

A NOVEL TECHNIQUE OF POUCH TAPERING FOR THE MANAGEMENT OF CONGENITAL POUCH COLON

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Aim: The contemporary surgical management of congenital pouch colon (CPC) includes either excision or tapering of the pouch. The short length of bowel following pouch excision results in poor fecal continence, severe perianal excoriation, poor nutrition and even re-dilatation following tapering. The aim was to analyze the results of a novel technique of tapering by excising the lateral pouch diverticulum and pull through of the terminal colon.

Material and methods: In this pilot study, patients with CPC underwent a three stage operation consisting of (a) sitting a colostomy just proximal to the pouch preserving the ileocecal valve (b) pouch tapering with pull through and (c) colostomy closure. Tapering of the pouch was done using a linear cutter stapler (GIA 55/75, Johnson and Johnson) applied parallel to the medial (anti-mesenteric) border of the colon on the left lateral side (fig 1). The vascular supply coming from above and below the bowel was found to be sufficient for the remaining colon. The terminal fistula was separated from the bladder in males and its lowest termination in females. The tapered colon was pulled through the sphincter complex and anoplasty completed. The post operative results were analyzed for fecal continence, nutritional status and any re-dilatation.

Results: The numbers of patients were 8; M: F, 3:5. In 3 female patients the remaining portion of the pouch with its vascular pedicle was retained with making a small external stoma in anticipation of any future need for bladder augmentation for management of urinary incontinence. During follow-up visits up to 4 years, the bowel continence was fair with minimum perianal excoriation and no re-dilatation with satisfactory nutritional status.

Conclusion: The results of this novel technique of pouch tapering for CPC is satisfactory as it eliminates the abnormal pouch diverticulum and still retains the terminal bowel with its function.

