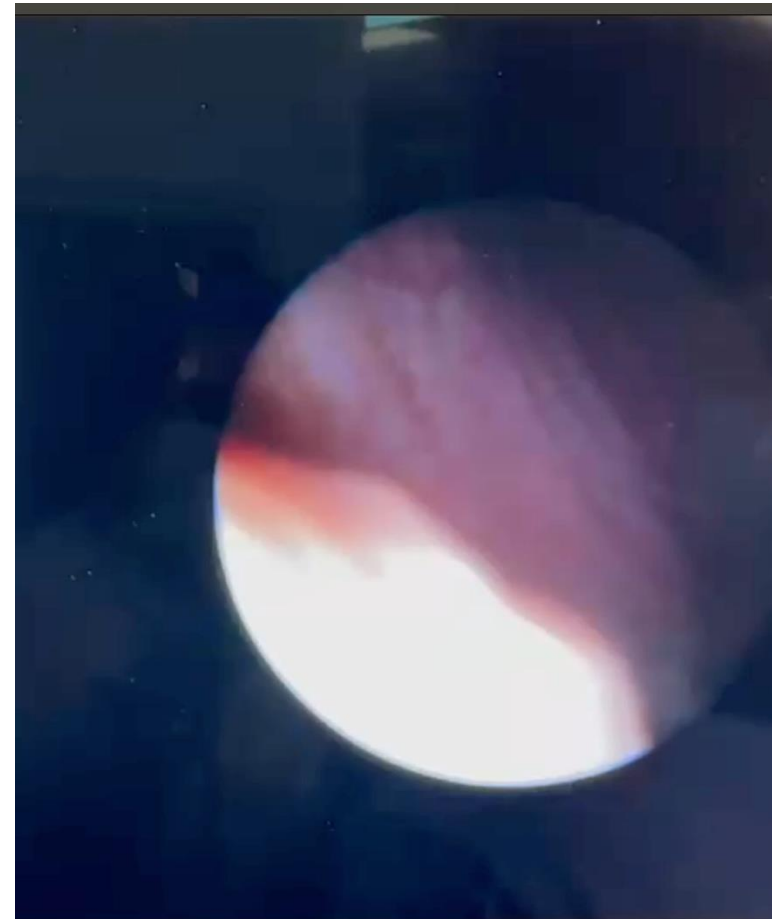
PREOPERATIVE PREPARATION





RIGHT COMPLEX:

- ❖ Short urethra
- ❖ Trabeculated bladder
- ❖ Right ureteral meatus
- ❖ 1 vagina of 3cm length
- ❖ 1 cervix



LEFT COMPLEX:

- ❖ Longer urethra
- ❖ Well-sized bladder with an adequate bladder neck
- ❖ Left lateral ureteral meatus
- ❖ 1 vagina of 4cm length
- ❖ 1 cervix

