

Cloaca in Monoamniotic-Monochorionic Twins

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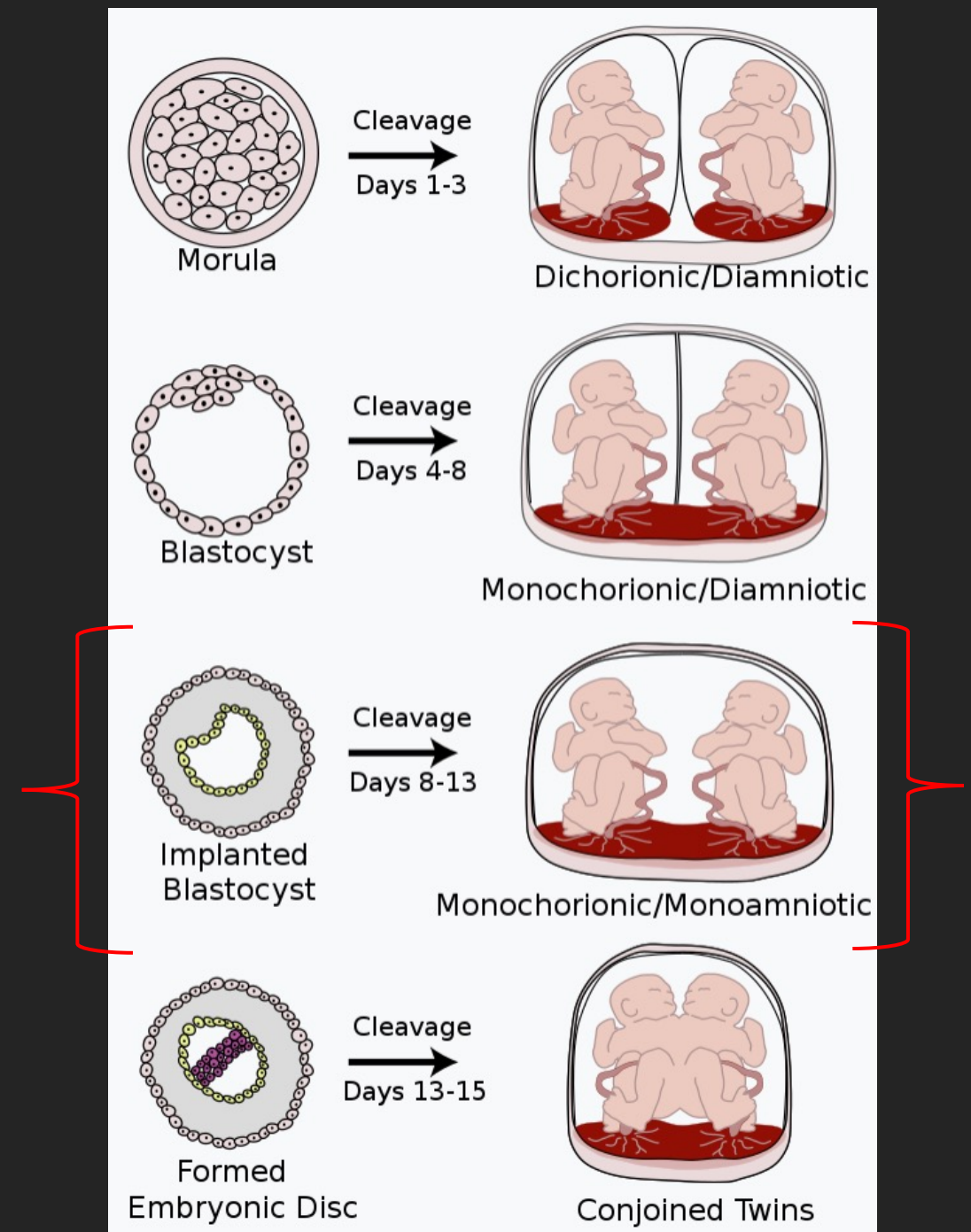
Pediatric Colorectal Surgery Fellow

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- 29-week Monoamniotic-Monochorionic twins
- Prenatal MRI noting concern for cloaca/ARM and renal dysplasia in Twin B
- Twin A, with normal appearing kidneys on MRI, allowed for good lung maturation of Twin B, because of normal amniotic fluid production



