

**KARYA ILMIAH:
SEMINAR INTERNASIONAL**

Recurrent Rectovesical Fistula

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- Tenaga Pengajar Bagian Paraklinik
Fakultas Kedokteran Universitas Jember

KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN

UNIVERSITAS JEMBER



Karya Ilmiah Dipresentasikan dalam Seminar Internasional

:International Colorectal Web Meeting February 13, 2020 W. H. Hendren

Foundation for Pediatric Surgery & Urology in collaboration with

American Pediatric surgical association & Society for Pediatric Urology

International Colorectal Web Meeting: February 2020

Patient Cases

Video Summary of Cases Presented (</case/video-summary-international-colorectal-web-meeting-february-2020>)

Case 1. Vaginal Atresia and Vestibular Fistula

(<https://www.hendrenproject.org/content/vaginal-atresia-and-vestibular-fistula>)

Heba Taher, M.D.; *Cairo University, Cairo, Egypt*

Case 2. Perineal Visual Examination Is Essential for a Proper Diagnosis of Anorectal Malformation (</content/perineal-visual-examination-essential-proper-diagnosis-anorectal-malformation>)

(</content/perineal-visual-examination-essential-proper-diagnosis-anorectal-malformation>)

Fernando Heinen, M.D.; *Pediatric Surgeon, Buenos Aires, Argentina*

Case 3. Recurrent Rectovesical Fistula (</content/recurrent-rectovesical-fistula>)

Supangat, M.D.; *Gilang Vigorous, General Practitioner; Dr. Soebandi*

General Hospital, Faculty of Medicine, University of Jember, East Java, Indonesia

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. 4-Year-Old Male Patient Born with Recto-Perineal Fistula

(/content/4-year-old-male-patient-born-recto-perineal-fistula)

Alberto Peña, M.D., Director, International Center for Colorectal and Urogenital Care, Children's Hospital Colorado, Aurora, CO US

THP Colorectal Surgery Center (/node/1054)

Watch an Interactive Video of the February 2020 International Colorectal Web Meeting Organized by Slides

(<https://hendrenproject.adobeconnect.com/pro5hzqqq1qh/>)

Web Meeting Video

The screenshot shows a web meeting interface with a central slide and sidebars for presenters and comments.

Slide Content:

INTERNATIONAL COLORECTAL WEB MEETING--February 2020

Welcome to the International Colorectal Web Meeting

TODAY'S PATIENT CASE PRESENTERS:

- Heba Sharifa, M.D.
- Fernando Heinen, M.D.
- Supangat, M.D.
- Gilang Vigorous, General Practitioner
- Azka Darajat, Clinical Student
- Alberto Peña, M.D.

The Hendren Project: Your Global Networked Community for Pediatric Surgery & Urology

INTERNATIONAL CENTER FOR COLORECTAL AND UROGENITAL CARE

Presenters Sidebar:

- Fernando Heinen MD (Argentina)
- andrea.bischoff@childrenscolorado.o...
- GilangVigorous
- heba_taher

Comments & Questions Sidebar:

- Fernando Heinen MD (Argentina): Dr Vigorous is in the dark ;
- THE HENDREN PROJECT--Ray Evergam: WE WILL BEGIN IN ABOUT 5 MINUTES...
- Alejandra Lopez 2: hi everyone! greetings from Chile
- andrea.bischoff@childrenscolorado.org: The meeting has not started
- andrea.bischoff@childrenscolorado.org: Mute your microphone when you are not speaking
- Fernando Heinen MD (Argentina): Hola Luis ;)
- Maricarmen Olivos/ Chile: Good morning!
- Karina Miura: Greetings from Brazil!
- andrea.bischoff@childrenscolorado.org: Oi Karina!
- THE HENDREN PROJECT--Ray Evergam: WELCOME, EVERYONE! WE WILL BEGIN IN 1 MINUTE!
- Tim: Greetings from Kenya
- Feride: Good afternoon from Bursa,Turkey

00:00

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00:00

Rate This Presentation:

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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*

Gilang Vigorous, *General Practitioner*

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

presented the following patient case:

Recurrent Rectovesical Fistula

during the

International Colorectal Web Meeting

February 13, 2020



supangat Doctor <drsupangat@unej.ac.id>

RE: Patient Case Submission to the International Colorectal Web Meeting

5 messages

Bischoff, Andrea <Andrea.Bischoff@childrenscolorado.org>
To: Gilang Vigorous <gilangvigorous@yahoo.co.id>
Cc: Dokter Supangat Kedokteran <drsupangat@unej.ac.id>, Ray Everngam <ray@hendrenproject.org>

Tue, Feb 11, 2020 at 9:00 PM

Dear Dr. Vigorous,

I will edit your presentation and send the final version today.

