

# Case 3

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Andrea Bischoff, M.D.

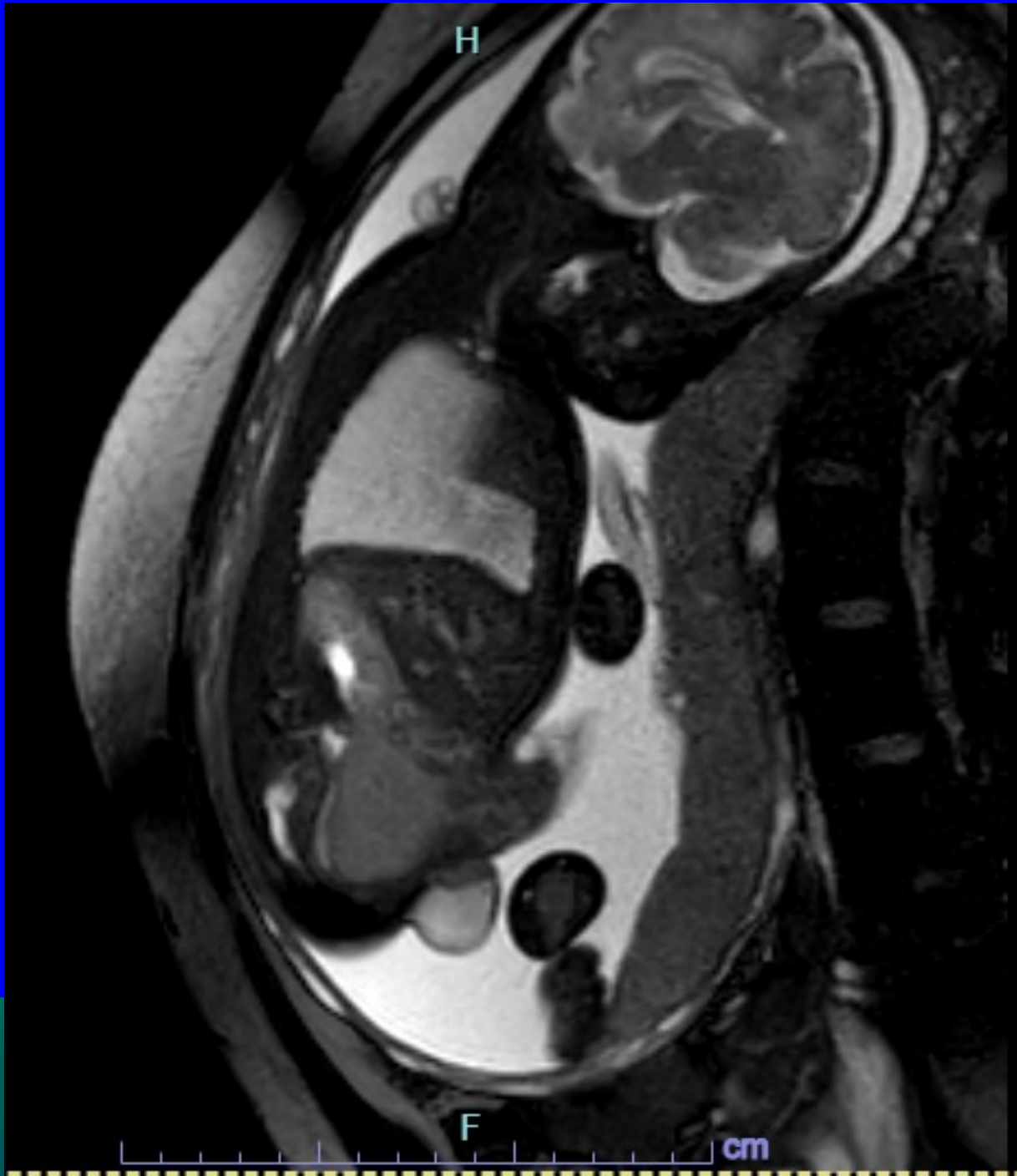


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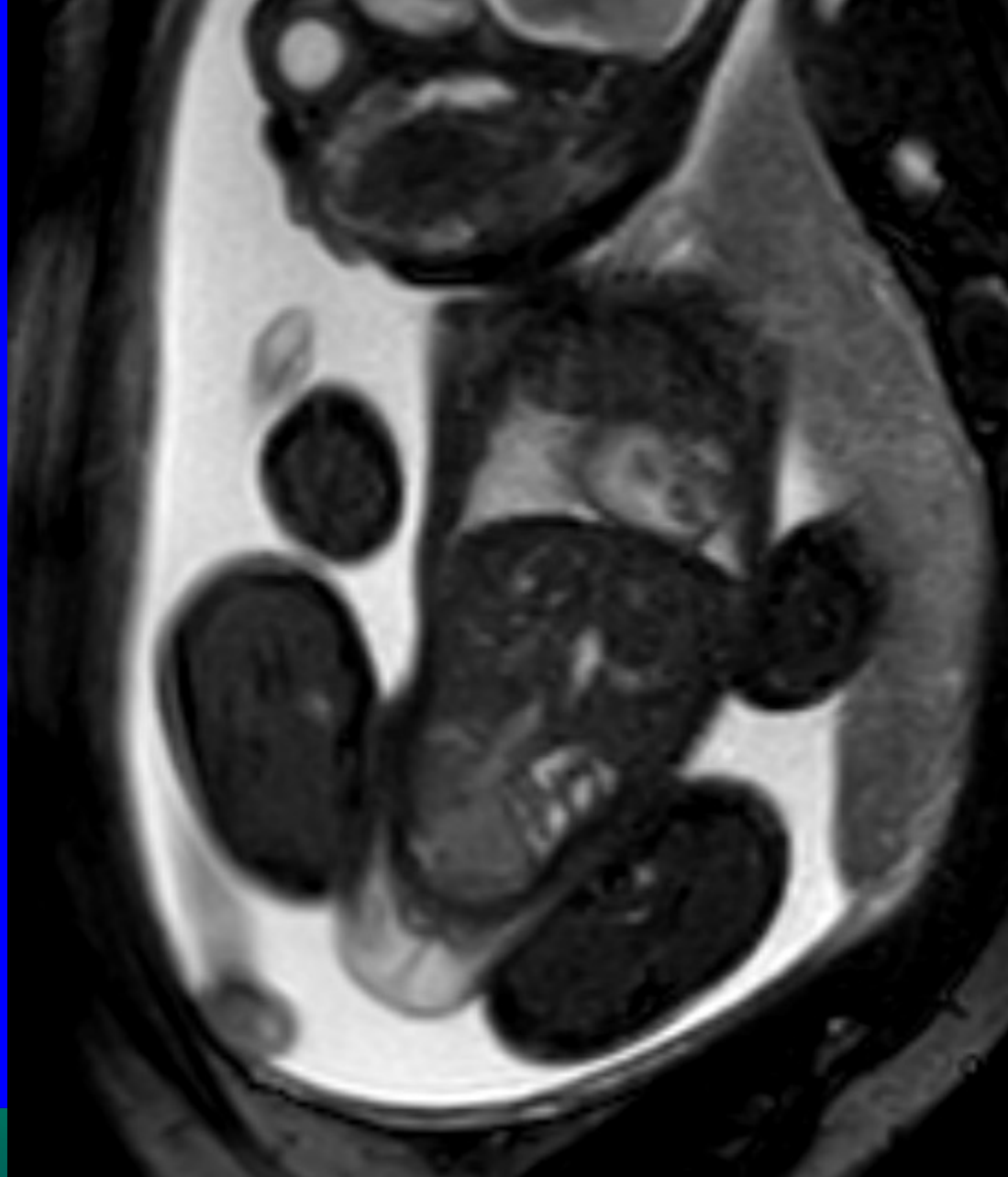
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- 3 yo male patient born with cloacal exstrophy
- Underwent end colostomy creation shortly after birth and now comes for bowel management through the stoma.



