

**KARYA ILMIAH:
SEMINAR INTERNASIONAL**

Rectal Atresia

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KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN

UNIVERSITAS JEMBER



Karya Ilmiah Dipresentasikan dalam Seminar Internasional

:International Colorectal Web Meeting October 24, 2019 W. H. Hendren

Foundation for Pediatric Surgery & Urology in collaboration with

American Pediatric surgical association & Society for Pediatric Urology

International Colorectal Web Meeting: October 2019

Patient Cases

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

Case 1. Two-Year-Old Female Patient Born with Anorectal Malformation and Nager Syndrome

(<https://www.hendrenproject.org/content/two-year-old-female-patient-born-anorectal-malformation-and-nager-syndrome>)

Lety Moreno, M.D., *Universidad Nacional Autónoma de México, Mexico City, Mexico*

Case 2. Laparoscopic Rectosigmoid Colon Resection In a Case of Severe Functional Constipation Refractory to Medical Therapy

(</content/laparoscopic-rectosigmoid-colon-resection-case-severe-functional-constipation-refractory>)

Emre Divarci, M.D., *Ege University Faculty of Medicine, Department of Pediatric Surgery, Izmir, Turkey*

Case 3. Rectal Duplication Cyst

(<https://www.hendrenproject.org/content/rectal-duplication-cyst>)

Kim Vanderlinden, M.D., *University Hospital, Brussels, Belgium*

Related Links

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

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

How To Attend the Web Meetings (</node/1287>)

Recent Web Meetings (</node/1543>)

Future Web Meetings (</node/1384>)

Case 4. Complex Cloacal Malformation

(<https://www.hendrenproject.org/content/complex-cloacal-malformation>)

Sarra Aggoun, M.D., *CHU Sétief Hospital, Sétief, Algeria*

THP Colorectal
Surgery Center
(/node/1054)

Case 5. Rectal Atresia (<https://www.hendrenproject.org/content/rectal-atresia>)

Supangat, M.D., and Hilda Khairinnsia, Clinical Student, *Dr. Soebandi General Hospital, Faculty of Medicine, University of Jember, East Java, Indonesia*

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

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

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Certificate of Presentation

W. H. Hendren Education Foundation for
Pediatric Surgery & Urology

hereby certifies that

Supangat, M.D., M.Sc., Ph.D., *Pediatric Surgeon*

Hilda Khairinnsia, *Clinical Student*

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

presented the following patient case:

Rectal Atresia

during the

International Colorectal Web Meeting

October 24, 2019

Rectal Atresia

Supangat, M.D.

Hilda Khairinnsia, Clinical Student

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

- **5-yr-old male** child presented to the hospital and **was scheduled for PSARP (/tags/psarp).**
- He was **born in 2014.** He **was a term delivery without complication.**
- He presented on day of life 7 with **abdominal distention (/tags/abdominal-distention) and no stool.**
- Loop colostomy was placed subsequently at an outside hospital.
- He was **referred for PSARP, but it was delayed** due to long wait.

Challenges

- What is the best surgical approach for this patient?
- If the patient received a loop colostomy, what would you suggest a doctor to do in a similar case?
- How do we avoid PSARP complication?

Takeaways

Related Links

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- **Rectal atresia (/tags/rectal-atresia) occurs in 1% of cases of anorectal malformation.** Rectal atresia may be missed on newborn exam. THP Colorectal Surgery Center (/node/1054)
- Separated, descending colostomy is the ideal type of colostomy.
- To avoid PSARP complication, it is important to be meticulous and delicate in operating.
- When the surgeon opens with posterior sagittal approach, there will be a proximal pouch that is three to four times larger than the distal anus. The distal anus should be persevered because these babies have normal anal canals and normal sphincter.
- Anal dilation protocol should be followed after the surgical repair.
- Patients with rectal atresia will also have chronic constipation so this should be monitored throughout life.

Summary Slides:

Rectal Atresia

(<https://www.hendrenproject.org/sites/default/files/ICWM102019C5R.pdf>)

Patient Case Discussion

Background

- 5-year-old male child
- Patient was scheduled for PSARP
- Feces delivery from stoma since 7-day-years-old
- Birth history: term, vaginal delivery in midwife
- Family history: there is no family history of rectal atresia

Comments & Questions

Catalina Correa COL: stimulant laxatives (10/24/2019 10:18)

Rakmat Ramadhani: did you consider to perform biopsy? (10/24/2019 10:22)

Matheus Jayme: HMIB (10/24/2019 10:30)

Alonso Herrera: Saludos desde Costa Rica (10/24/2019 10:34)

Kim Vanderlinden 2: sorry

Farid Allaghi: Best Regards From Libya (10/24/2019 10:38)

Kim Vanderlinden 2: when to operate?