AL

Twin B: colon
tapers significantly
suggestive of ARM



AL

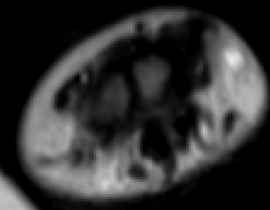
Cystic
Pelvic
Kidney
(Twin B)



PR

cm

AL



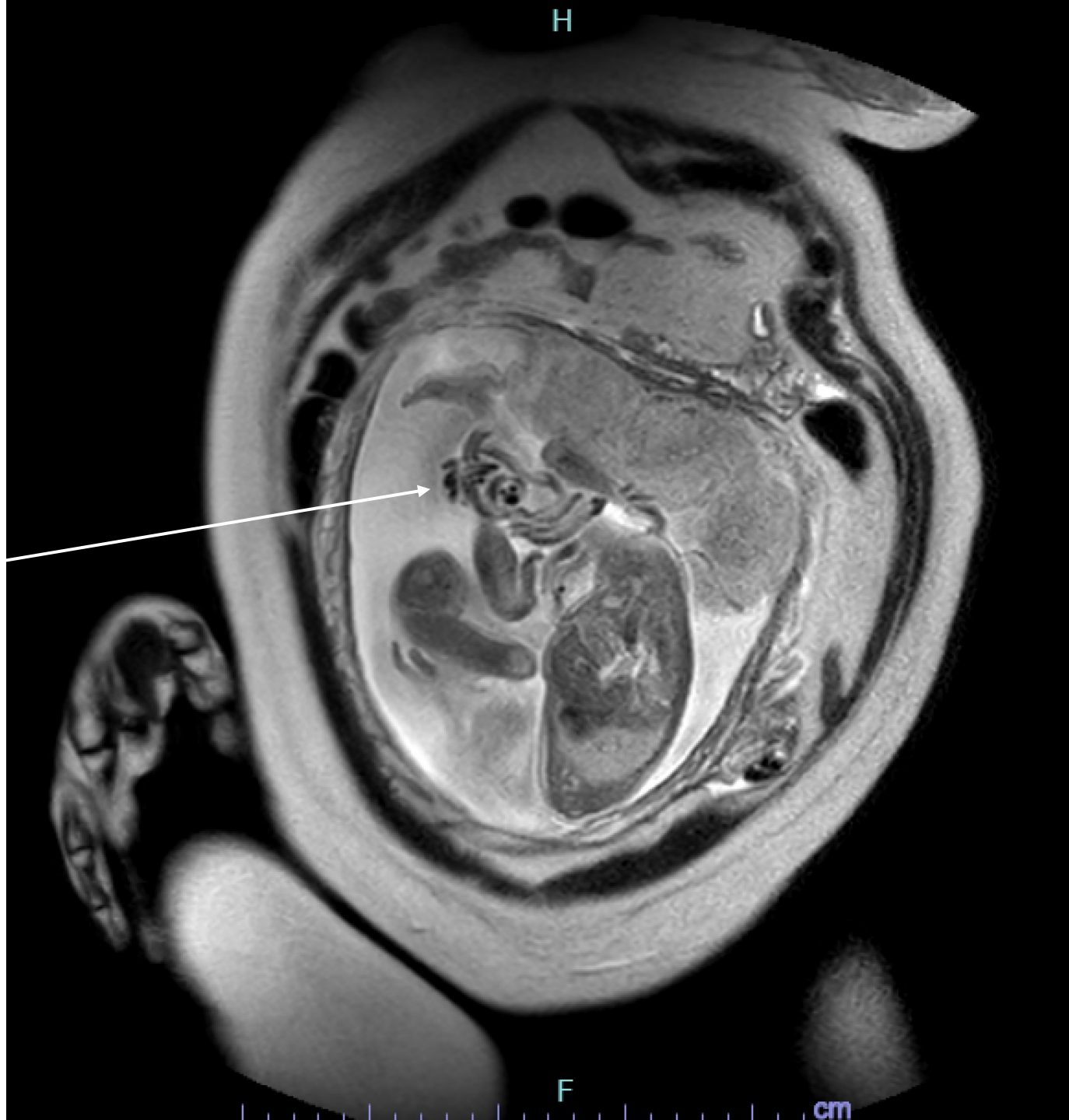
Normal
Kidney
(Twin A)