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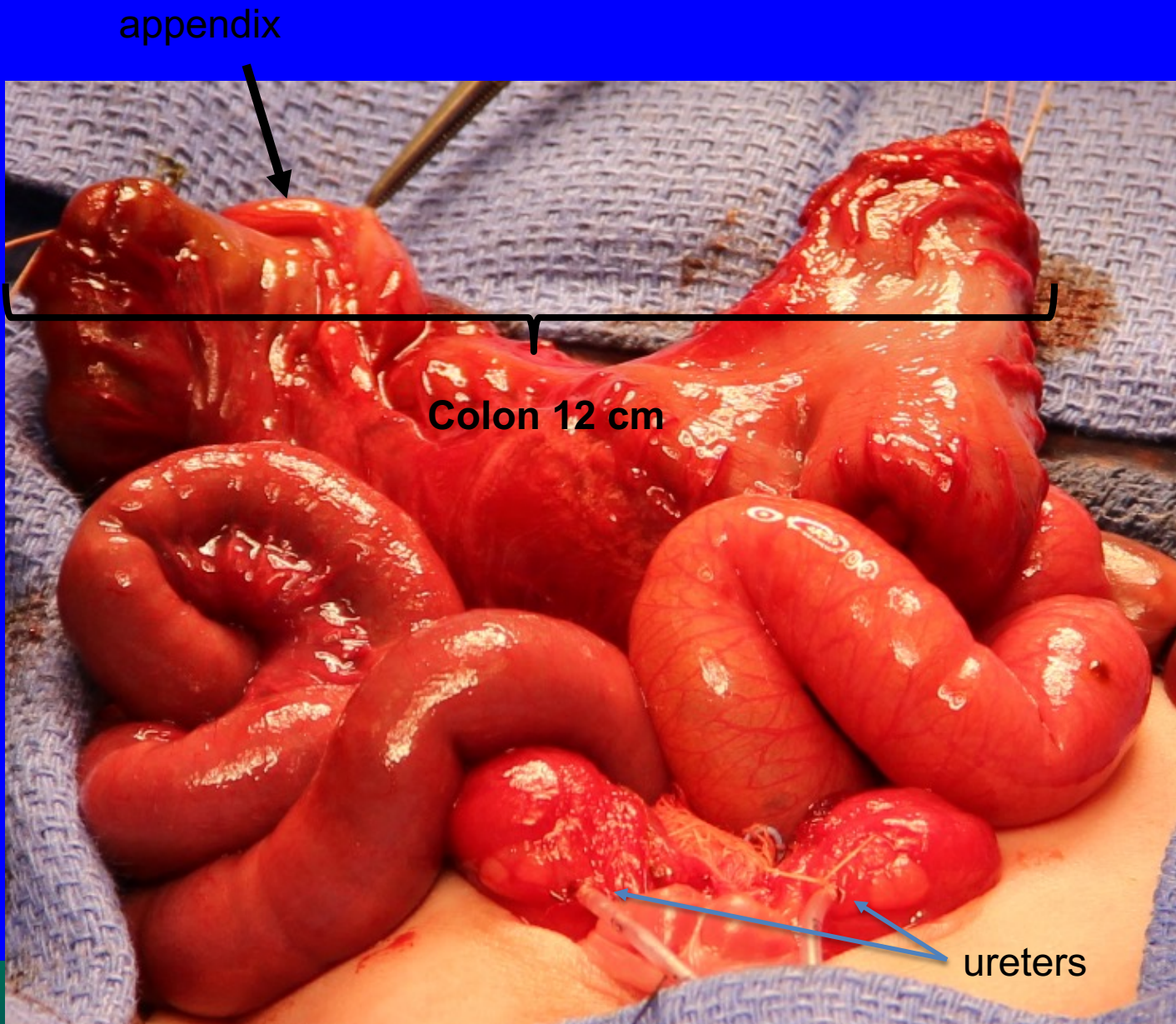
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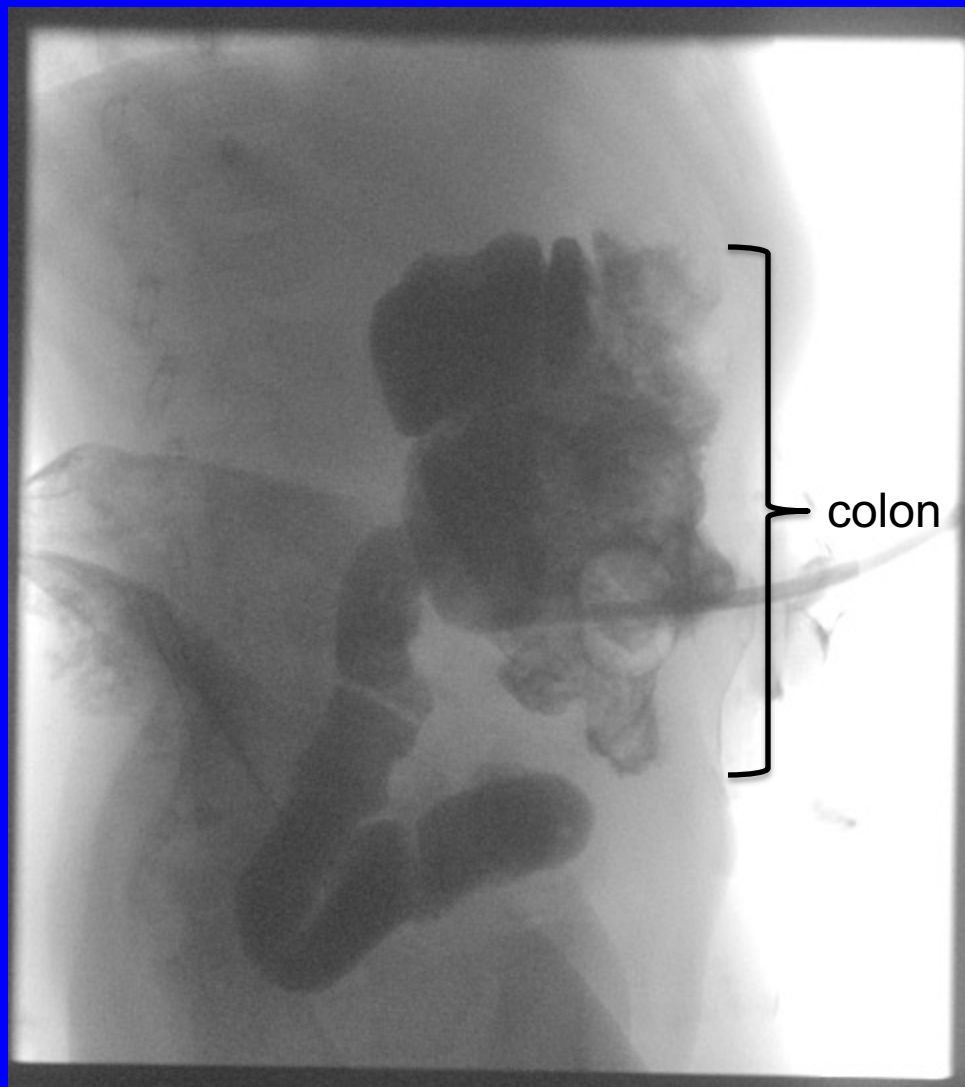


appendix

Colon 12 cm

ureters







- Bowel management with 100 ml of NS + 15 ml of glycerin + 1 mg of Imodium 3x/day 30 minutes before meals + 3 meals per day, no snacks.



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- Success = empty bag for 24 hours
- If that happens, patient is a candidate for stoma pull-through and Malone procedure + bladder reconstruction and Monti-Mitrofanoff.

# Case 4

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- 17 months old female patient  
born with sacral agenesis





With this abdominal radiograph, what is her prognosis for bowel control?



1. Excellent
2. Poor
3. I don't know

With this abdominal radiograph, what is her prognosis for ambulation (walking)?



1. Excellent
2. Poor
3. I don't know

# Newborn period



- Counsel family for prognosis for bowel, bladder, and ambulation.
- Monitor and treat constipation or diaper rash.



- Patient was doing very well without signs of constipation (taking small dose of myralax) and without diaper rash.





