

HOSPITAL INFANTIL de MÉXICO

FEDERICO GÓMEZ

Instituto Nacional de Salud



Case presentation

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Case presentation

History

- -Female 36 weeks of gestation. DOB 13/07/2024
- -Birthweight 2.3kg
- -Prenatal ultrasound revelead abdominal wall defect
- -Trasferred to our unit on day 12 of life

Physical exploration

Cloacal exstrophy





Case presentation (II)

Pre-operative Work-up

Postnatal Ultrasound

- -Right kidney ectopia
- -Spinal US: can't rule out dysraphism

Echocardiogram

-2.1 mm Atrial septal defect with no systemic repercussion

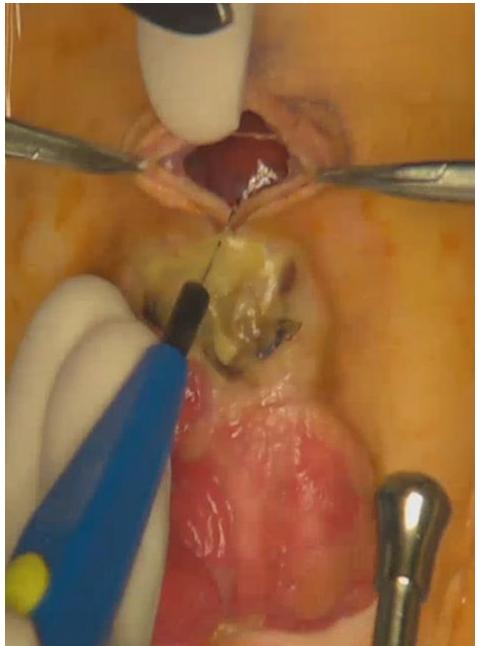
Given the previous findings, what should your GI approach be?

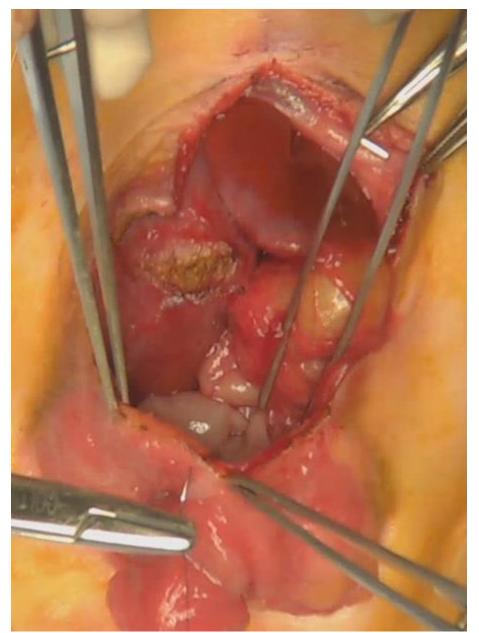
- a) Omphalocele closure + Ileostomy
- b) Omphalocele closure + Colostomy
- c) Omphalocele closure + Cecal plate rescue + Terminal Colostomy
- d) Help me!