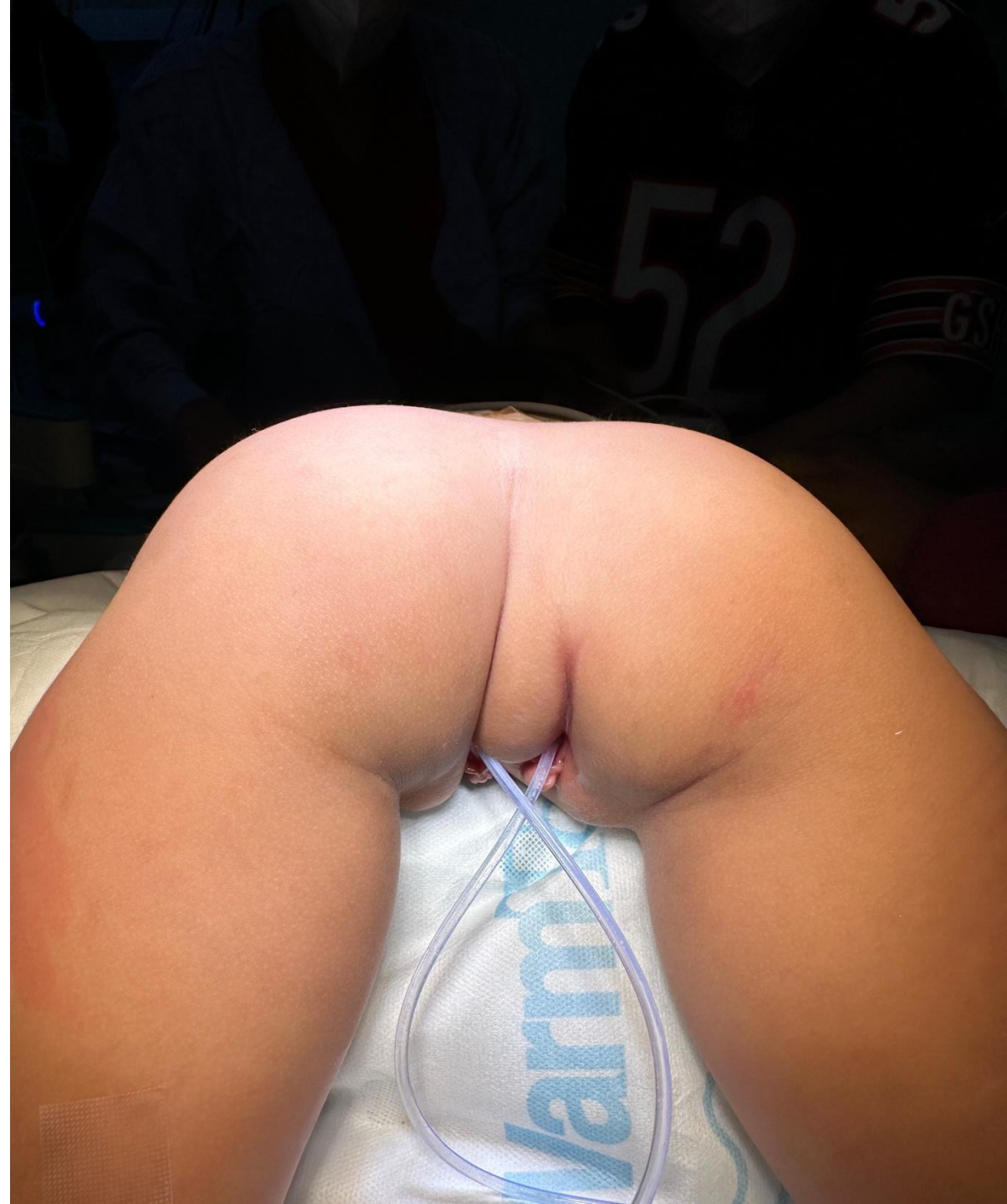
CYSTOSCOPY



A 10Fr urinary catheter was placed in each of the urethras.



