

**KARYA ILMIAH:
SEMINAR INTERNASIONAL**

Colonic Atresia: A Case Report

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KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN

UNIVERSITAS JEMBER



Karya Ilmiah Dipresentasikan dalam Seminar Internasional

:International Colorectal Web Meeting June 27, 2019 W. H. Hendren

Foundation for Pediatric Surgery & Urology in collaboration with

American Pediatric surgical association & Society for Pediatric Urology

International Colorectal Web Meeting: June 2019

Patient Cases

Video Summary of Cases Presented (</case/summary-international-colorectal-web-meeting-june-2019>)

Case 1. 4-Year-Old Female Patient with Sacrum Hypoplasia

(</content/four-year-old-female-patient-sacrum-hypoplasia>)

Karla Santos, M.D., *National Institute of Pediatrics, Mexico City, Mexico*

Case 2. Colonic Atresia: A Case Report (</content/colonic-atresia-case-report>)

Supangat, M.D., and Azka Darajat, Clinical Student, *Jember University, Pacitan, Jawa Timur, Indonesia*

Case 3. 8-Year-Old Male Patient with History of Constipation After Starting Solid Foods (</content/8-year-old-male-patient-history-constipation-after-starting-solid-foods>)

Andrea Bischoff, M.D., *International Center for Colorectal and Urogenital Care, Children's Hospital Colorado, Aurora, CO USA*

Case 4. Female Newborn with Known Prenatal Hydrocephalus (</content/female-newborn-known-prenatal-hydrocephalus>)

Andrea Bischoff, M.D., *International Center for Colorectal and Urogenital*

Related Links

About the International Colorectal Web Meetings (</node/1296>)

Submit a Patient Case (</node/1470>)

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Recent Web Meetings (</node/1543>)

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Care, Children's Hospital Colorado, Aurora, CO USA

THP Colorectal
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**Watch an *Interactive Video* of the June 2019 International Colorectal
Web Meeting Organized by Slides**

(<https://hendrenproject.adobeconnect.com/pgn74g47ik28/>)

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Certificate of Presentation

W. H. Hendren Education Foundation for
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hereby certifies that

Supangat, M.D., M.Sc., Ph.D., Pediatric Surgeon
Azka Darajat, Clinical Student

Dr. Soebandi General Hospital, Faculty of Medicine, University of Jember, East Java, Indonesia

presented the following patient case:

Colonic Atresia: A Case Report

during the

International Colorectal Web Meeting

June 27, 2019

Colonic Atresia: A Case Report

Supangat, M.D.

Azka Darajat, M.D.

Dr. Soebandi General Hospital, Faculty of Medicine, University of Jember, East Java, Indonesia

- Female baby was **transferred from outside hospital**.
- She was **born at 39 weeks gestational age** and **weighed 3.3 kg**.
- She presented for evaluation with **history of abdominal distention** (/tags/abdominal-distention) and **no meconium passage within the first 24 h of life**.
- **Abdominal X-ray** was obtained that **showed a massively dilated colon**.
- Exploratory **laparotomy** (/tags/laparotomy) was performed through a transverse incision and colostomy placed.
- Intraoperatively they found that she had **colonic atresia** (/tags/colonic-atresia) in the descending colon.
- Baby was **discharged post-op day 5 with a productive stoma**.
- **After 5 mo**, she came back for a second surgery.
- Plan had been to perform an end-to-end anastomosis, but they **identified a 5-to-1 discrepancy between the proximal and distal stomas**.
- **Santulli procedure** (/tags/santulli-procedure) was performed.
- **Biopsy** was obtained **from the distal colon. Confirmed that ganglion cells were present** (/tags/ganglion-cells) within the

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Auerbach plexus, but not in the Meissner plexus.

- Patient had only a small amount of stool output from the anus following surgery.