DR

Normal
Kidney
(Twin A)



Tangled
Umbilical
Cords



The placenta had knots in the two umbilical cords, that caused fetal heart decelerations, leading to preterm delivery



- No fistula or single orifice was noted on exam
- Ultrasound showed cysts where the pelvic kidneys would be, no bladder distention, and no hydrocolpos - concern for renal agenesis
- Long discussion of hemodialysis line placement for 1.1 kg baby given the likely poor outcomes
- Parents wanted everything done

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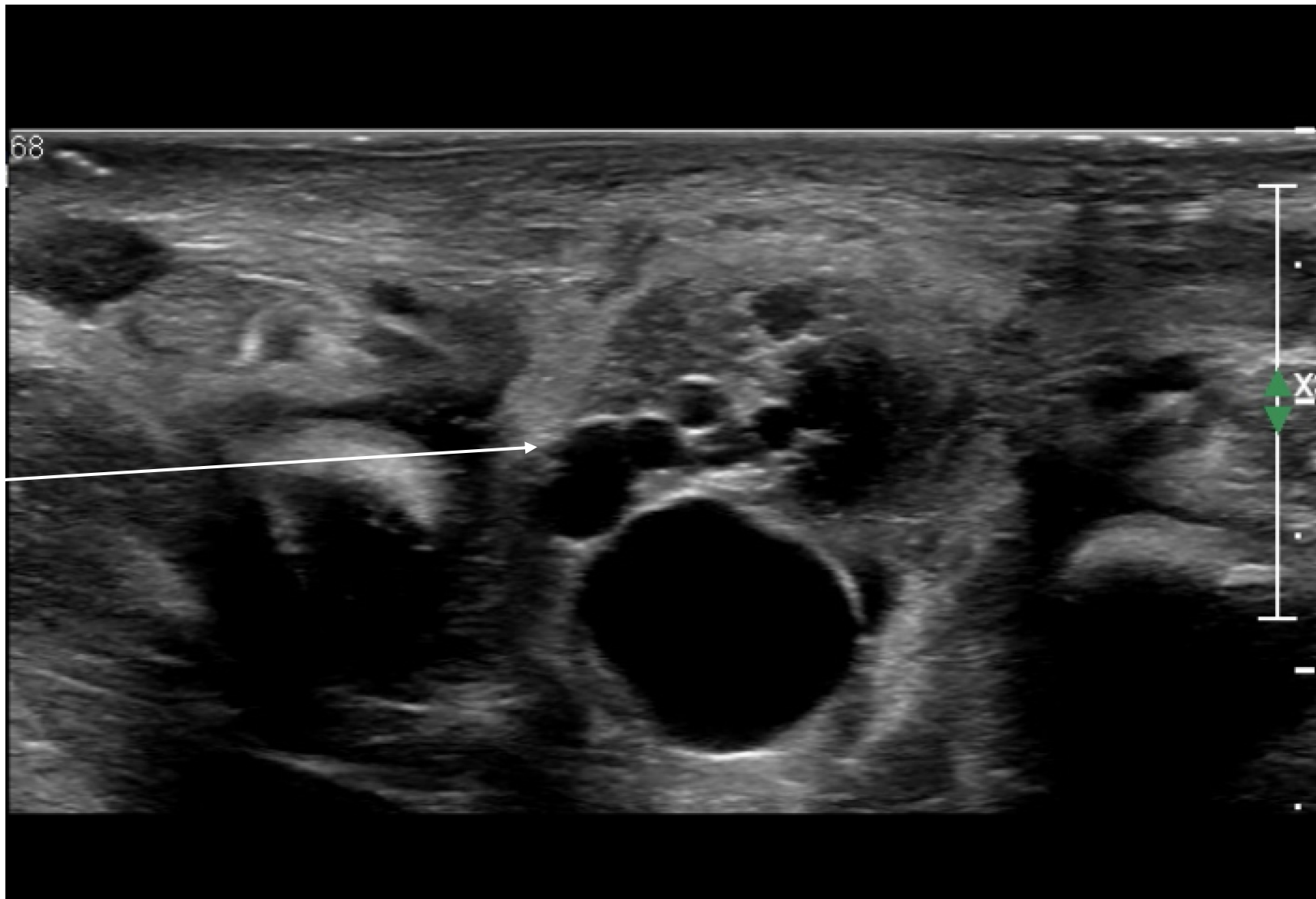
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Post-Partum ultrasound
showing pelvic kidney
with cystic dysplasia