Kim Vanderlinden 2: at which age?

Kim Vanderlinden 2: how to convince the parents because totally asymptomatic? malignant risk? (10/24/2019 10:40)

Kim Vanderlinden 2: ok, thank you for all your advice! Agam sorry for the microphone! Greetings from Belgium (10/24/2019 10:45)

Farid Allaghi: Double vagina not drained both. Why vesicostomy (10/24/2019 10:50)

Rosa Fonseca: At wich age do you perform the cloaca repair? (10/24/2019 10:50)

andrea.bischoff@childrenscolorado.org: Ac 5000 as

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Rectal Atresia | W. Hardy Hendren Pediatric Surgical and Urological Education Foundation

65

Rosa Fonseca is typing...

Attendees

Hilda Khairinnisa

Hosts (1)

RAY EVERNGAM

Presenters (5)

andrea.bischoff@childrenscolorado...

Dr SARRA AGGOUN

Emre Divarci, Turkey

Hilda Khairinnisa

Kim Vanderlinden 2

00:00

00:00

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THP Source:

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

Key Words: Rectal Atresia (/tags/rectal-atresia)
 Male Patient (/tags/male-patient)
 PSARP (/tags/psarp)
 Loop Colostomy (/tags/loop-colostomy)

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Anal Atresia and Rectal Atresia

Supangat, Pediatric Surgeon
Hilda Khairinnisa, General Practitioner

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

Background

- 5 years-old male child
- Patient was scheduled for PSARP
- Feces delivery from stoma since 7-day-years-old
- Birth history: term, vaginal delivery in midwife
- Family history: there is no family history of anal atresia

2014: the baby
was born

Several hours
later: general
surgeon made
loop colostomy

2019: PSARP in
Jember

7 days later:
distended abdomen (+),
feces defecation (-),
vomiting (+), found out
dx: anal and rectal
atresia

9 months later:
referred to PSARP in
general province
hospital and went back
due to the long queues

Babygram



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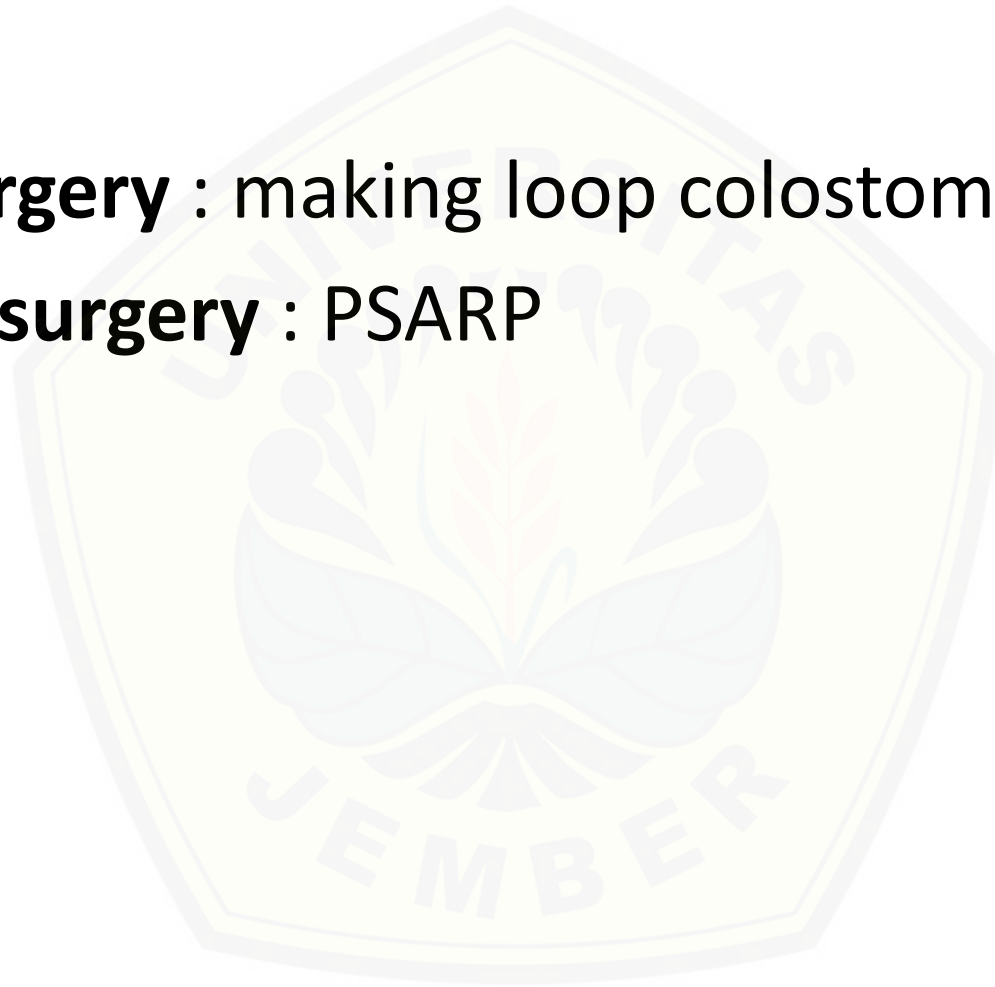
Knee Chest Position X-Ray

