**IS-025**

**Congenital prepubic sinus: Is it a residual cloacal membrane and umbilicophallic groove?**

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**Purpose** To report two cases of congenital prepubic sinus (PS) and review the literature to improve the global understanding of this uncommon anomaly.

Case 1) A 3-month-old boy presented with midline PS. Sinogram showed an 11 cm long tract going toward the pubic bone, then backward through the pubic bone to the superior surface of the bladder, and continuing to the umbilicus. The sinus tract had no relationship to the bladder, normal nonpatent urachus, or urethra itself. Using a Pfannenstiel incision, the entire tract was excised. Histologically, the tract was lined with transitional and stratified squamous epithelium and surrounded by concentrically arranged smooth muscle bundles.

Case 2) A 4-year-old girl presented with congenital PS. At operation, the sinus was dissected down to the bladder, where it was transfixed and excised. There was no connection between the sinus tract and the bladder. Histologically the tract was lined with transitional epithelium.

**Conclusions** Based on a review of the scant number of reported cases, we propose a new etiology for congenital PS; i.e., that congenital PS may be caused by a residual cloacal membrane and umbilicophallic groove, and that its depth may determine the position of its ending.

**IS-026**

**Massive debris in the intrahepatic bile ducts in choledochal cyst: Possible cause of postoperative stone formation**

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**Purpose** Stone formation in the intrahepatic bile ducts (IHBD) is one serious complication after cyst excision in patients with choledochal cyst (CC), and is believed to occur either secondary to anastomotic stricture or to IHBD dilatation. However, during intraoperative endoscopy (IOE) at the time of cyst excision, we often found debris in the IHBD. This prompted us to investigate the incidence, treatment and implications of IHBD debris.

**Methods** 42 patients treated for CC between 1994 and 2001 at our institution were reviewed. A pediatric cystoscope was used for IOE.

**Results** Mean age at cyst excision was 6.9 years, and mean follow-up was 5.4 years. 11/42 patients (26.2%) had IHBD debris at the time of cyst excision, and 4/42 (9.5%) had massive debris in the IHBD. In all patients, IHBD debris was washed out with normal saline through the cystoscope. There was no postoperative IHBD stone formation or cholangitis except for one case of cholangitis in a patient having chemotherapy for acute myelocytic leukemia.

**Conclusions** Debris left in the IHBD during cyst excision is probably the primary cause of postoperative IHBD stone formation, and can be prevented by washing during IOE.