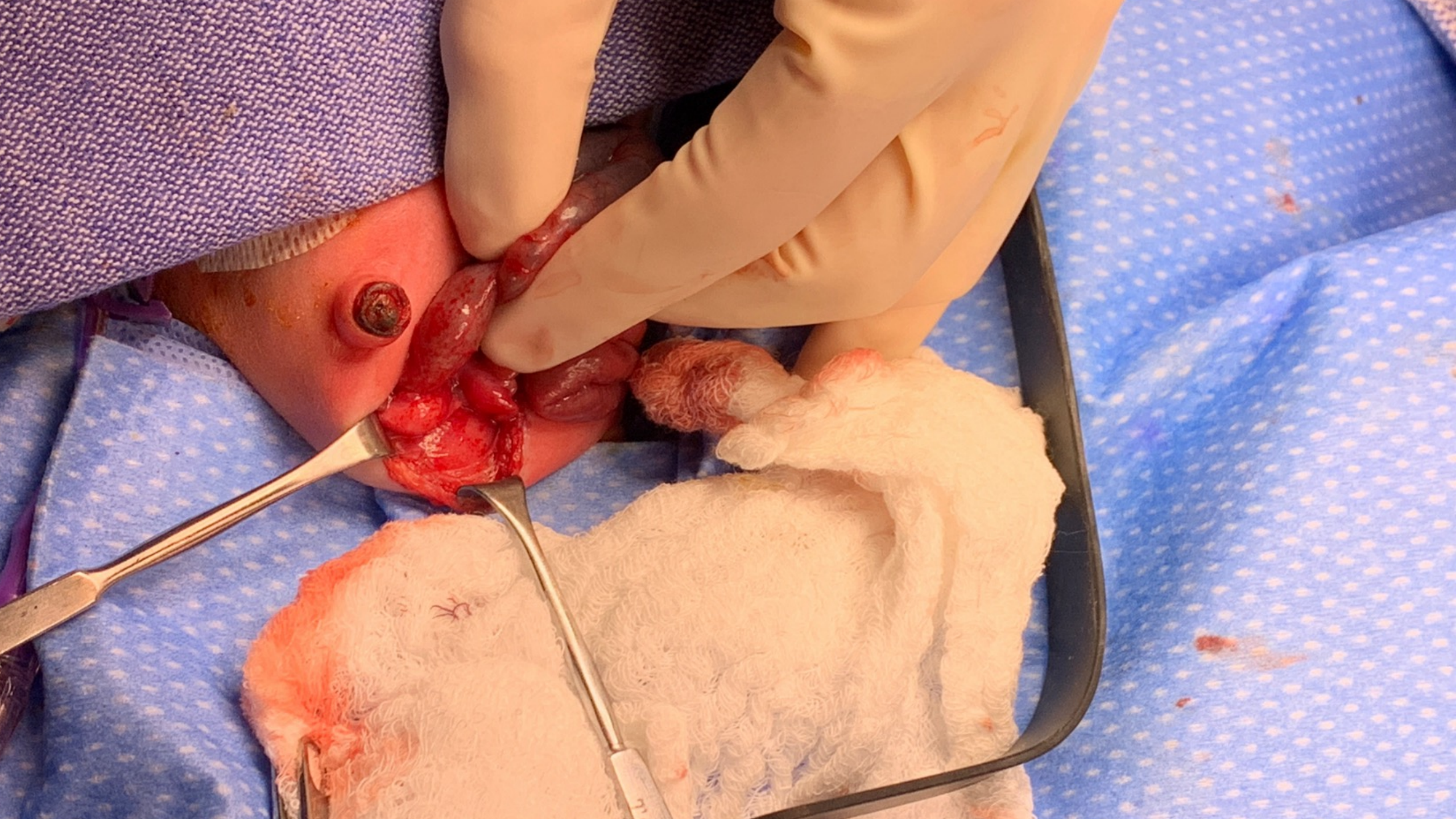
Bladder not visualized,
no hydrocolpos

