P-073A  A Case of Covered Cloacal Exstrophy
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Aim: To report the surgical treatment of a case of covered cloacal exstrophy.
Case report: A 5-year-old girl with covered cloacal exstrophy (CCE) was referred to us for further management. An ileostomy had been performed elsewhere. She had a long, wide cloacal channel (CC) connected to an extremely broad bladder neck with no urinary sphincter, rendering her totally incontinent. The cecum, 2 uteri, and 2 ureters also opened into the bladder. The cecum had 2 appendices. The colon was short, blind-ended and hugely dilated. Both kidneys and both ovaries were normal. At surgery, the CC and bladder were used as a vagina, both ureters were ligated and divided distally, and the cecum was excised from the bladder to create a continent urinary reservoir (CUR) with the blind-ended colon. The left ureter was reimplanted into the CUR. The right ureter was exteriorized as an ureterostomy, and both appendices were exteriorized for urinary catheterization (UC). The ileum transected from the cecum was pulled-through using a modified Georgeson's procedure to create a neoanus. The postoperative course was uneventful and UC started. Eleven months later, the right ureter was reimplanted into the CUR. At follow-up 2 months later, she was dry with urinary catheterization and continent, with no urinary tract infections.
Conclusion: The anatomy of CCE is complex and often unique, and treatment should be individualized. CUR created from a short colon appears to be useful for treating urinary incontinence in a subgroup of CCE cases, greatly improving their quality of life.