You will be case number 3.

Andrea Bischoff, MD | Assistant Director, International Center for Colorectal and Urogenital Care | Children's Hospital Colorado | Associate Professor of Surgery University of Colorado13123 East 16th Avenue, Box 323 | Anschutz Medical Campus | Aurora, CO 80045 | Main Phone: (720)777-9880 | Office Phone: (720) 777-9448 | Fax: (720) 777-7891 | andrea.bischoff@childrenscolorado.org

Connect with Children's Hospital Colorado on Facebook and Twitter

 Doctors Pena Bischoff @DrsPenaBischoff <https://www.linkedin.com/in/andreabischoff> <https://www.youtube.com/watch?v=FMqLE0sE3zc>

[@penabischoff](#)

From: Gilang Vigorous <gilangvigorous@yahoo.co.id>
Sent: Tuesday, February 11, 2020 4:54 AM
To: Bischoff, Andrea <Andrea.Bischoff@childrenscolorado.org>
Cc: Dokter Supangat Kedokteran <drsupangat@unej.ac.id>
Subject: Patient Case Submission to the International Colorectal Web Meeting

Attached is a patient case that I would like to present at an upcoming International Colorectal Web Meeting on The Hendren Project.

Sent from [Mail](#) for Windows 10

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Bischoff, Andrea <Andrea.Bischoff@childrenscolorado.org>
To: Gilang Vigorous <gilangvigorous@yahoo.co.id>
Cc: Dokter Supangat Kedokteran <drsupangat@unej.ac.id>, Ray Everngam <ray@hendrenproject.org>

Wed, Feb 12, 2020 at 5:04 AM

Dear Dr. Vigorous –

I made some edits to your presentation. I removed some images that added no information to the audience.

I am still a little confused – did the patient have: 1) colostomy opening 2) abdomino-perineal pullthrough 3)

colostomy revision (opening of a more proximal colostomy) 4) a second abdomino-perineal pullthrough


Please let me know and find attached the revised presentation.

From: Gilang Vigorous <gilangvigorous@yahoo.co.id>
Sent: Tuesday, February 11, 2020 4:54 AM
To: Bischoff, Andrea <Andrea.Bischoff@childrenscolorado.org>
Cc: Dokter Supangat Kedokteran <drsupangat@unej.ac.id>
Subject: Patient Case Submission to the International Colorectal Web Meeting

Attached is a patient case that I would like to present at an upcoming International Colorectal Web Meeting on The Hendren Project.

Sent from [Mail](#) for Windows 10

[Quoted text hidden]

 **Case_3.pptx**
1560K

gilangvigorous@yahoo.co.id <gilangvigorous@yahoo.co.id>
To: "Bischoff, Andrea" <Andrea.Bischoff@childrenscolorado.org>
Cc: drsupangat@unej.ac.id

Wed, Feb 12, 2020 at 7:55 AM

after colostomy, we did not perform a pullthrough. we only could close the fistula and revise the colostomy position to more proximal site.

[Quoted text hidden]

Bischoff, Andrea <Andrea.Bischoff@childrenscolorado.org>
To: "gilangvigorous@yahoo.co.id" <gilangvigorous@yahoo.co.id>
Cc: "drsupangat@unej.ac.id" <drsupangat@unej.ac.id>

Wed, Feb 12, 2020 at 7:57 AM

Ok - I will re- edit the presentation tomorrow

Get [Outlook for iOS](#)

From: gilangvigorous@yahoo.co.id <gilangvigorous@yahoo.co.id>
Sent: Tuesday, February 11, 2020 5:55:55 PM
To: Bischoff, Andrea <Andrea.Bischoff@childrenscolorado.org>
Cc: drsupangat@unej.ac.id <drsupangat@unej.ac.id>
Subject: Re: Patient Case Submission to the International Colorectal Web Meeting

[Quoted text hidden]

29/9/2020

Jember University Mail - RE: Patient Case Submission to the International Colorectal Web Meeting

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Wed, Feb 12, 2020 at 11:39 AM

gilangvigorous@yahoo.co.id <gilangvigorous@yahoo.co.id>
To: "Bischoff, Andrea" <Andrea.Bischoff@childrenscolorado.org>
Cc: drsupangat@unej.ac.id

our gratitude, dr. Bischoff.
its an honor to discuss our patient with you.