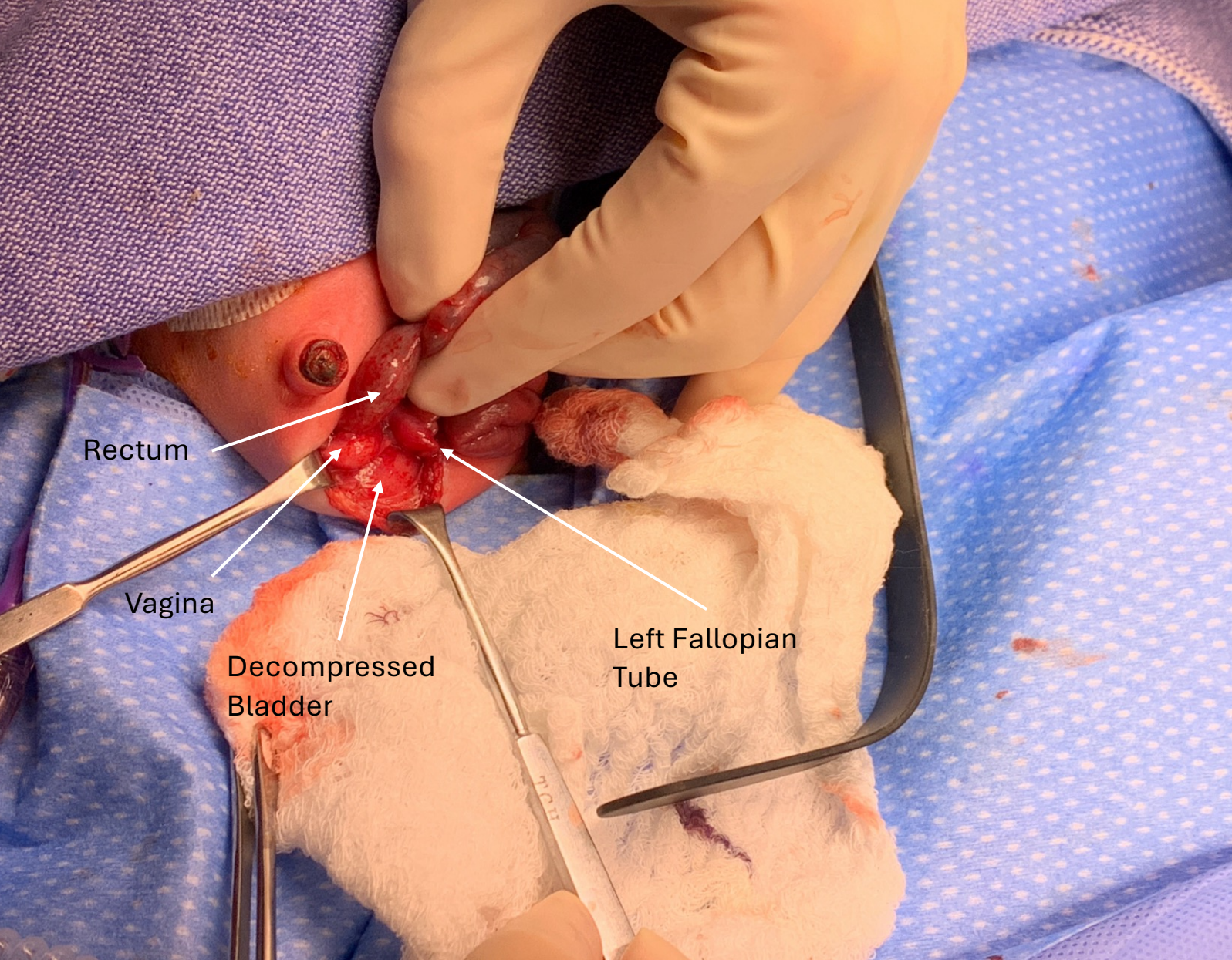




What is Your Approach?