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Takeaways

- When patients have colonic atresia, there is often a discrepancy between proximal and distal bowel. This is expected.
- When there is a significant size discrepancy, the narrow segment is closed and an end-to-lateral anastomosis is performed to allow for a large anastomosis. A window is left open to act as a pop off valve in case the stool is difficult to pass.
- If this approach is used, stool will come from the window initially, but this will eventually decrease to the point where the window can be closed.
- The abdominal distention seen with colonic atresia is often much more significant than the dilation seen on an X-ray of a patient with Hirschsprung'.
- Foley catheter can also be used to inject stool into the distal stool to help the colon to become more functional.
- Colon should be monitored periodically since before surgery the proximal colon was very dilated and the distal was narrowed.
- Hirschsprung disease and colonic atresia are very rare to see concurrently.
- Midline incisions are preferred for colorectal surgery to preserve the flanks in case a stoma is needed. A transverse incision interferes with the flanks and makes bagging the stoma difficult.
- When a pull through or vaginal replacement is performed, it is important to ligate the right vessels. A perfect view of the blood

supply of the colon is needed. The hepatic or the splenic flexure can be detached, but the blood supply must be preserved.

Summary Slides:

Colonic Atresia: A Case Report

(https://www.hendrenproject.org/sites/default/files/Case2_colonicatresia_R2F.pdf)

Patient Case Discussion

Presenters (4)

June 2019--INTERNATIONAL COLORECTAL WEB MEETING

Comments & Questions (8)

andrea.bischoff@childrenscolorado.org: You are the best Ray!

Dra Cinthia Lorena Euceda: buen dia honduras

Intisar Hisham: Paediatric surgery resident from Kenya

andrea.bischoff@childrenscolorado.org: Welcome

Intisar Hisham: Thank you

Juan Costa Rica: saludos! Costa Rica

Anyanwu paschal: hello

Farid Allaghi: in this case is it better permanent stoma than pull-through

gilang vigorous: hello, im from indonesia.

KARLA SANTOS MEXICO INP: 8 HOURS AN THE PATIENT HAD A ILEOSTOMY

Dr. Sarra Nabti: hello , from algeria

gilang vigorous: hello everyone, im from indonesia

Attendees (31)

Azka Darajat

Hosts (1)

RAY EVERNGAM

Presenters (4)

andrea.bischoff@childrenscolorado...

Azka Darajat

KARLA SANTOS MEXICO INP

supangat

Participants (31)

Ahmed Abdelmohsen

00:00

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THP Source:

International Colorectal Web Meetings (/webinar/international-colorectal-web-meetings)

Key Words:

Female Patient (/tags/female-patient-0)

Abdominal Distension (/tags/abdominal-distension-0)

Colonic Atresia (/tags/colonic-atresia)

Colostomy (/tags/colostomy)

Santulli Procedure (/tags/santulli-procedure)

Ganglion Cells (/tags/ganglion-cells)

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Colonic Atresia: A Case Report

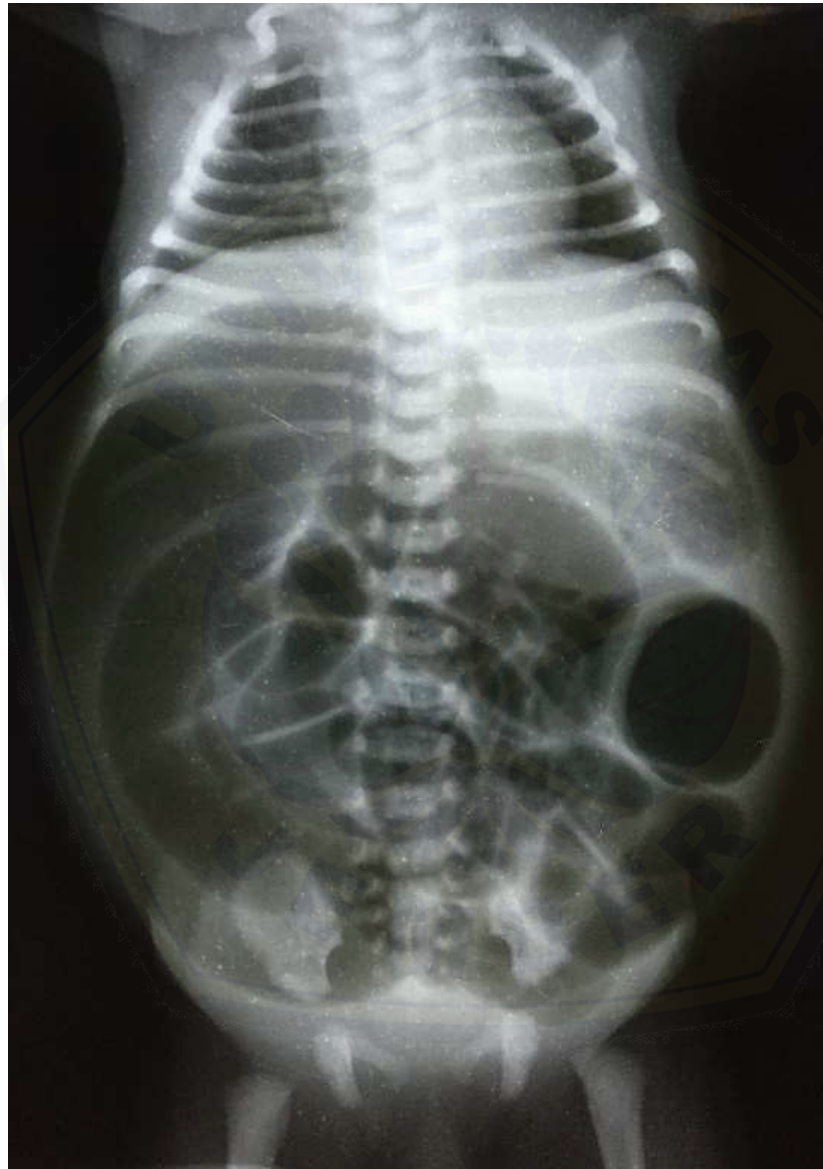
Supangat, Pediatric Surgeon
Azka Darajat, Clinical Clerkship Student