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150 ml of NS + 20 ml of glycerin



- Clean patient, clean x-ray

# Case 5

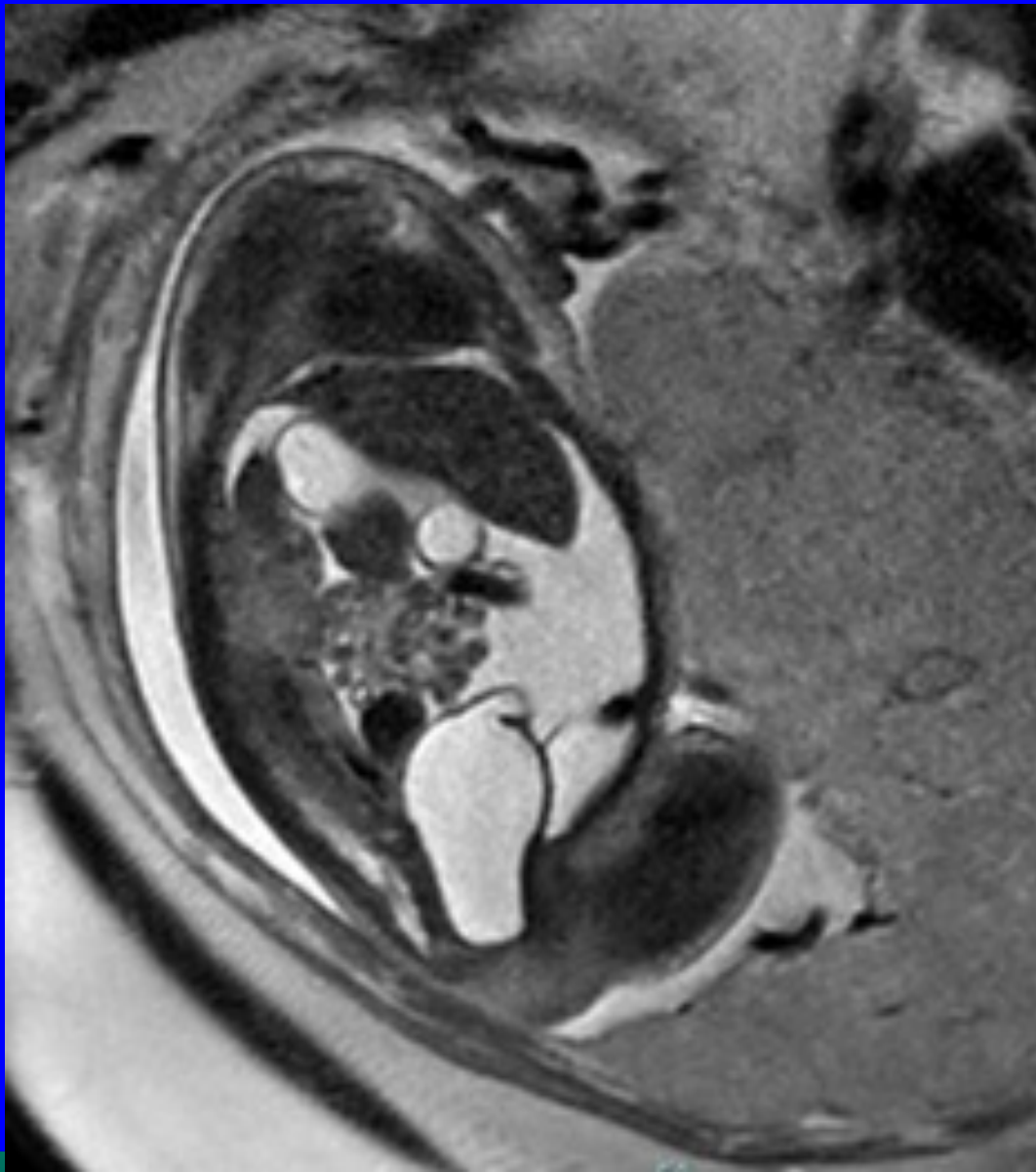
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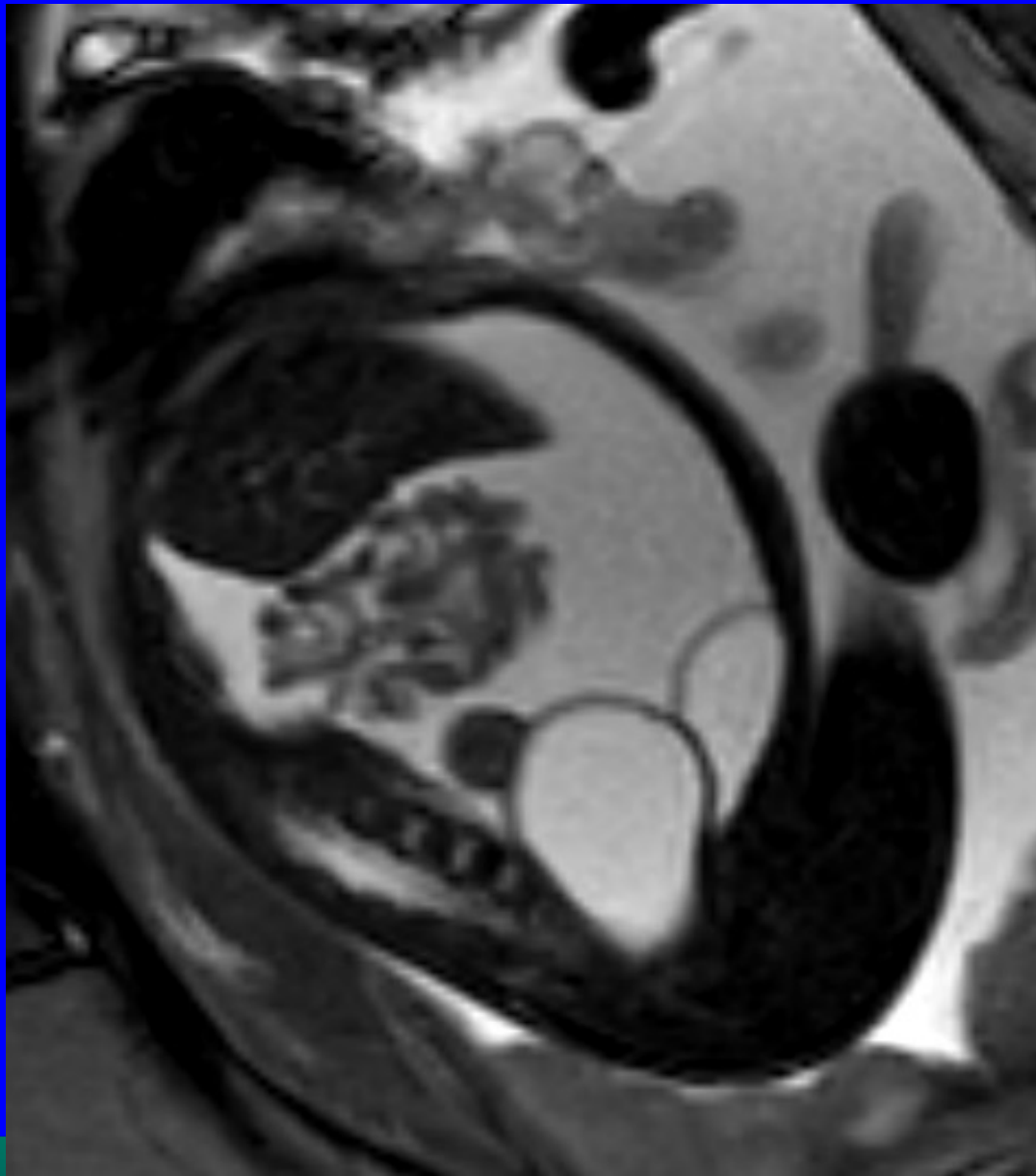