[Quoted text hidden]



Recurrent Rectovesical Fistula

Supangat, M.D.

Gilang Vigorous, Practitioner

Azka Darajat, Clinical Student

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

- 2-yr-old male presents for evaluation. He was diagnosed with anorectal malformation at birth and had a colostomy placed on day of life 2.
- He was noted to have stool in his urine.
- Distal colostogram showed communication between the colon and the urinary tract.
- Suspected to be a recto-bladder neck fistula.
- When patient was 1 yr old, surgeons planned to do a transabdominal anoplasty.
- During surgery, the distal colon was too short to be pulled down as an anus.
- Stoma was revised and anoplasty delayed.
- When patient was 2 yr old, a transabdominal anoplasty was performed.
- Patient received anal dilations according to the protocol.
- 3 mo after anoplasty, patient was noted to have gross hematuria after anal dilation and stenosis.

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)

- Contrast study showed that there was still a connection between the colon and the urinary tract.

THP Colorectal
Surgery Center
(/node/1054)

Takeaways

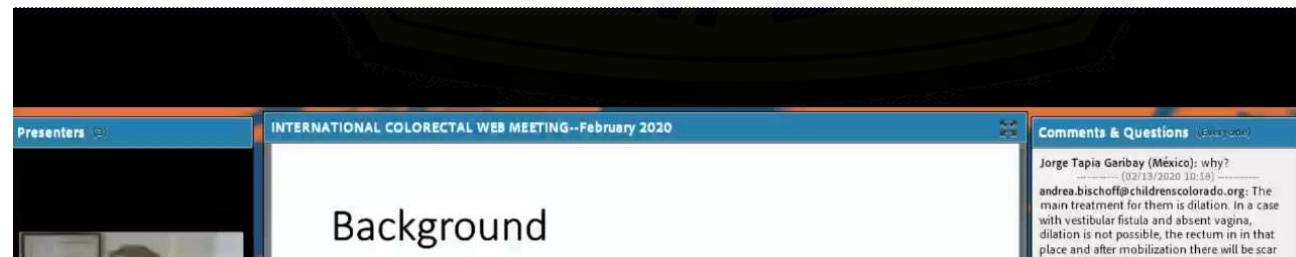
- In anorectal malformation, colostomy should be placed in the descending colon to allow enough distal length for the pull-through. The distal colonic length can be verified with distal colostogram.
- A voiding cystourethrogram should be obtained to help evaluate anatomy.
- Anal dilations are performed to avoid the natural healing process after a pull-through. If the blood supply to the anoplasty is poor, dilations will not be effective in preventing stricture.
- Patient will require reoperation after full anatomic workup is complete. It is important to delay reoperation for at least 6 mo with a diverting colostomy to allow the patient to heal and decrease inflammation.
- If patient is not voiding well or shows worsening renal function, a vesicostomy should be considered.

Summary Slides:

Recurrent Rectovesical Fistula

(<https://www.hendrenproject.org/sites/default/files/ICWM022020C3.pdf>)

Patient Case Discussion



The screenshot shows a web meeting interface. The main content area displays a slide titled "Background". To the right, there is a "Comments & Questions" panel with the following text:

Jorge Tapia Ganbay (México): why?
(02/19/2020 14:18)
andrea.bischoff@childrenscolorado.org: The main treatment for them is dilation. In a case with vestibular fistula and absent vagina, dilation is not possible, the rectum in that place and after mobilization there will be scar

The screenshot shows a Zoom meeting interface. On the left, there are three video thumbnails: Fernando Heinen MD (Argentina), andrea.bischoff@childrenscolorado.org, and GilangVigorous. The main area displays a presentation slide with the following text:

- Two-year-old male, diagnosed with anorectal malformation at birth
- After colostomy (2 days of life), the patient had feculent urine → we suspected rectovesical fistula

On the right, a chat window shows the following messages:

heba taher: thank you for your valuable comments, just to stress I couldn't hear all your recommendation

andrea.bischoff@childrenscolorado.org: I am sorry Heba. I will send you an email.

heba taher: especially dr Bischoff stating that the rectum could have been used as a vagina, if so and she has a uterus

heba taher: will this be joint to the uterus

andrea.bischoff@childrenscolorado.org: yes

heba taher: any kind advise on resources

heba taher: I remember a presentation for you about this but was in

heba taher: severe cloacal malformation

heba taher: presentation by dr bischoff

The slide number 33 is visible at the bottom right of the presentation area. The Zoom player controls at the bottom show a 00:00 timer.