dr. Soebandi General Hospital
Faculty Of Medicine
University of Jember
East Java, Indonesia

Background

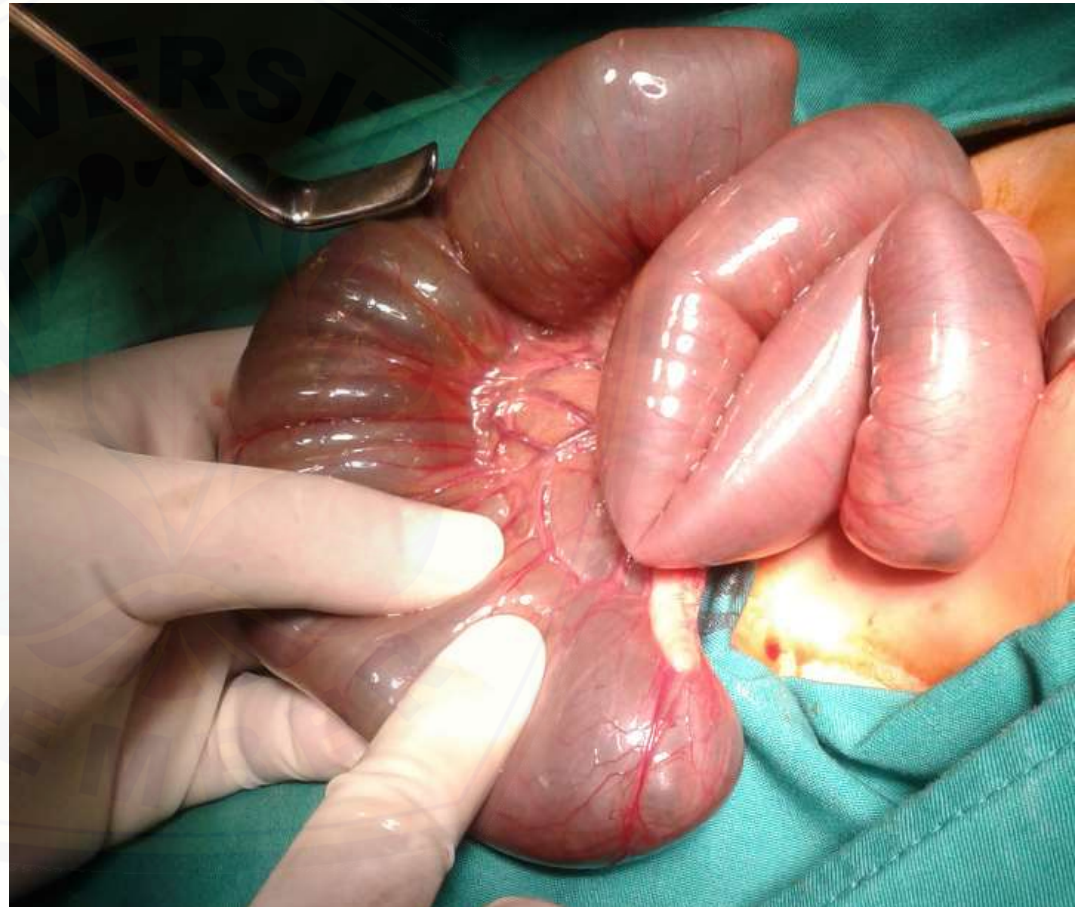
- Female baby transferred to our hospital
- Presented with history of abdominal distention and no meconium passage after 24 hours of life
- Diagnosed in the previous hospital with distal obstruction and differential diagnosis of congenital megacolon

