



CLINICAL CASE

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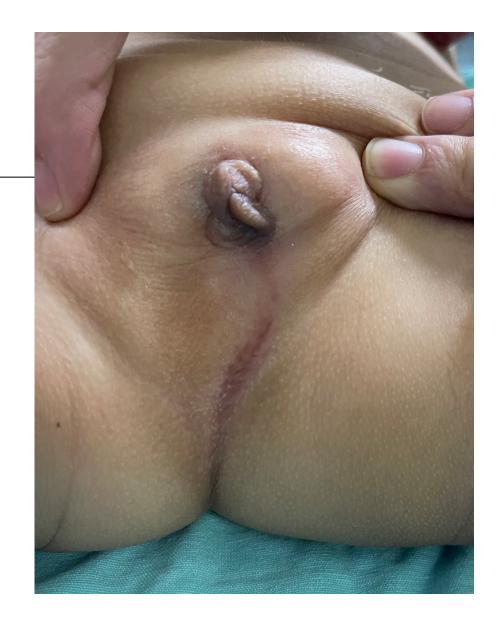
MEDICAL RECORDS

3 year old female DIAGNOSES:

- Cloacal malformation
- ❖ SCI: 0.79

SURGICAL PROCEDURES:

- Colostomy (2020)
- Cystoscopy (2021) Two hemivaginas with a midline septum, 2 cervices, without urethra.



CT scan with 3D reconstruction



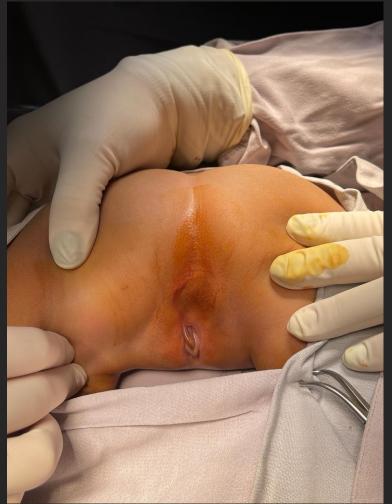
Whith that 3D image, what would be your surgical planning?

- a) Total urogenital mobilization + anorectoplasty
- b) Leave the common channel, tubularized as urethra
- c) Possible vaginal replacement
- d) Anorectoplasty
- e) Options b, c, d

OUR PLAN...

Surgical reconstruction using a combined approach



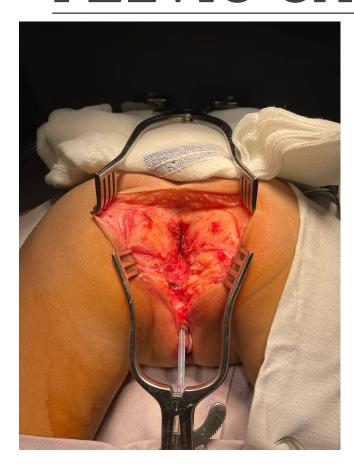


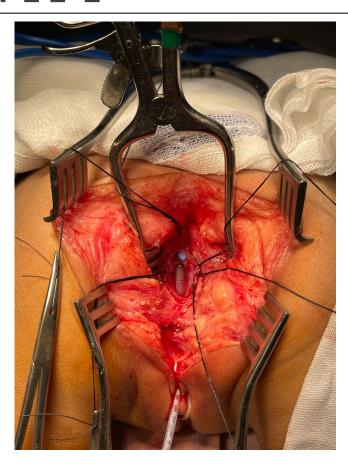


SURGERY

1. CONVENTIONAL POSTERIOR SAGITTAL APPROACH

DISSECTION POSTERIOR SAGITALLY UNTIL WE REACHED THE PELVIC CAVITY



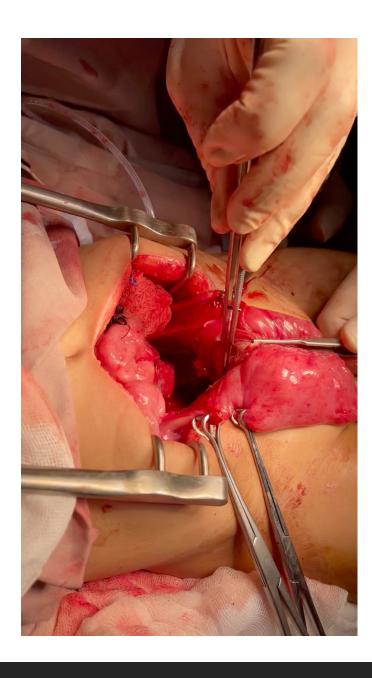


We found:

- 1. hemivaginas with a septum
- 2. Bladder without a defined bladderneck

HEMIVAGINAS WITH A CENTRAL SEPTUM

BLADDER
WITH FOLEY
CATHETER
WITHOUT
BLADDER
NECK



ABDOMINAL APPROACH

WE DIDN'T EXPECT THIS SO ...

¿WHAT DO YOU THINK ITS THE BEST OPTION FOR THE PATIENT?

- A) Vaginal replacement at the same operation
- B) Vaginal replacement at another time
- C) Not performing vaginal replacement
- D) I have no idea

¿What bowel segment would you use for the vaginal replacement?

- A) Sigmoid colon
- B) Ileum
- C) Transverse colon
- D) None of them





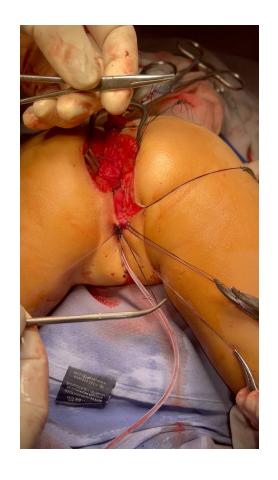


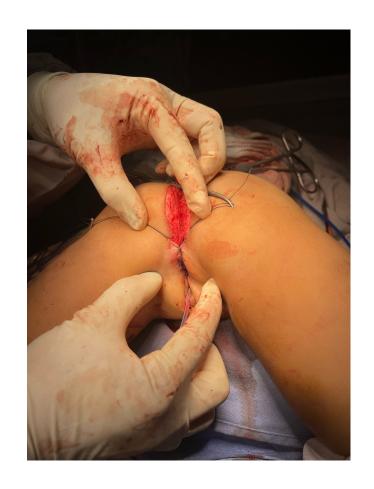
VAGINAL REPLACEMENT

¿Do you think it's better to have an appropriate perineal body or to leave the anus slightly outside the complex?

- A) Having an adequate perineal body is essential for the patient's prognosis
- B) It doesn't matter if you don't have an adequate perineal body, you should always keep the anus 100% inside the muscular complex
- C) Either one is fine
- D) It's a difficult decision







PERINEAL RECONSTRUCTION





ANOPLASTY

THANK YOU @