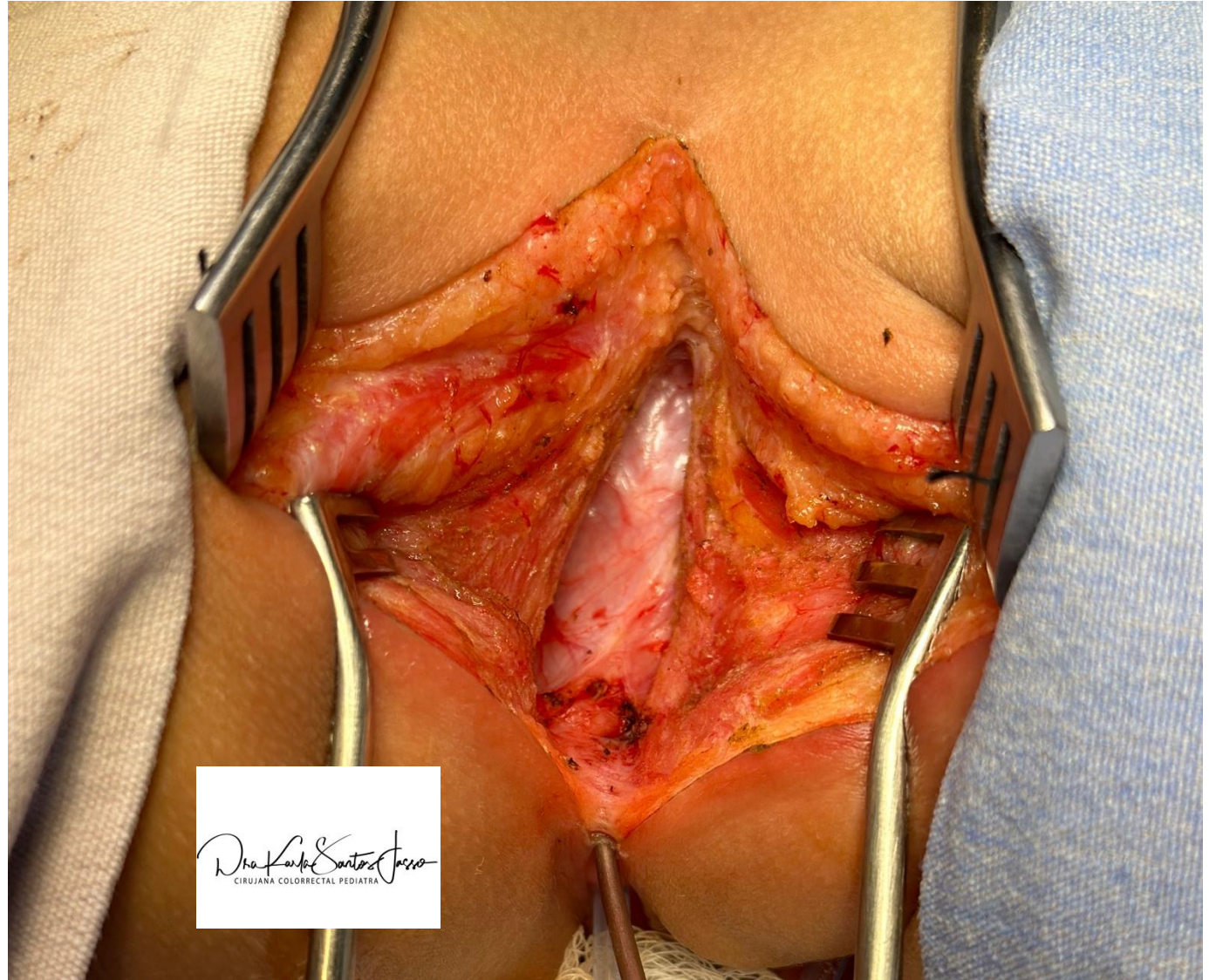
SURGICAL INTERVENTION



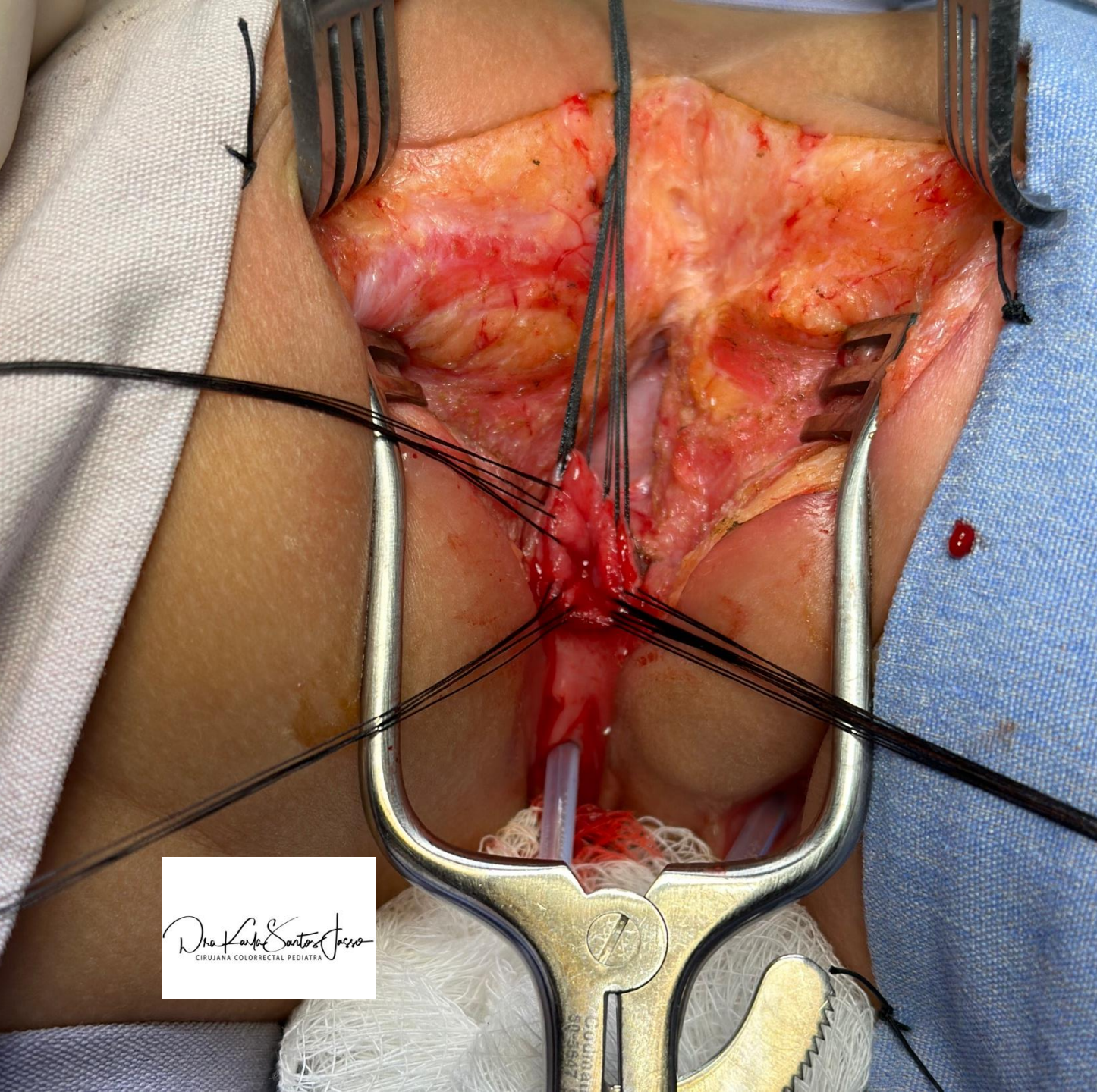


SAGITTAL POSTERIOR APPROACH

POSTERIOR FASCIA OF THE RECTUM

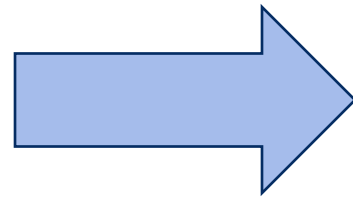