Abdominal X-Ray

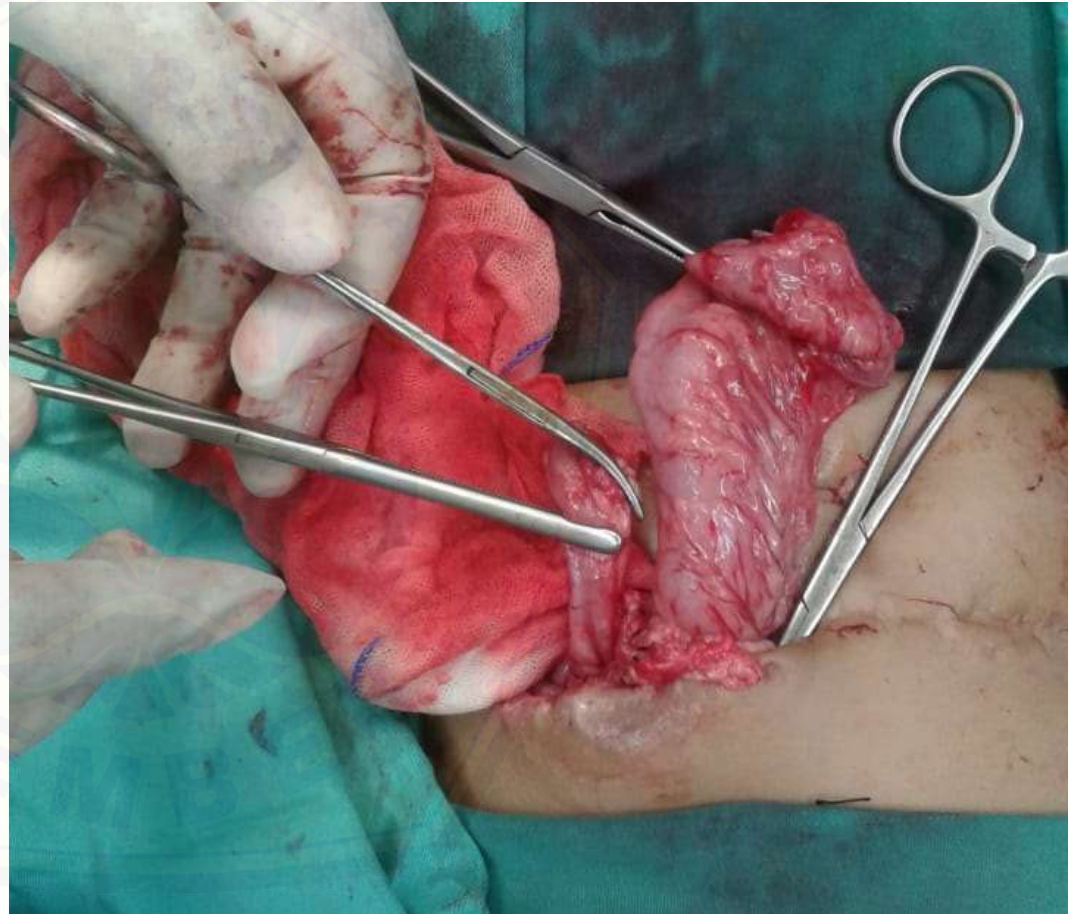


First Surgery

- Exploratory Laparotomy through transverse incision.
- Colonic atresia type II in the descending colon
- Colostomy was performed.



- We planned to do colostomy closure
- During surgery found 4:1 discrepancy between the proximal and the distal part
- We decided to do Santulli Procedure
- We took a biopsy to check for ganglion cells in the distal part.
- Post Op after 3 days there is still no stool coming out from the anus



The Biopsy

Reported presence of ganglion cells in the distal colon



Discussion

- What can we do next to treat this baby?
- What is the cause for the size discrepancy? How can we increase the diameter of the distal segment?



Thank You