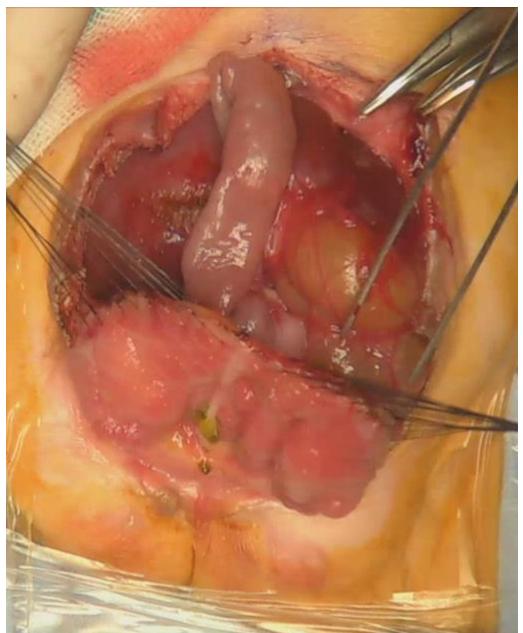
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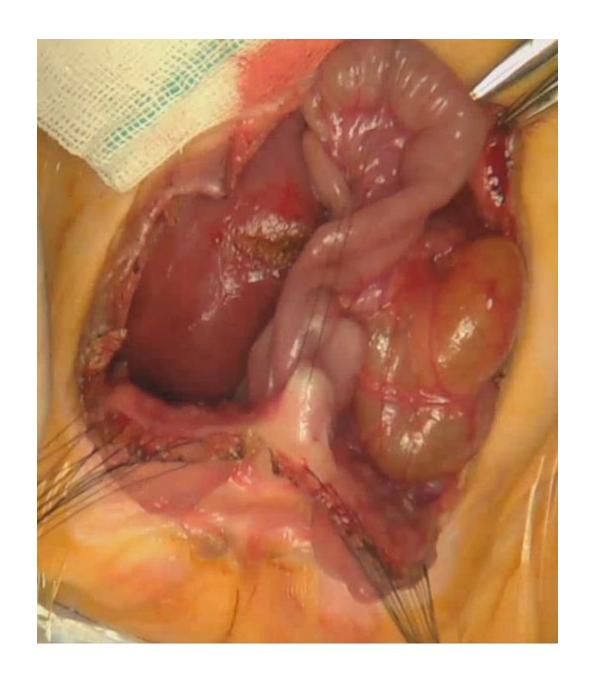
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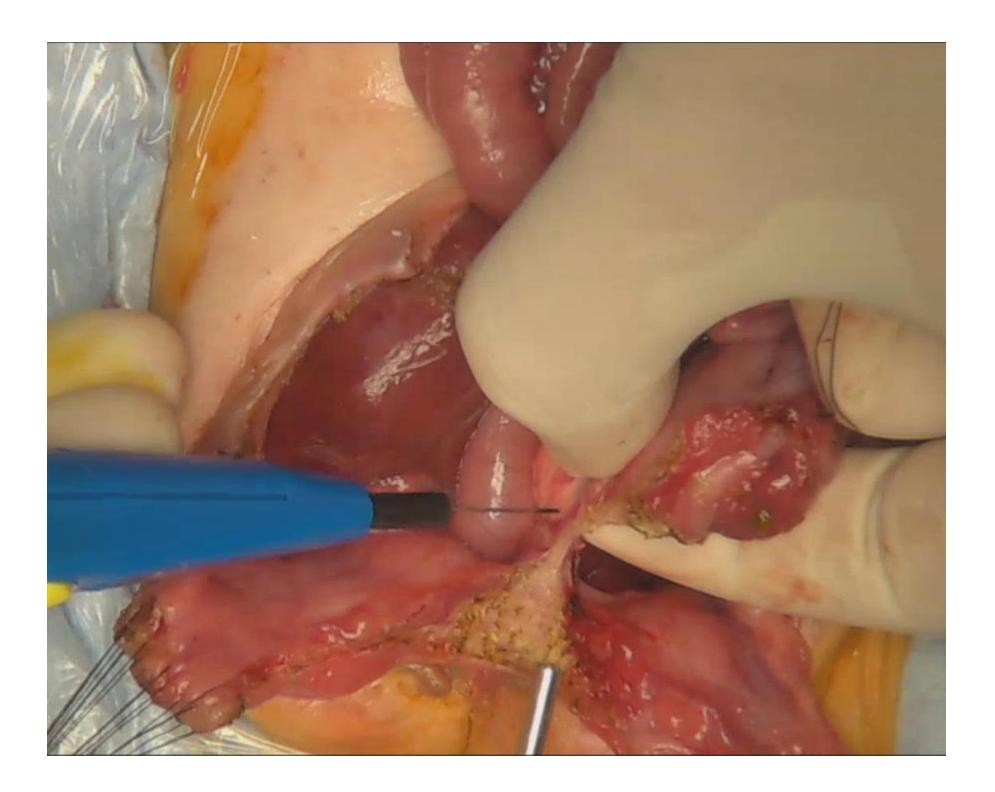


