



Colorectal Web Meeting

KARLA SANTOS-JASSO MD, MSc, PhD

LUIS CHAVES MD. UROLOGIST

STAR MÉDICA HOSPITAL INFANTIL PRIVADO

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Past medical history

- 1-year-old male
- Anorectal malformation (unknown type)
- “Recto-urinary fistula”



- Colostomy 2 days after birth
- Anorectoplasty at 7 months of age



- Recurrent orchiepididymitis
- Febrile urinary tract infections (isolation of *Pseudomonas aeruginosa*)



**Physical
examination**



What do you think about the anus?

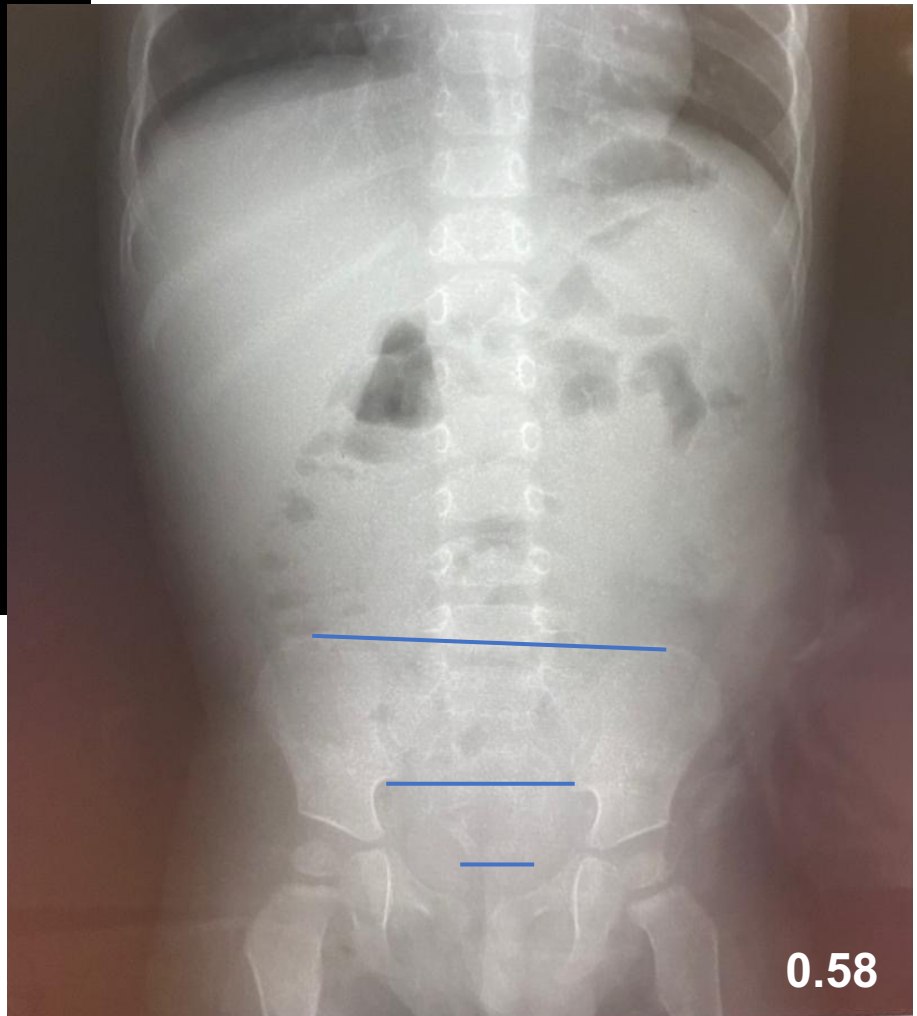
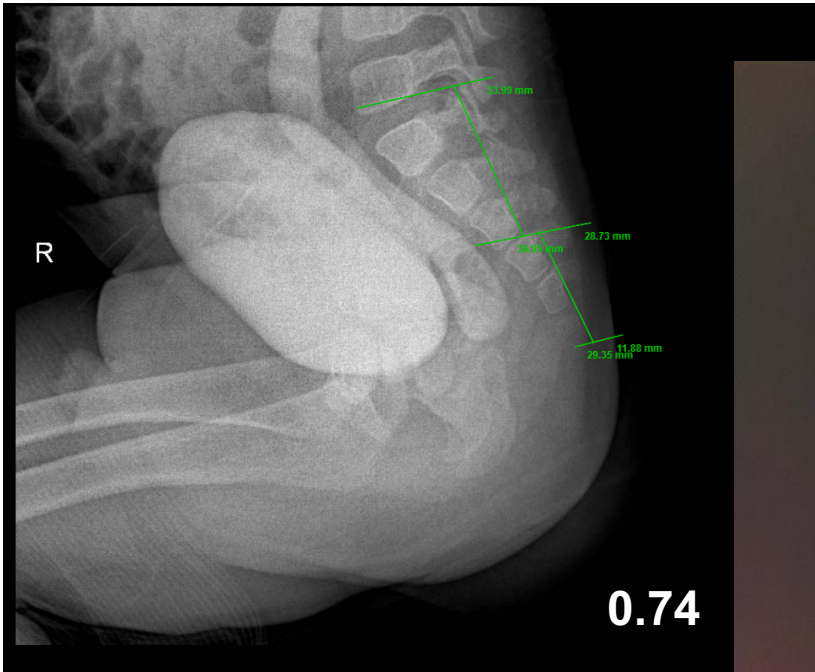
- A. It has prolapsed mucosa
- B. It is mislocated
- C. It is adequate
- D. Electrostimulation is needed for proper assessment
- E. I don't know