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THP Source:

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

Key Words:

Male Patient (/tags/male-patient)
 Recurrent Rectovesical Fistula (/tags/recurrent-rectovesical-fistula)
 Transabdominal Anoplasty (/tags/transabdominal-anoplasty)
 Stomal Relocation (/tags/stomal-relocation)
 Gross Hematuria (/tags/gross-hematuria)
 Complications (/tags/complications)

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Recurrent Rectovesical Fistula

Supangat, Pediatric Surgeon

Gilang Vigorous, General Practitioner

Azka Darajat, Clinical Clerkship Student

dr. Soebandi General Hospital

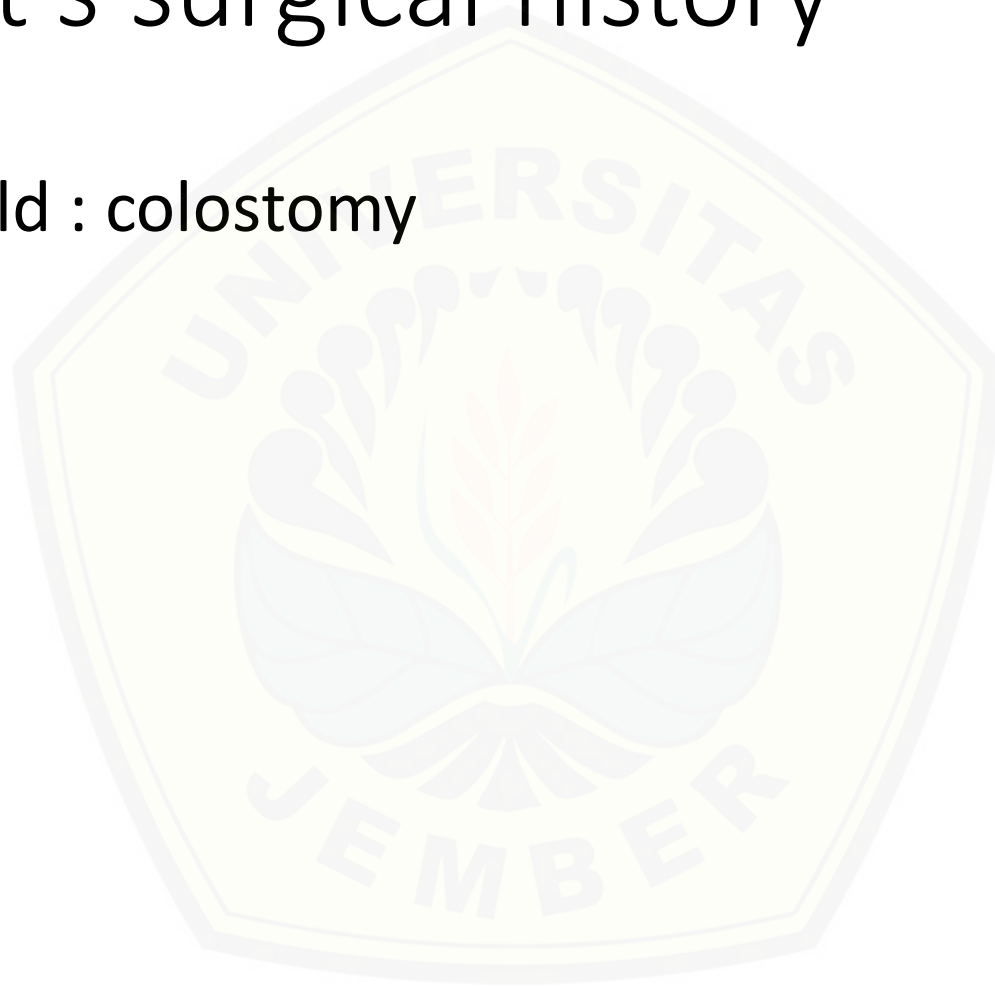
**Faculty of Medicine University of Jember
East Java, Indonesia**

Background

- Two years old male, diagnosed with anorectal malformation at birth
- After colostomy (2 days of life), the patient had feculent urine → we suspected rectovesical fistula
- He underwent colostomy – fistula repair – abdominal pullthrough anoplasty and anal dilatation program
- For the last 2 months (5 months after anoplasty), family complained of gross hematuria every time after anal dilatation

Patient's surgical history

- 2 days old : colostomy



(distal colostogram, before the repair of the anorectal malformation)



What malformation do you think this is?

