

Pediatrics, Pediatric Gastroenterology & Nutrition

March 23-25, 2017 Orlando, USA**A case of congenital pouch colon (type-IV)****Sharayu P Dighavkar**

D.Y Patil University School of Medicine, India

Congenital pouch colon (CPC) is an anorectal malformation with highest number of reported cases in northern part of Indian subcontinent. The cause of this unique geographical distribution has not yet been ascertained. In this anomaly an entire colon or a part of colon is replaced by a pouch like dilation, which communicates distally with urogenital tract via a large fistula. A 2 year old female patient had a history of anorectal malformation with passing of stools from introitus with absent anal opening since birth. Per abdominal examination fecaloma was palpable. In introitus, two openings were noted urethra and vagina and stools coming out of vagina with absent anal opening. Sigmoid stoma was done in February 2016, intraoperatively sigmoid colon was ectatic and the fecaloma was removed. Failure of the ectatic bowel to regress back to its normal morphology and structure even after 6 months post sigmoid stoma alerted the surgeon to the suspicion of congenital pouch colon. Sacro-abdominal pull through was performed and pouch was excised and sent for histopathological analysis. Histopathology confirmed the diagnosis of pouch colon. It showed chronic inflammation in the mucosa and submucosa, along with disruption of the outer longitudinal and inner circular muscle layers, hypertrophy of nerve bundle was noted and mature and few giant ganglion were noted between the ill-formed muscle layers (only 10% of all cases of CPC shows giant ganglion).

Biography

Sharayu P Dighavkar has completed her Bachelor of Medicine and Bachelor of Surgery from D.Y Patil University, School of Medicine and is currently pursuing Post-Graduation in Pathology from D.Y. Patil School of Medicine.

dsharayu17@gmail.com

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