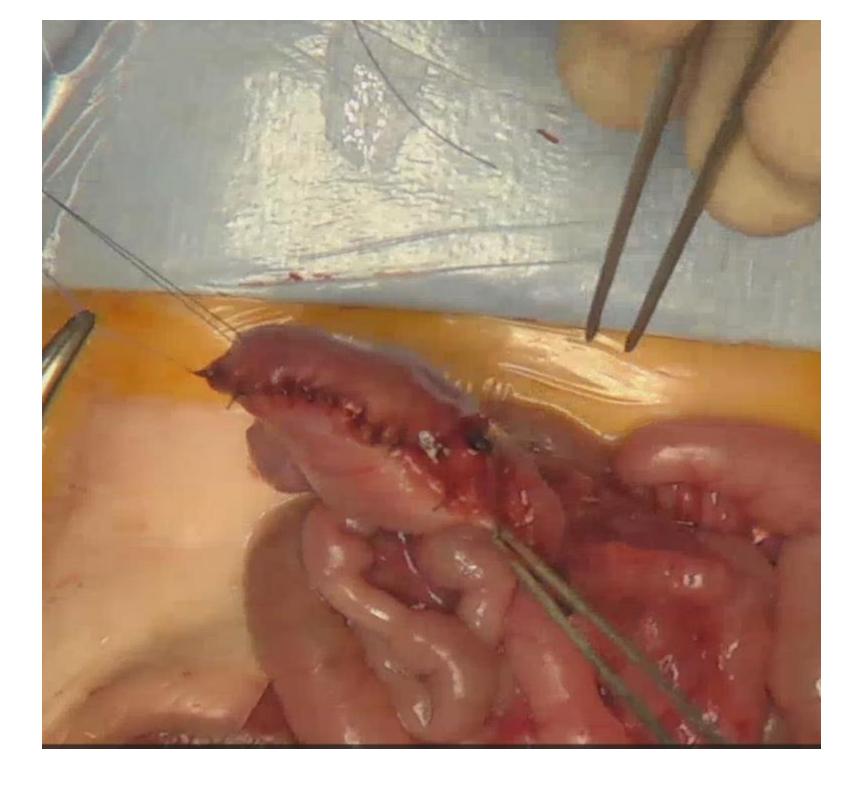


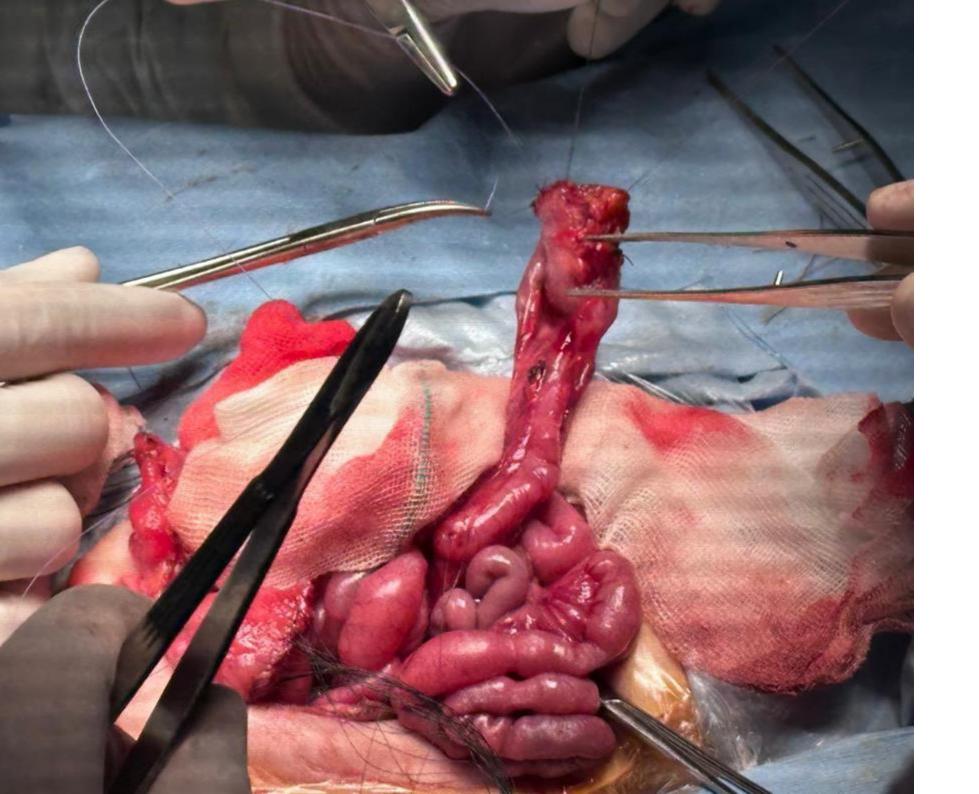


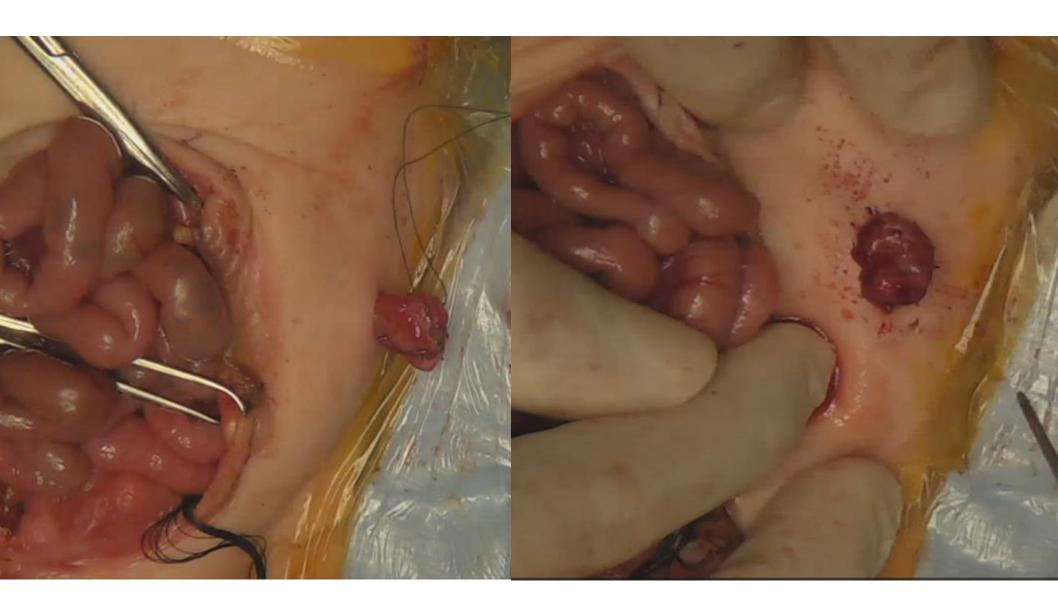






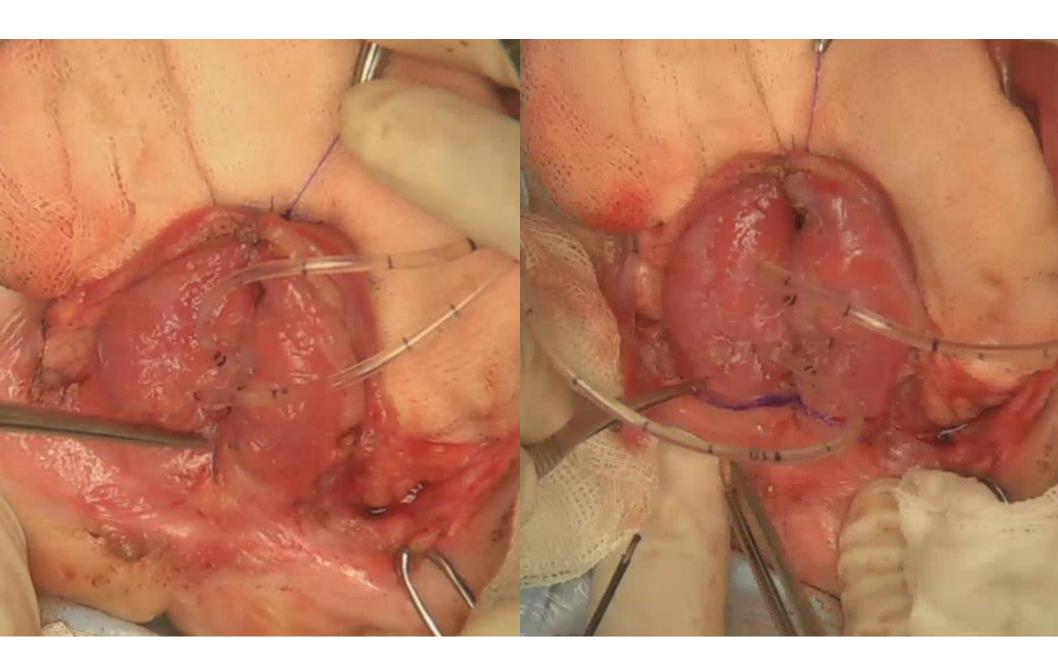










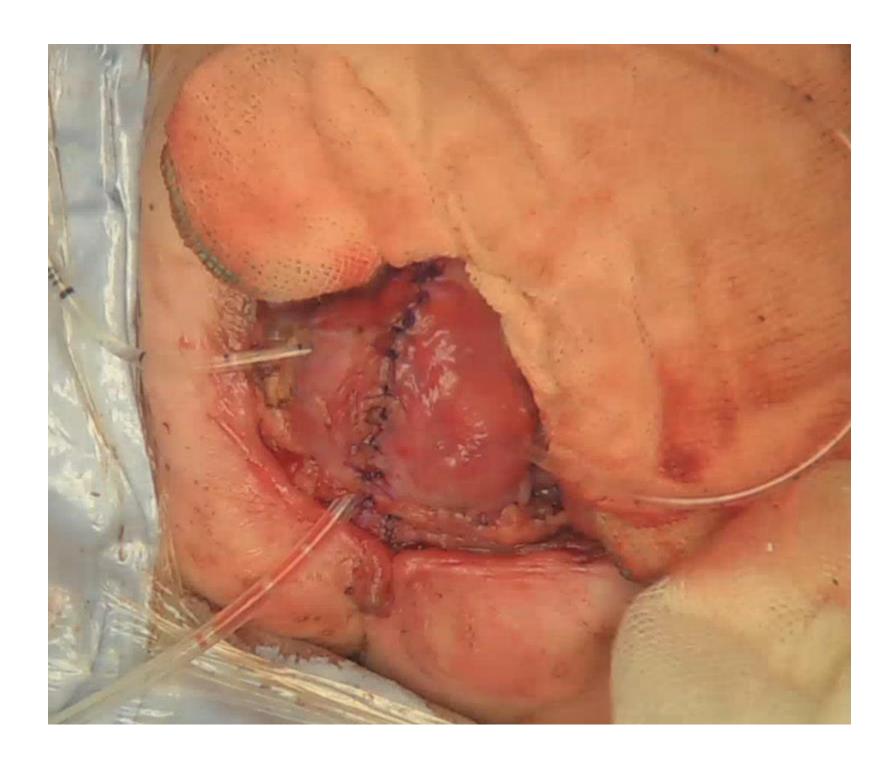


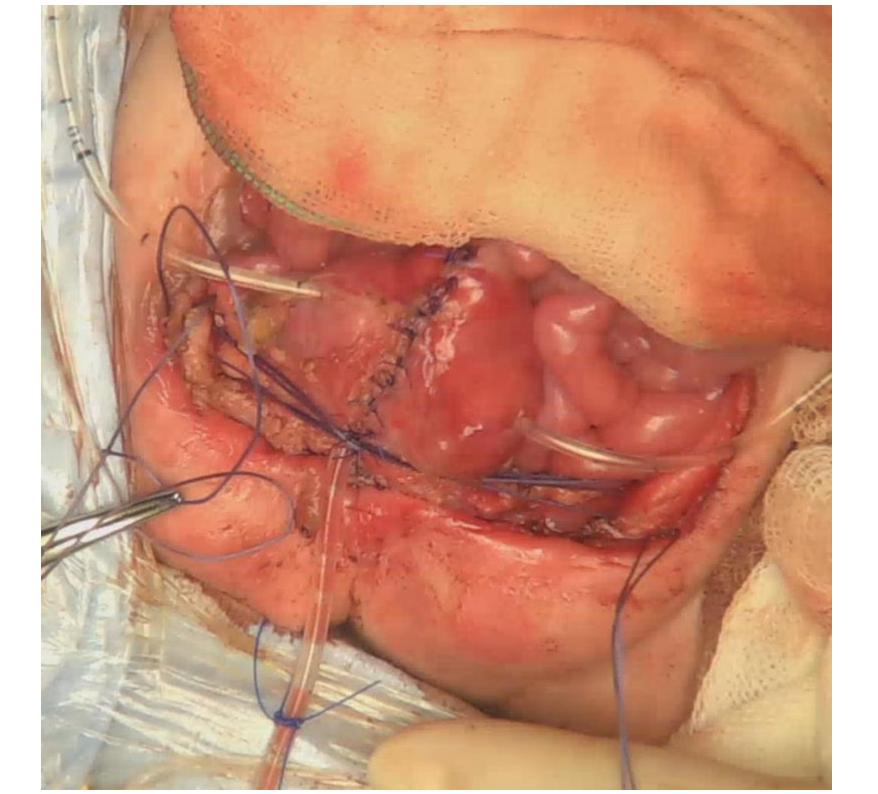
Based on the intraop. findings, what should you do with the hemibladders?

- a) Hemibladders closure and leave them as a bladder extrophy
- b) Hemibladders closure and complete reconstruction of the abdominal wall with pubic bone aproximation
- c) It depends
- d) Help me!

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- c) It depends
- d) Help me!









Post-operative course

- NPO and TPN for 7 days
- Broad-spectrum antibiotics
- Ureteral and bladder catheters
- Colostomy passing stools on day 3
- On POD 18, the patient reached full enteral feeding. Colostomy passing stools

Discussion of treatment strategies

Colostomy vs tubularized cecal plate vs terminal ileostomy

Complete primary repair vs Staged bladder repair

TAKE HOME MESSAGES

• EXPECT THE UNEXPECTED

. MDT!

. TAILORED PATIENTS CARE



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