images

Congenital pouch colon

Bilal Mirza, Lubna Ijaz, Afzal Sheikh

From the Department of Pediatric Surgery, The Children's Hospital and The Institute of Child Health, Lahore, Pakistan

Correspondence: Dr. Bilal Mirza · Department of Pediatric Surgery, The Children's Hospital and The Institute of Child Health, Lahore, Pakistan · blmirza@yahoo.com

Ann Saudi Med 2011; 31(5): 546-547

DOI: 10.4103/0256-4947.84643

A 1-day-old newborn male was brought to the nursery emergency department with a complaint of absent anal opening. The baby was born through spontaneous vaginal delivery in a village and had a weight of 2.8 kg. Apart from massive abdominal distension, there were no other significant features in the history and clinical examination. Roentgenograms revealed a massive gas shadow in the abdomen (**Figures 1 and 2**). A diagnosis of congenital pouch colon (CPC) was made. At laparotomy, the entire colon was in the form of a pouch, and ileum directly opened into the pouch from the right side (**Figure 3**). There was a large fistula between CPC and the urinary bladder of the patient. The fistula was separated and repaired, and the pouch was excised in toto with an end ileostomy. The patient had an uneventful recovery.[1]

Congenital pouch colon is an anomaly in which the entire colon or its part becomes converted to a pouch-shaped structure, filled with[2] meconium, having a big fistula with genitourinary system. The most suitable preoperative diagnosis in a newborn presented with imperforate anus, massive abdominal distension, and massive gas shadow on roentgenograms should be congenital pouch colon. Radiographic diagnosis of CPC is

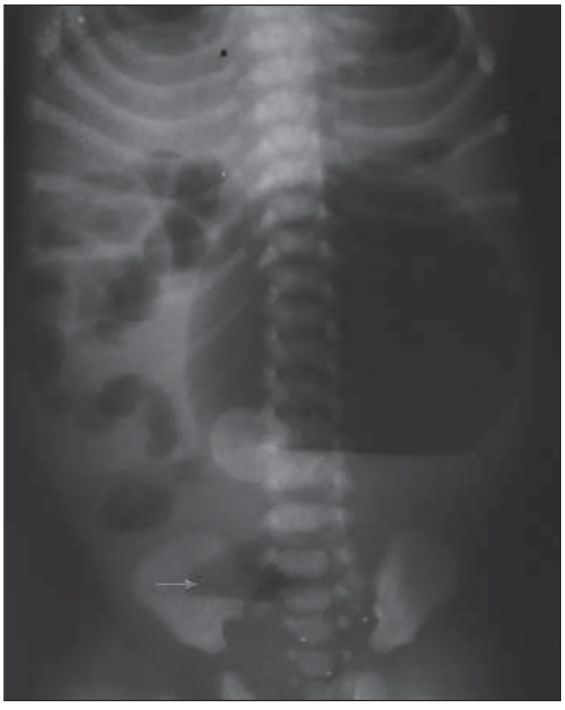

Figure 1. Erect abdominal radiograph showing a big gas shadow in left hemi-abdomen occupying more than half of the abdominal cavity and pushing the residual bowel shadows to the opposite side. The arrow is indicating bowel gas in urinary bladder.

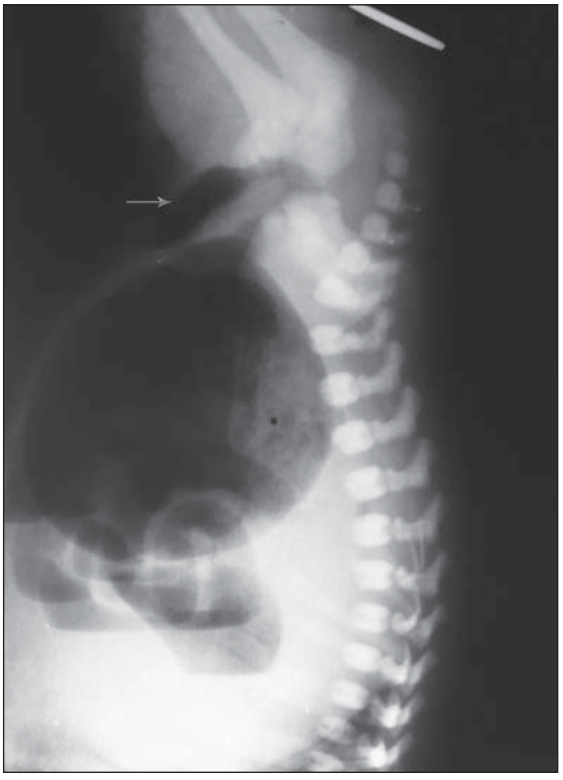

Figure 2. Invertogram showing a big gas shadow in the abdomen. Arrow is indicating bowel gas in the urinary bladder through the big fistula.

based upon a big gas shadow in the left hemi-abdomen occupying more than half of the abdominal cavity and pushing the residual bowel shadows to the right side. Rarely radiographs can delineate gas in the urinary bladder indicative of a big fistula, as happened in the index case.[1]

In incomplete pouch colon, the entire colon is not in the form of a pouch, but there remains some part of it adequate for a pull-through procedure. In complete pouch colon, the entire colon is in the form of a pouch or the remaining normal colon is not adequate in length to accomplish a pull-through procedure.[2,3] In our case, the anomaly was a complete pouch colon with no normal colon, and ileum was entering directly into the pouch colon without any cecum or appendix.

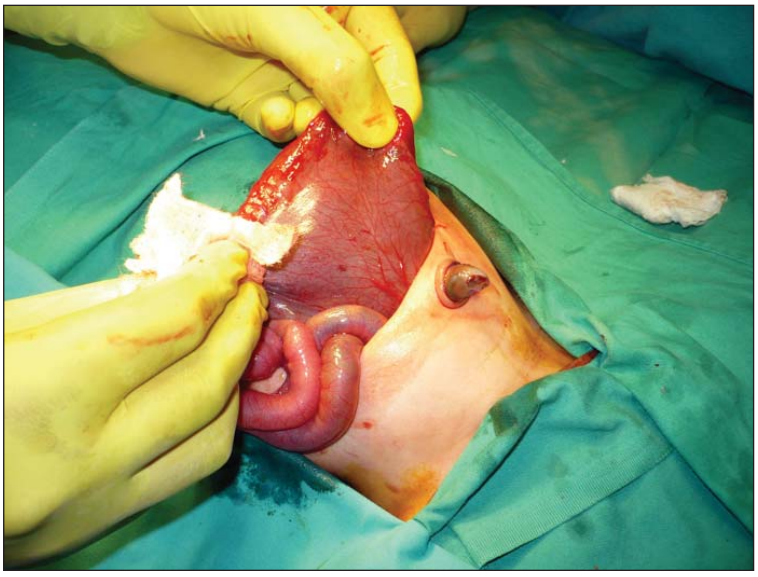

Figure 3. Operative view of complete congenital pouch colon

REFERENCES

1. Arestis NJ, Clarke C, Munro FD, Micallef C, O'Sullivan MJ. Congenital pouch colon (CPC) associated with anorectal agenesis: A case report and review of literature. Pediatr Dev Pathol 2005;8:701-5.

2. Gupta DK, Sharma S. Congenital pouch colon - Then and now. J Indian Assoc Pediatr Surg 2007;12:5-12.

3. Yadav K, Narasimharao KL. Primary pull-through as a definitive treatment of short colon associated with imperforate anus. Aust N Z J Surg 1983;53:229-30.