Dra. Karol Santos Jasso
CIRUJANA COLORRECTAL PEDIATRA



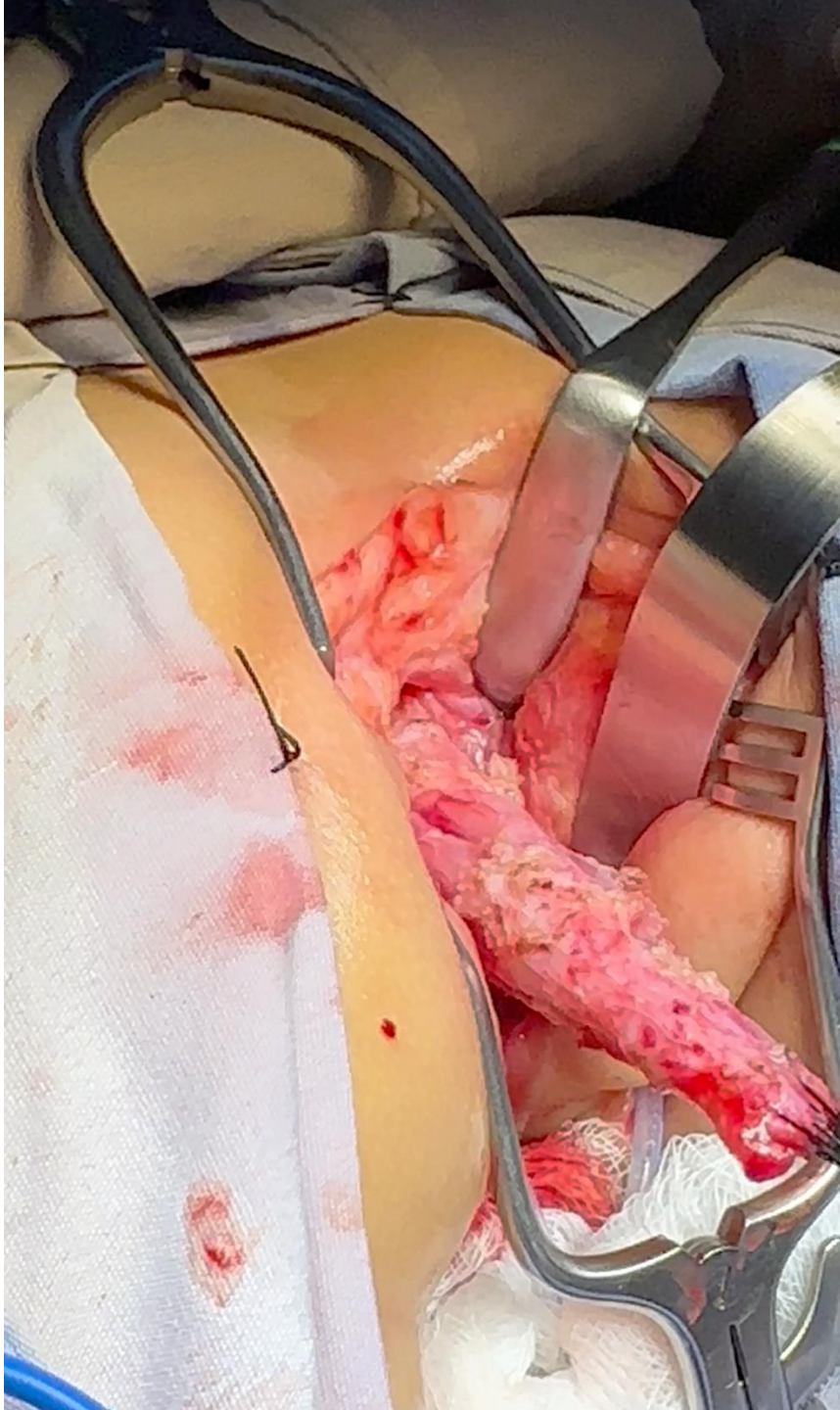
Circumferential traction sutures with silk were placed at the level of the vestibular fistula