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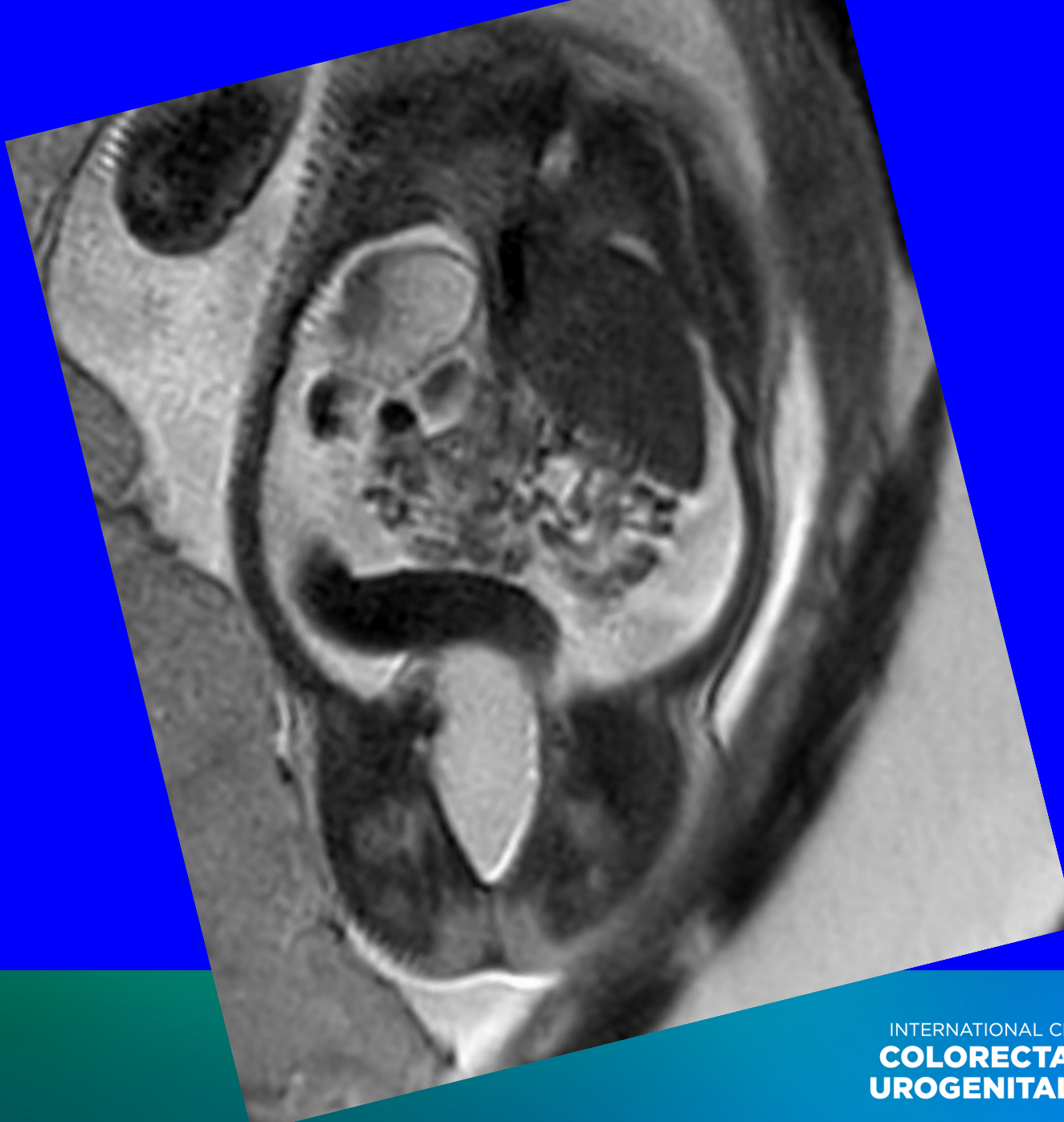
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