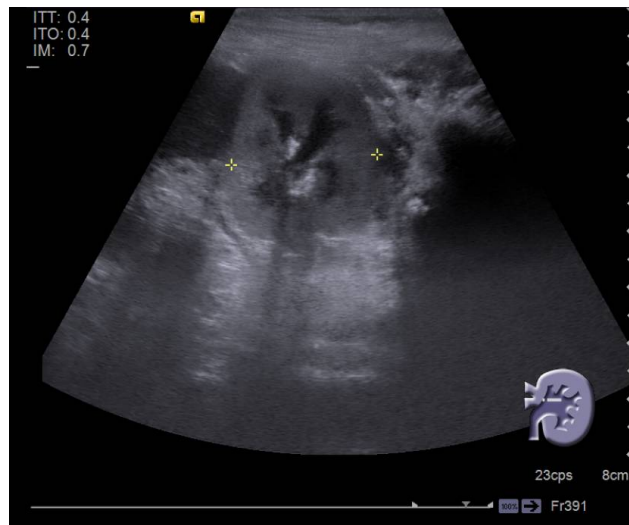
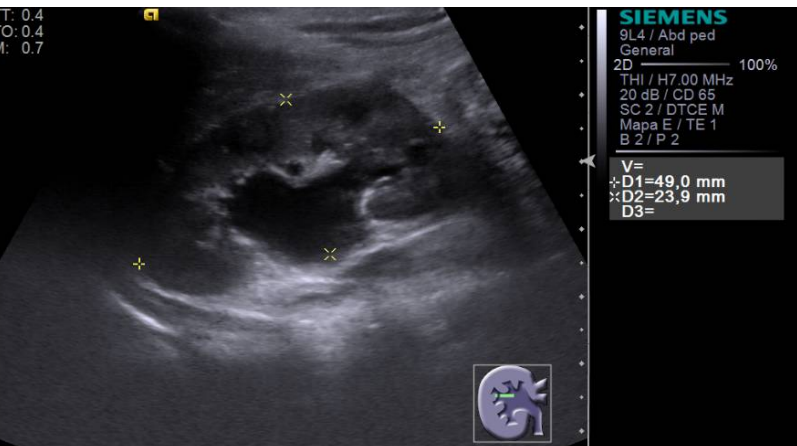