Dissection of the lateral, posterior, and anterior surfaces of the rectum.



BLIND ENDING PARARECTAL SEGMENT
(LEFT SIDE)

RECTAL DUPLICATION





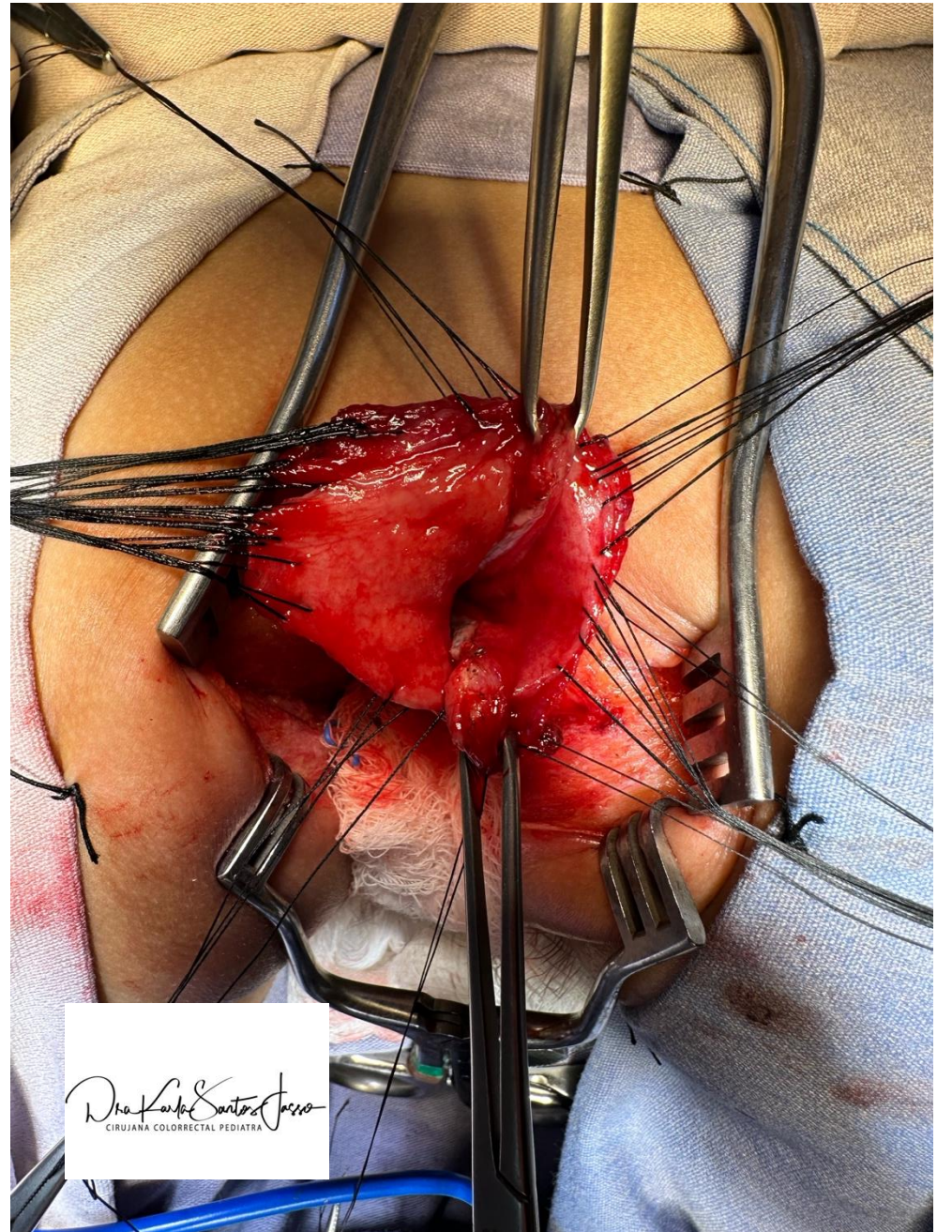
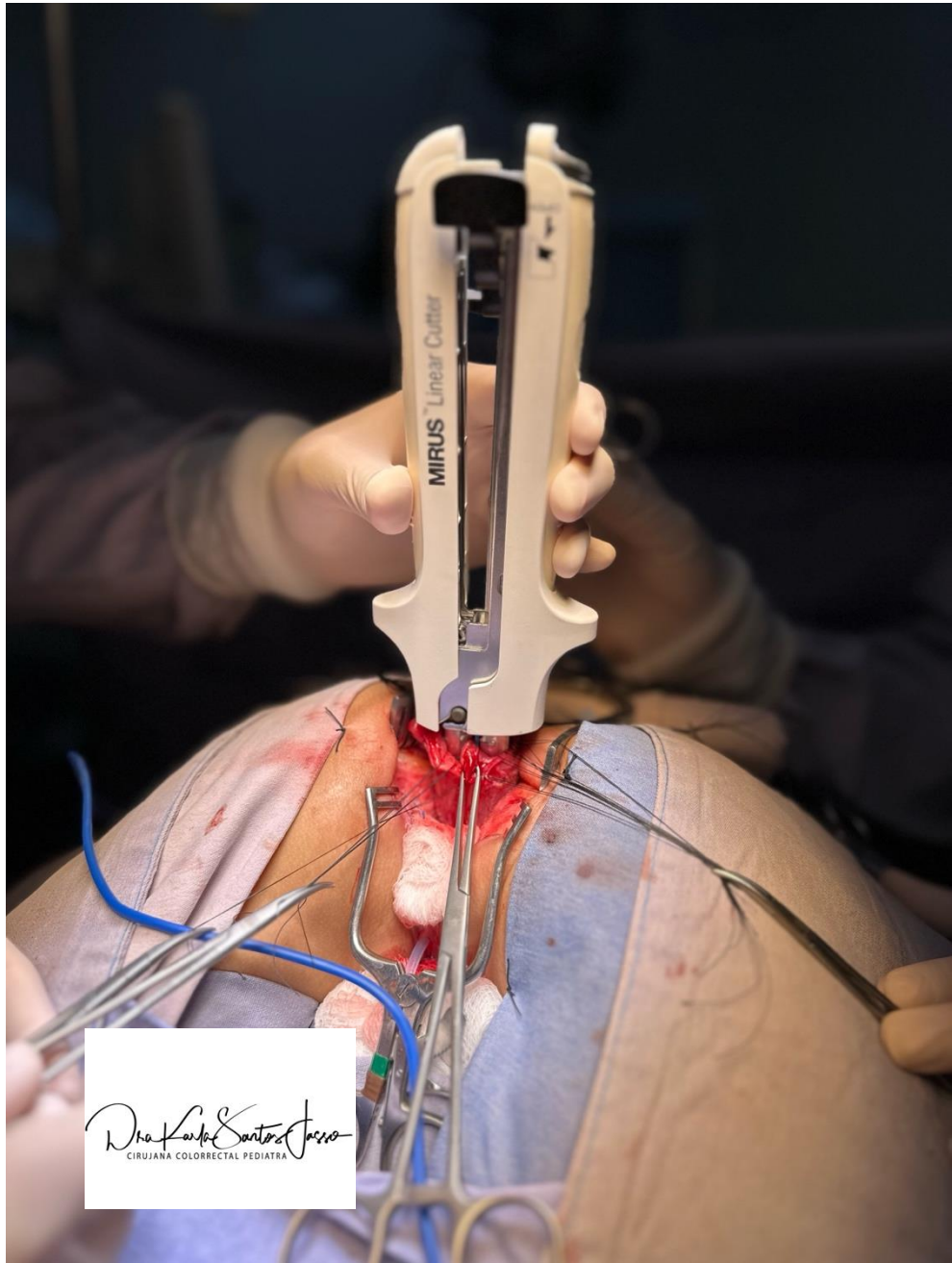
Dra Karla Santos Jasso
CIRUJANA COLORRECTAL PEDIATRA