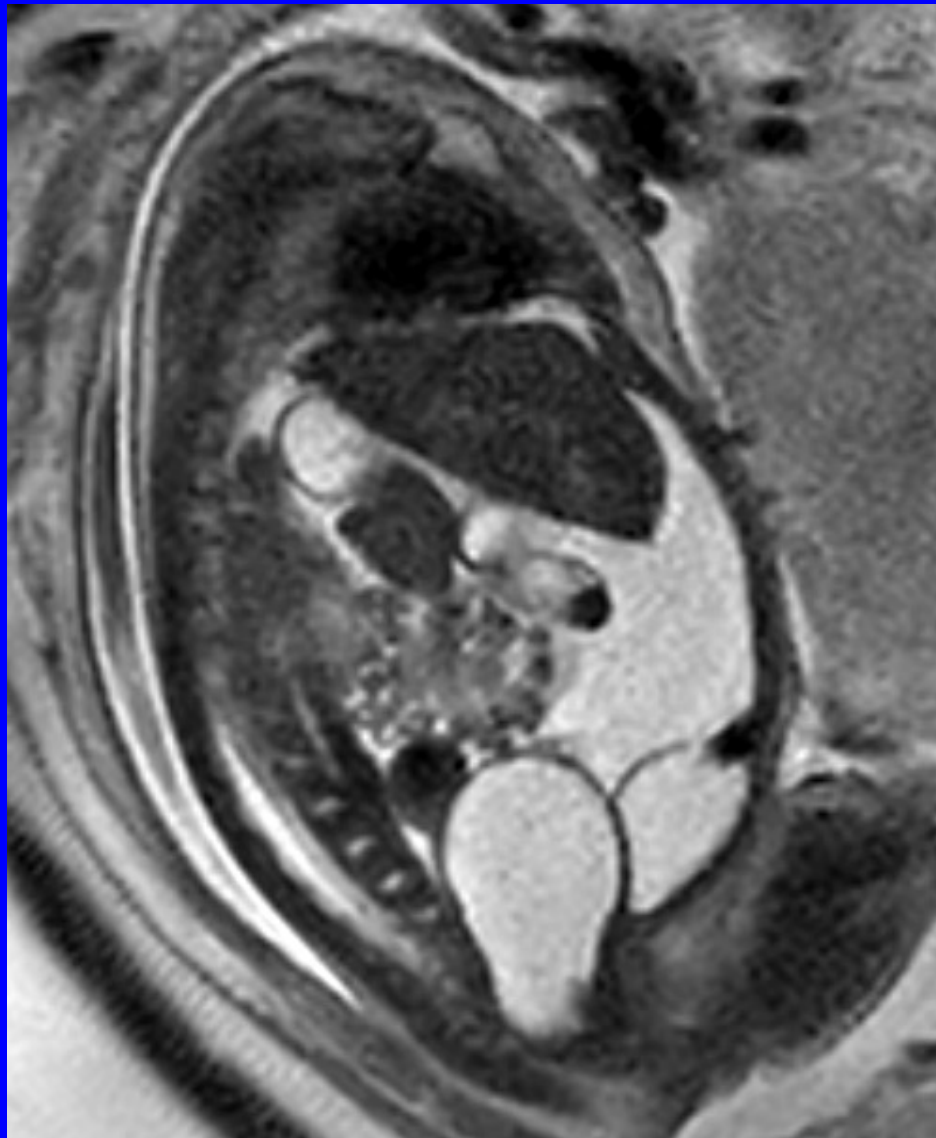
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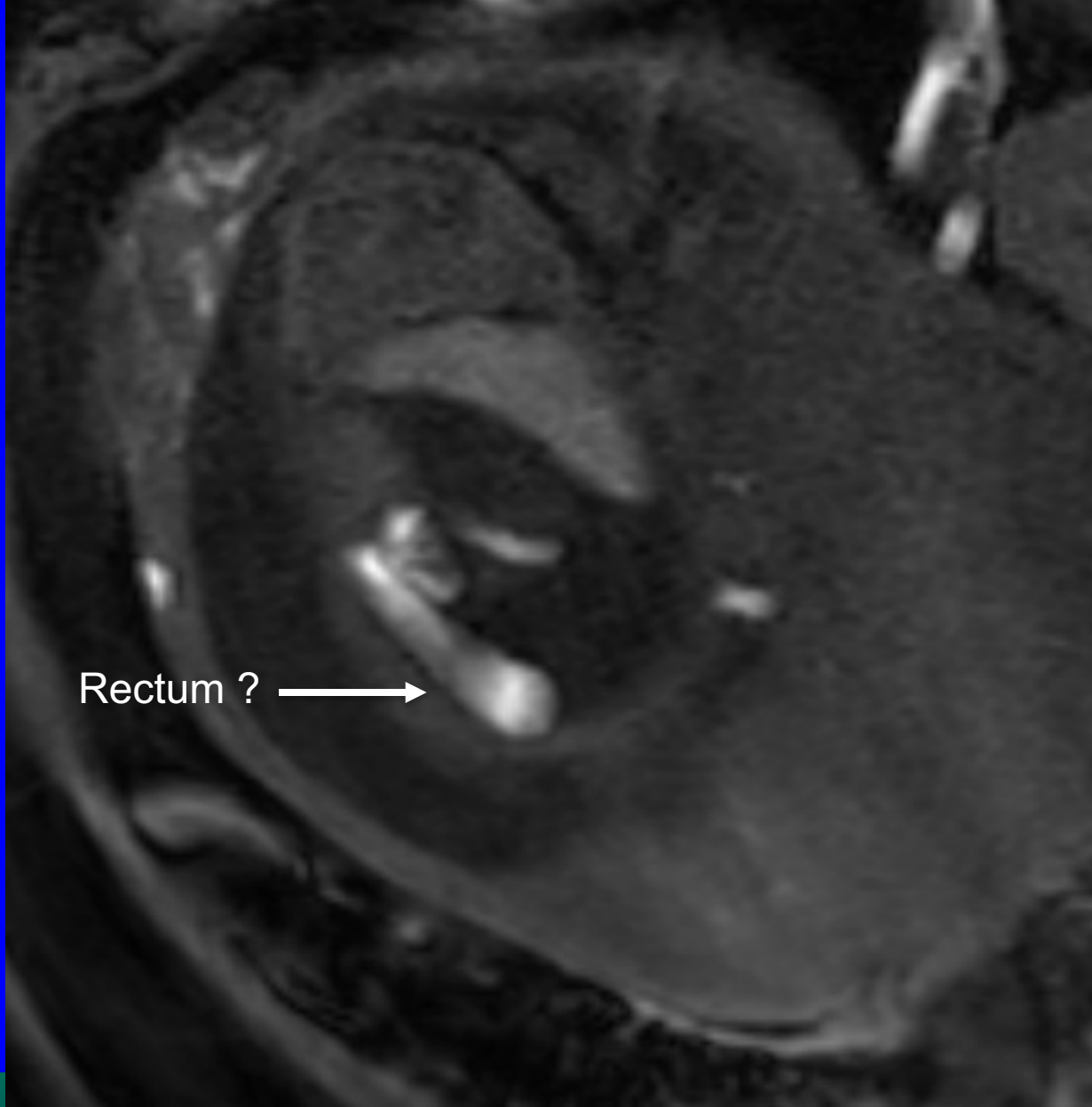