1. Recto-perineal fistula
2. Recto-urethral bulbar fistula
3. Recto-urethral prostatic fistula
4. Recto-bladderneck fistula
5. Anorectal malformation without fistula

- At 8 months old: repair of the anorectal malformation (abdomino-perineal pullthrough)

(proximal colostogram after the repair of the anorectal malformation)



(distal colostogram after the repair of the anorectal malformation)



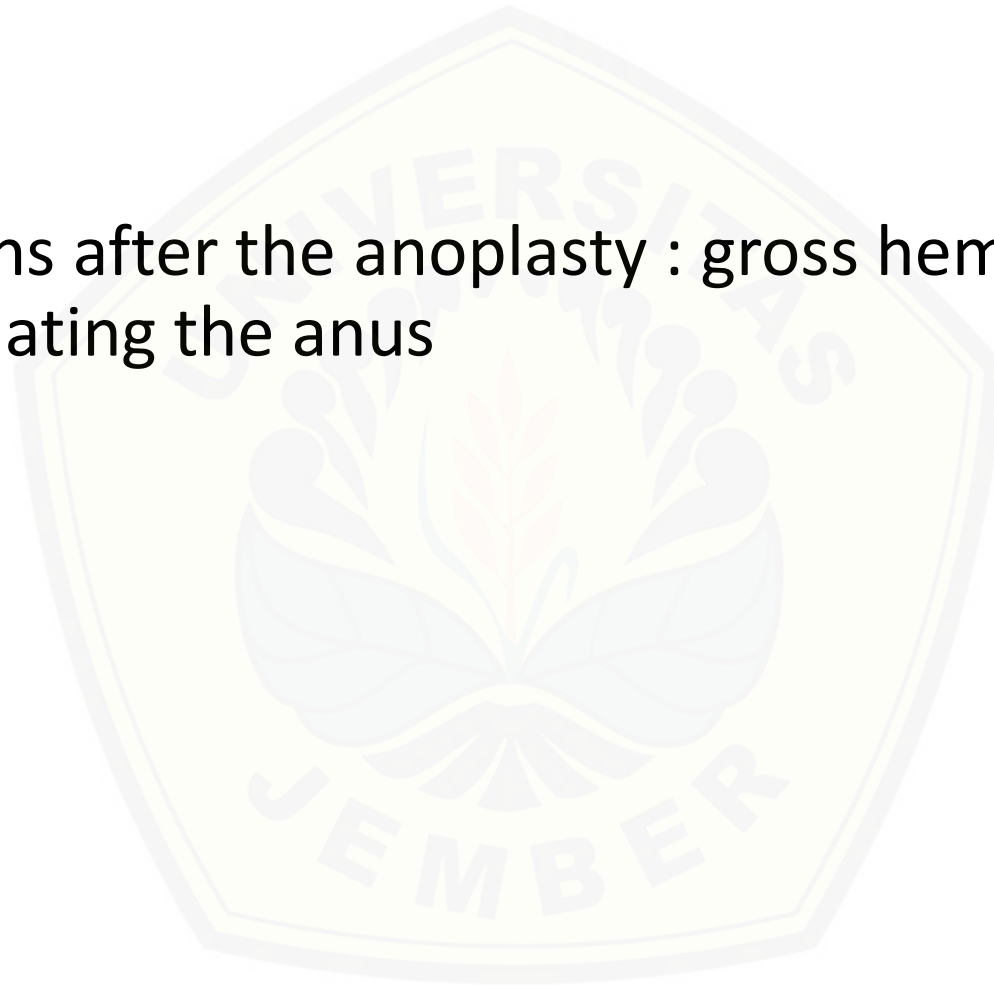
- 1 year old: We planned to perform transabdominal anoplasty
- During operation, we found that the distal part from colostomy was too short to be pulled down to anus
- We performed stomal relocation instead
- We planned anoplasty after the stomal relocation

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(distal colostogram preparing for
anoplasty)



- 2 years and 2 months old: Transabdominal pullthrough anoplasty
- Anal dilatation program conducted, we trained the patient's family

- 3 months after the anoplasty : gross hematuria after dilating the anus



(Current distal colostogram, after developing gross hematuria)



(Current distal colostogram, after developing gross hematuria)



Discussion

- Is it possible that rectovesical fistula reoccur due to the anal dilatation?
- How can this patient have a stricture after anoplasty and anal dilatation? And what can we do to avoid this in the future?
- What's the best approach for the patient?



Thank You