9cm in length w/ no communication with the rectum



BLIND ENDING

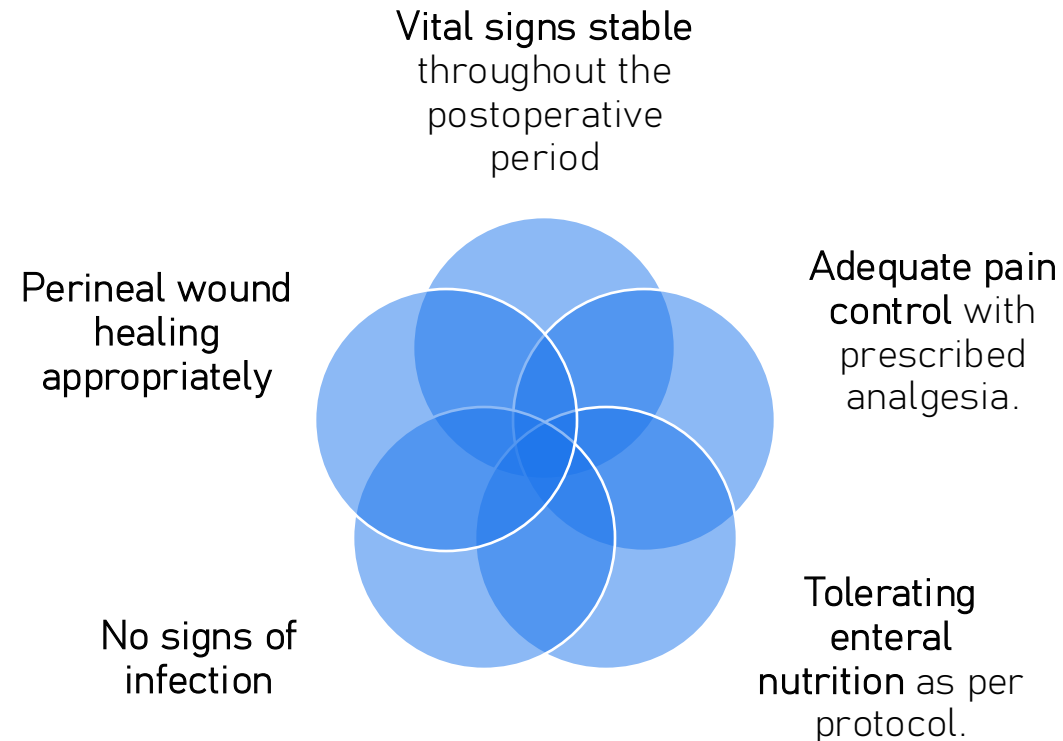
Dra Karla Santos Jasso
CIRUJANA COLORRECTAL PEDIATRA



RECONSTRUCTION AND ANOPLASTY



POSTOPERATIVE EVOLUTION



RECTAL DILATIONS

Rectal dilations were initiated **15 days postoperatively**, and the patient is currently at **Hegar size 16**

FOLLOW-UP

- Urology
- Orthopedics
- Genetics

CONCLUSIONS

- In complex cases like this, a multidisciplinary approach is always required.
- Renal function should be assessed and prioritized, ensuring adequate urinary drainage and preventing complications such as reflux nephropathy.
- Evaluation of the best functional muscle complex is crucial for optimal anatomical and functional reconstruction, especially for continence and structural stability.



THANK YOU ... 😊

Eliane A. Heftye Sánchez

- E-mail: draeliane.heftye@gmail.com
- Colorectal Surgery
- Instituto Nacional de Pediatría, México.

