IS3-06 Bowel and urinary continence after scope-assisted anorectovaginoplasty for female anorectal malformation

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Aim: We assessed bowel and urinary continence after scope-assisted anorectovaginoplasty (SARVP) for female anorectal malformation (FARM).

Methods: Five cases of FARM were assessed; cases 1-2 had cloacal malformation; case 3 had urogenital sinus, rectovestibular fistula (RF); case 4 had RF, absent vagina, and spina bifida with tethered cord, and case 5 had covered cloacal exstrophy. Mean age at surgery was 3.2 (1.7-5.5) years. Treatment was SARVP using Georgeson’s colon pull-through (GPT) procedure through a Pfannenstiel incision with scope assistance and perineal vaginoplasty (case 1), vagina pull-through similar to GPT (case 2), and the native RF/cloaca channel used as a vagina (cases 3-5). Bowel and urine continence were compared pre and postoperatively, and bowel continence was also assessed over time with a continence evaluation questionnaire (CEQ; maximum score, 10).

Results: SARVP was performed entirely in the lithotomy position without repositioning. Current mean age: 7.0 (5.8-10.5) years; mean follow-up: 47.4 months. At last follow-up, post-SARVP, cases 1-3 have bowel continence; case 4 is incontinent with spina bifida, and case 5 is awaiting stoma closure. CEQ scores for cases 1-4 are 7.5, 9, 10, and 2, respectively (mean score: 7.1). Cases 1-2 were continent of urine preoperatively and post-SARVP. Cases 3 and 4 have persistence of preoperative urinary incontinence postoperatively due to absence of urethral sphincters. Case 5 is continent of urine with intermittent catheterization.

Conclusion: Bowel and urinary continence were maintained because scope assistance improved the view of the pelvic floor, facilitating accurate placement of the anorectal/vaginal GPT without dissection of pelvic floor sphincter muscles.