- A) Palliative care/Comfort care, with no surgical intervention
- B) Primary PSARVUP
- C) Colostomy immediately
- D) Further work up, colostomy in 24-48 hours



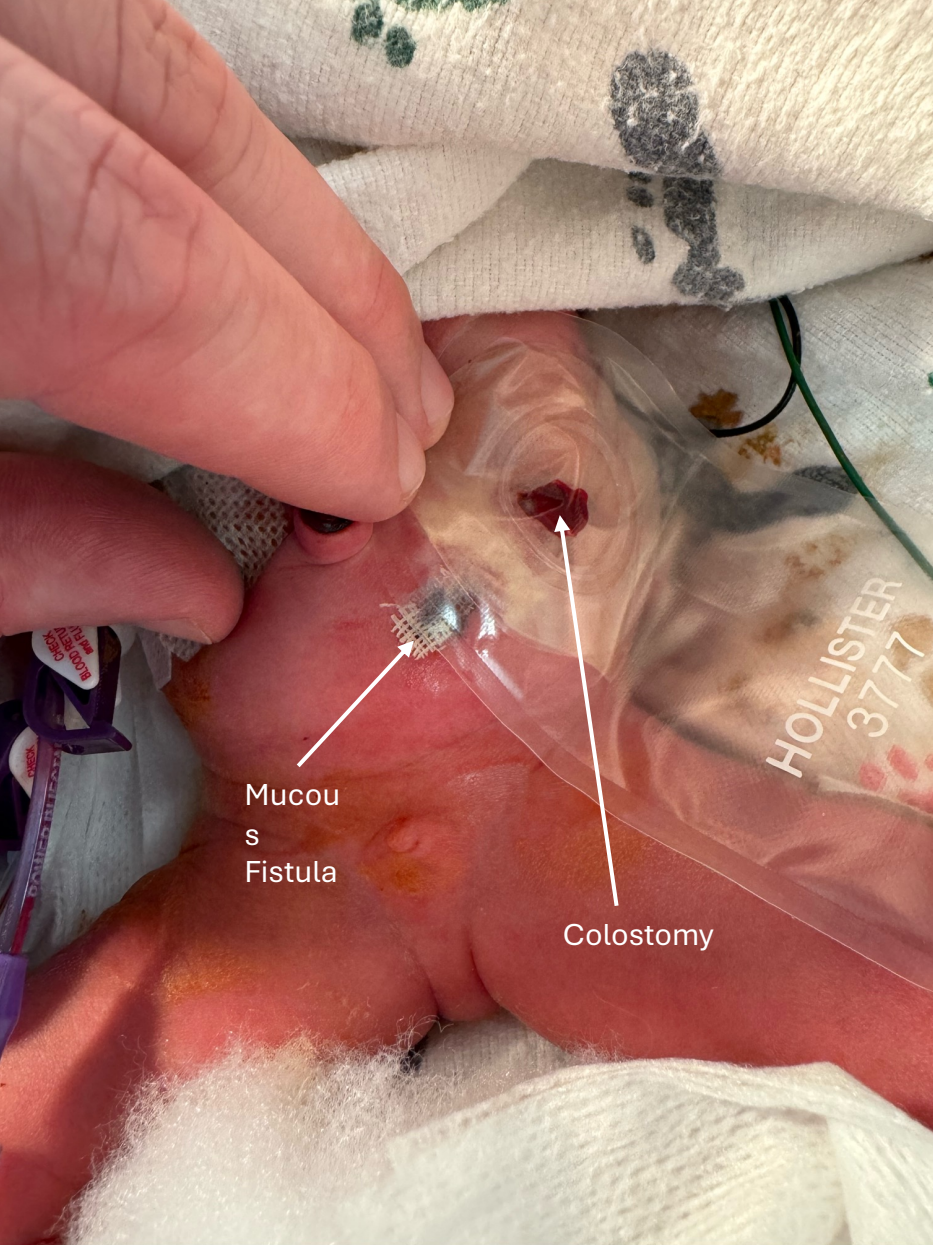


Rectum

Vagina

Decompressed
Bladder

Left Fallopian
Tube



Mucou
s
Fistula

Colostomy

HOLLISTER
3777

Interventional radiology
placed a 6 French HD
catheter



Post-Operative

- Tolerated renal replacement therapy for a few weeks, with multiple catheter replacements
- Ultimately developed complications of renal replacement therapy including IVH and was made comfort care and passed away