IS3-03  Continence and renal functions after surgical repair for cloacal malformations
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PURPOSE: Surgery of cloacal malformations is technically demanding and the Postoperative
continence is difficult to achieve.
METHODS: The follow-up records of 12 patients with cloacal malformations who underwent repair
were retrospectively reviewed.
RESULTS: Age at presentation varied from 1 day- 3 1/2 year. Associated anomalies (solitary
kidneys-2, renal dysplasia-1, Vesico-ureteric reflux-5, partial sacral agenesis-2, spina bifida-3, pouch
colon-2, clitoromegaly-1, septate vagina-3 and bicornuate uterus in 2. All patients underwent
panendoscopy before definite repair. Five patients had common channel length of more than 3 cm.
All patients had PSARUVP and an additional laparotomy in 2. Two patients required vaginal
replacement with ileum. A reduction clitoroplasty was done in 1. Postoperative period was
uneventful in all. Four patients developed mucosal prolapse, which was trimmed at the time
of stoma closure. Urethra vaginal fistula noted in 1 patient, closed spontaneously after regular vaginal
and urethral calibration. Of these, 3 patients had incontinence for urine and 2 had fecal soiling. All
these patients had a common channel length for more than 3 cm. Persistence VUR was found in 4, 1
received deflux. Remaining three are on chemoprophylaxis. Upper tract functions were maintained
normally in all.
CONCLUSION: Although the surgical correction of cloacal malformation is complex, postop.
outcome was still favourable. A regular follow-up is mandatory to manage associated abnormalities
and the complications noticed following PSUVRP.