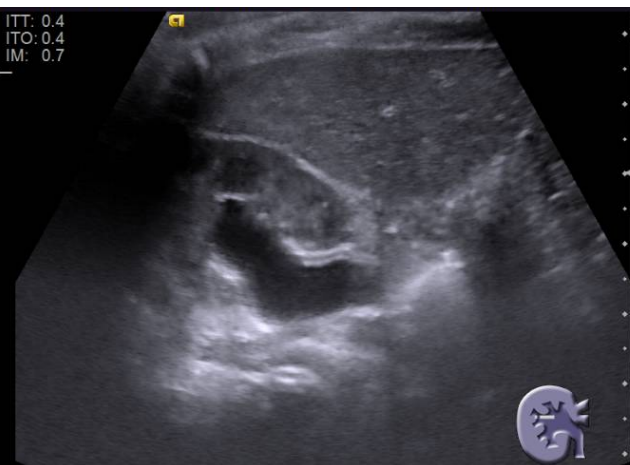
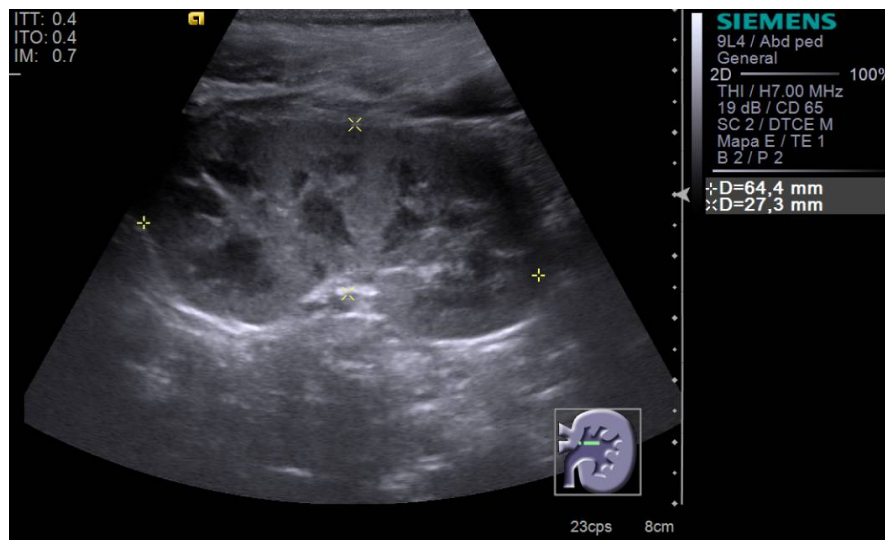
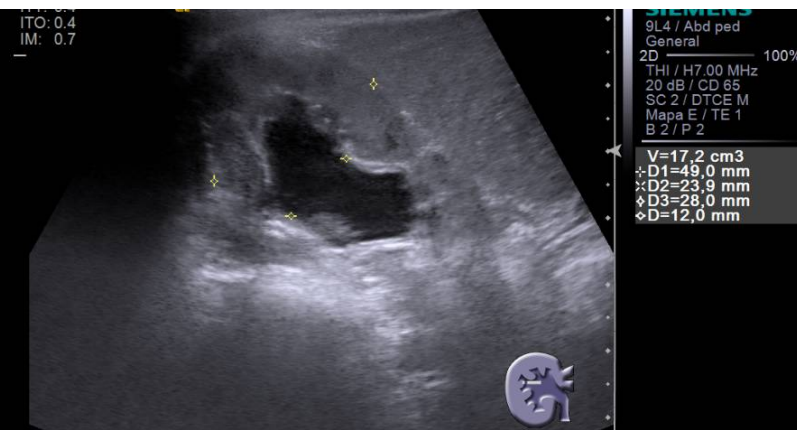
Should we reoperate to mobilize the anus into the muscle complex?