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Rectum ? →



If it is truly a blind rectum floating  
in the abdomen the patient  
should receive and end colostomy  
+ hydrocolpos drainage during  
newborn surgery

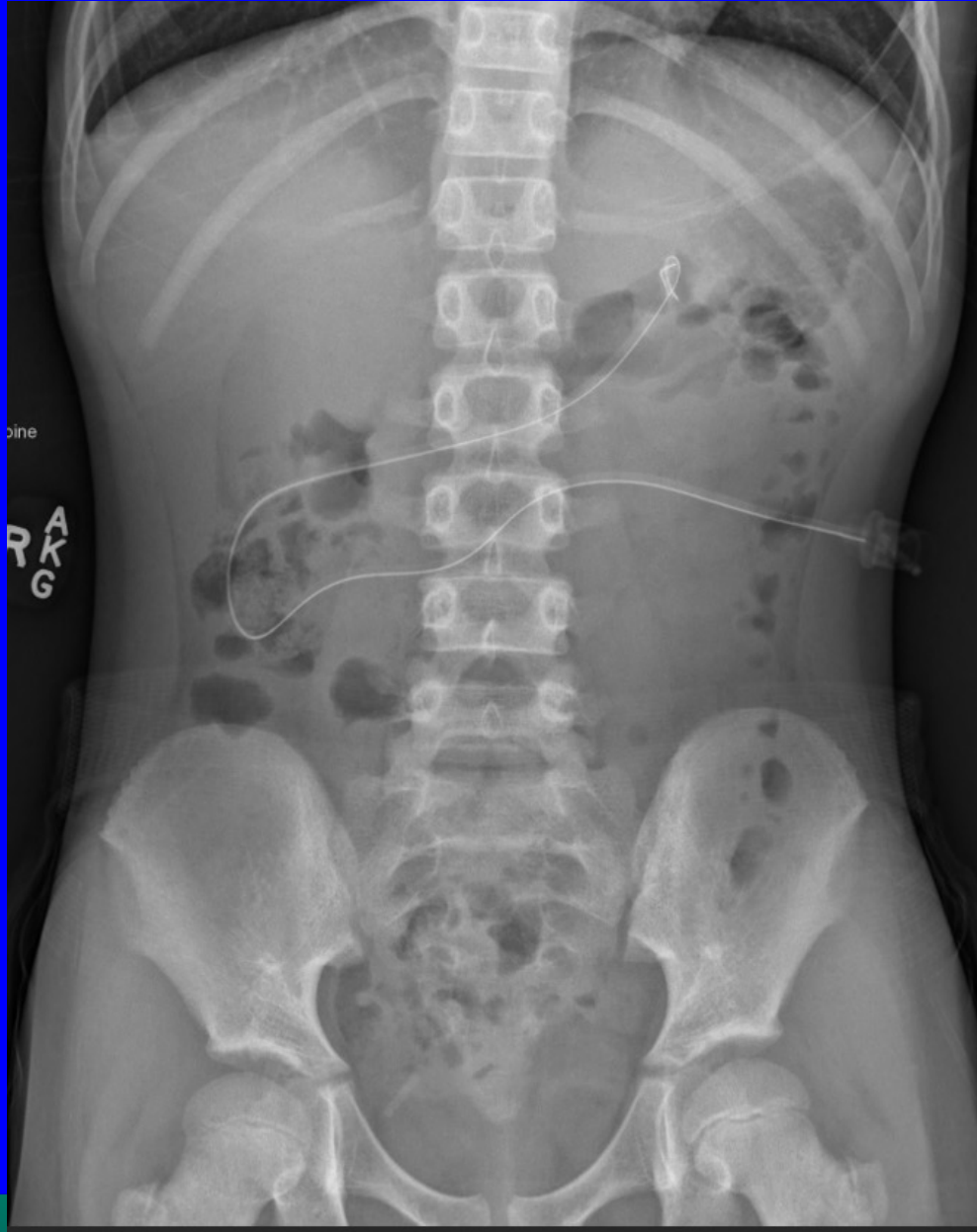




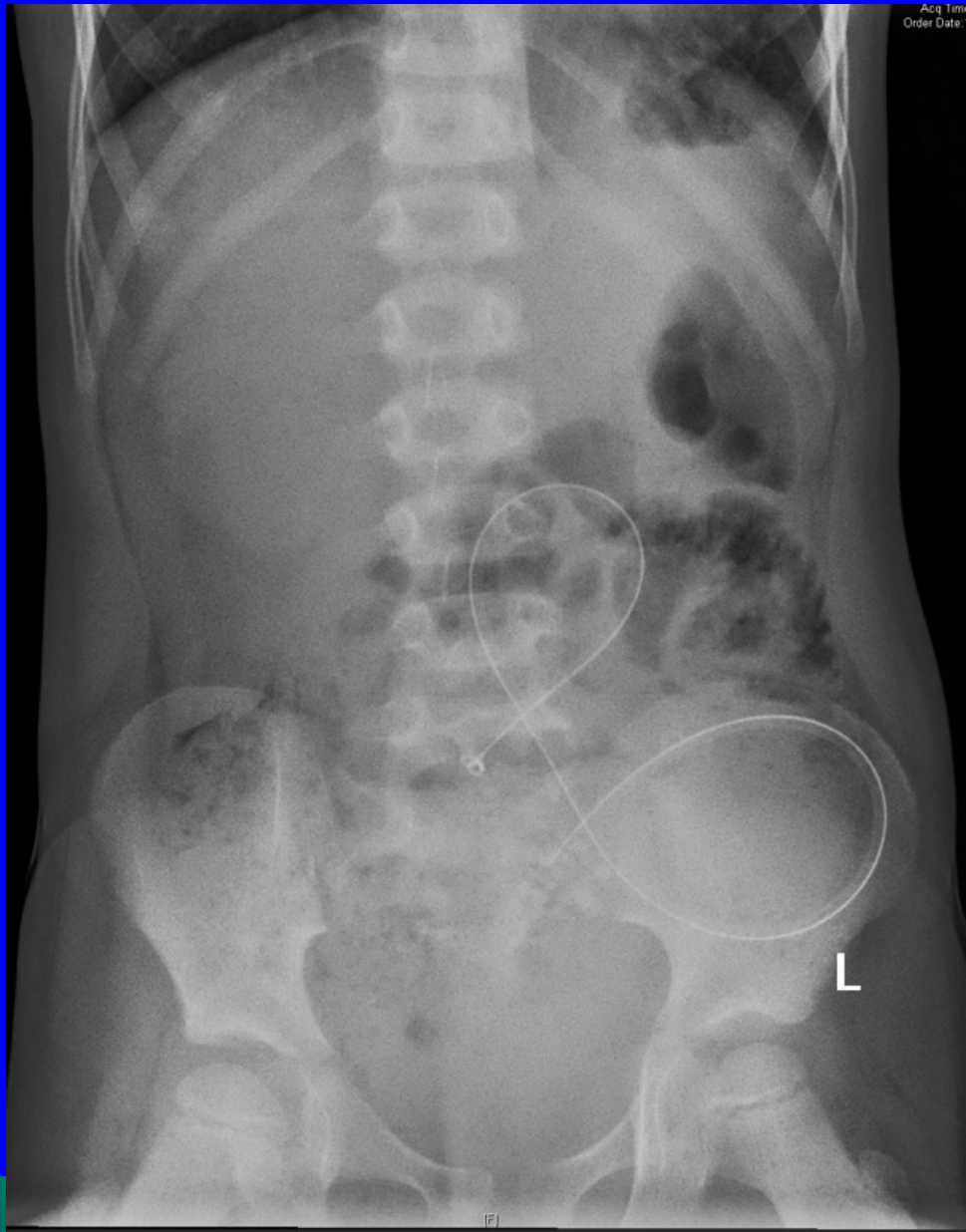
Same story, different  
images/ patients



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