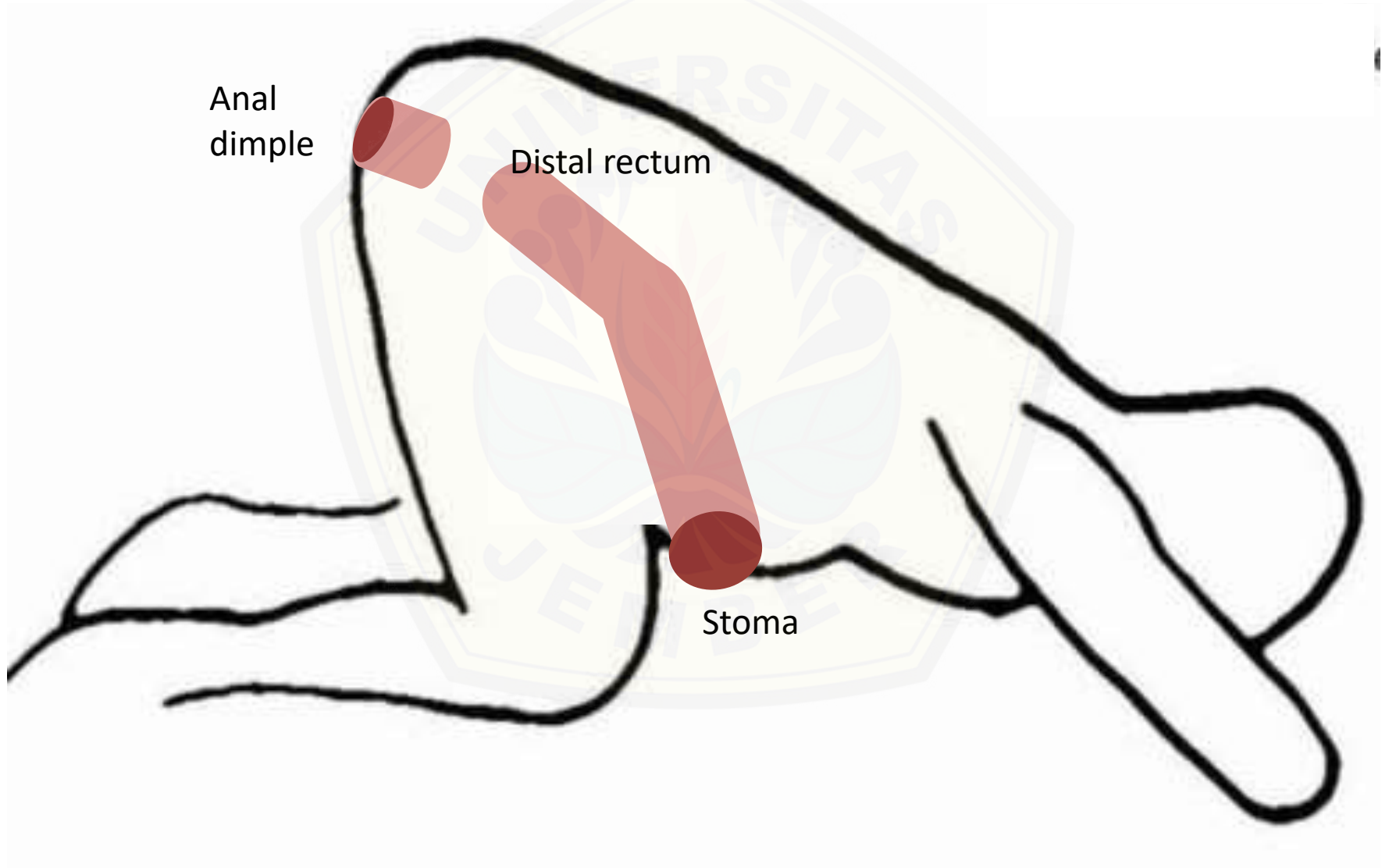


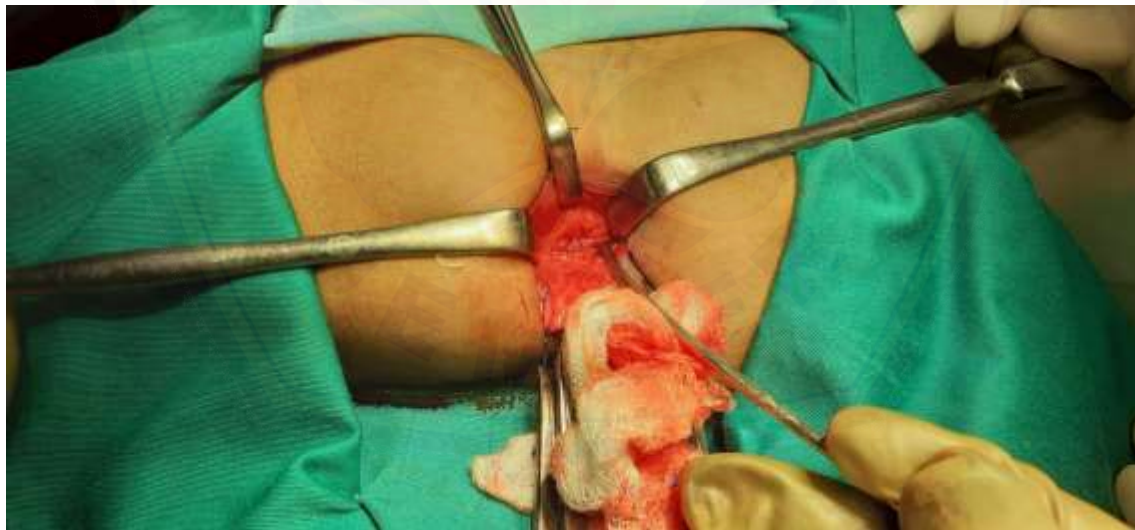
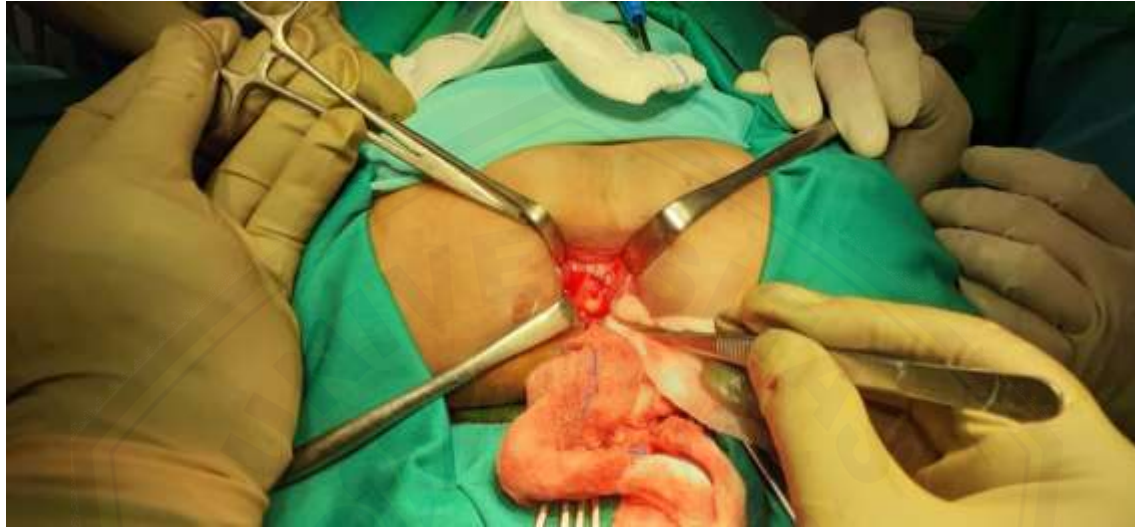
Lopography



- ✓ **First surgery** : making loop colostomy
- Second surgery** : PSARP







Discussion

- What kind of method do you think is the best therapeutic option for this patient? And how do you prepare it?
- If the patient have done loop colostomy, what do you suggest to the doctor in peripheral facility in order to monitor and preserve the stoma?
- What should we do to avoid PSARP complication?



Thank You