- Sacral index
- Urinary tract
- Rule out tethered cord

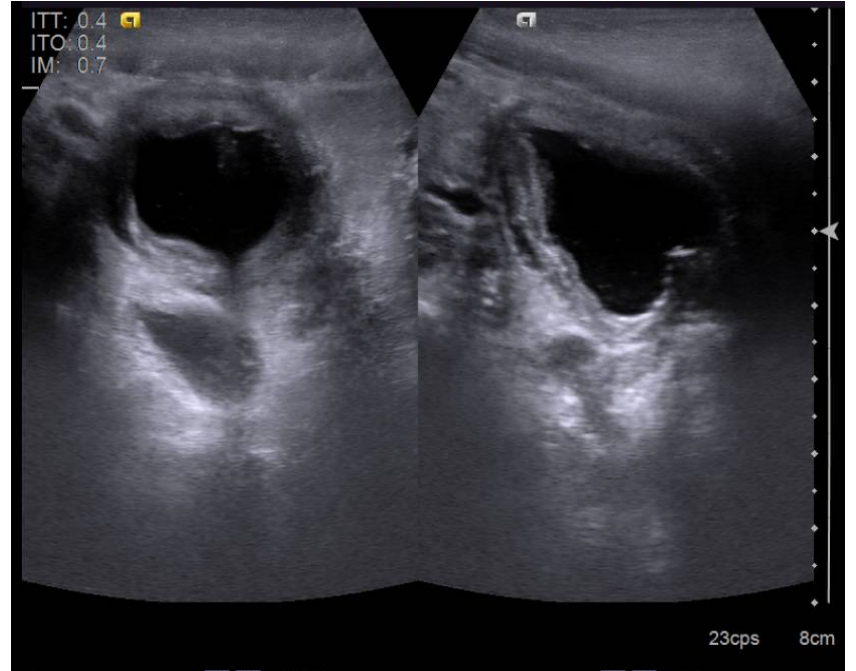
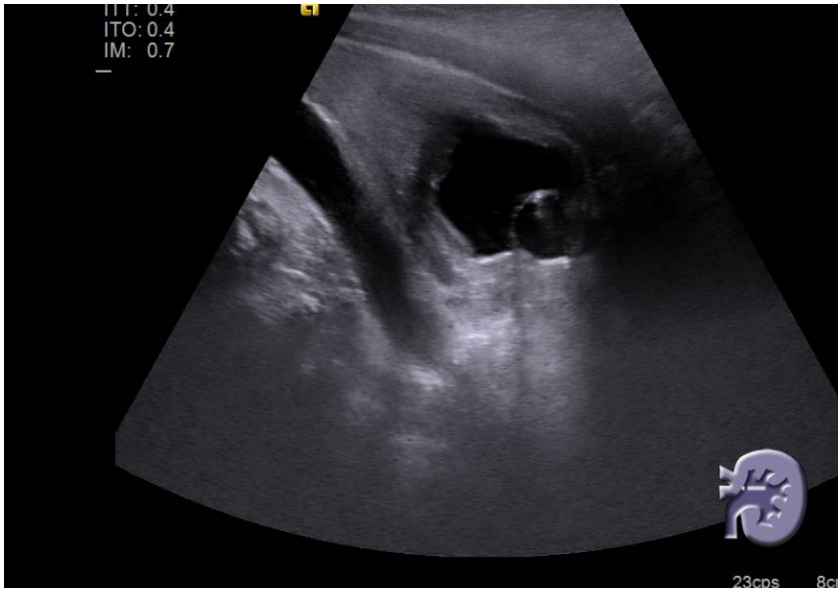




LEFT KINDEY



RIGHT KINDEY





Cystogram with 5 Fr urethral catheter

Upon removal of the the catheter, the patient was unable to void, and the catheter was reinserted and left in place.

Gammagram

- ^{99m}Tc DTPA renal scintigraphy GFR 68.22 ml/min (lower than expected for his age)
- Hypoperfused and hypofunctional right kidney GFR 12.4ml/min (18%) no response to diuretic
- Left kidney 82% of function



Resonance Magnetic

- To rule out tethered cord
- Reported as normal.



Should we re-operate to mobilize the anus into the muscle complex?

- Good sacral index
- Possible urethral stenosis. Right vesicourethral reflux
- Discarded tethered spinal cord



- Repeat PSARP
- Vesicostomy

Video





Further actions

- Cystogram through the vesicostomy
 - Assessment of vesicoureteral reflux and
 - Patency of the urethra
 - (Cystoscopy later on)
- Repeat DMSA renal scintigraphy
- Dilations of the neo-anus until 15 Hegar
- Colostogram and stoma closure

Thank you

Dra. Karla Santos Jasso

Colorrectal Pediatric Surgeon
santosjasso@hotmail.com