











Children's Mercy

How to examine newborn female infant









What is the likely type of malformation here?





Children's Mercy

How would you describe this perineum?



- A. Flat bottom
- B. Good buttock crease





























				Number	
ARM continence predictor index		Perineal Fistula	1		
		Anal Stenosis	1		
		Rectal Atresia	1		
		Rectovestibular Fistula	1		
	B	Rectobulbar Fistula	1		
		ARM without Fistula	1		
	5	Cloaca <3 cm Common Channel	2	N	
	R	Rectoprostatic Fistula	2		
	•	Rectovaginal Fistula	2		
		Rectobladderneck Fistula	3		3-4 = Good
		Cloaca >3 cm Common Channel	3		Potential for Continence
		Cloacal Exstrophy	3		
		Normal termination of the conus (L1-L2)	1	11	Potential for
	щ	Normal filum appearance	1		Continence
	4	Abnormally low termination of the conus (below L3)	2		22.2
	SP	Abnormal fatty thickening of filum	2		7-9 = Poor
		Myelomeningocele	3		Potential for
	-				
		Sacral Ratio equal to or greater than 0.7	1	1	<i>2</i> 20 - 0
	Σ	Sacral Ratio less than 0.69 or greater than 0.4	1		
	R	Hemisacrum	2		
	Q	Sacralhemivertebrae	2		
	SA	Presacral mass	2		
		Sacral Ratio less than 0.4	3		















<section-header><list-item><list-item><list-item><list-item>





























Contrast study- where is the transition zone?

- Inverse rectosigmoid ratio on lateral view
- Avoid CE during enterocolitis
- Accuracy of newborn CE: No transition zone in 11%, TZ R/S 8% had long-segment. Biopsy first



Proctor et al. JPS 2013 Children's Mercy











<section-header><section-header><section-header><text><text><text><text><text><text>









Children's Mercy



Hirschsprung patients postoperatively

- Nothing per rectum x 2weeks postoperatively
- Families learn irrigations after birth in the NICU
- Irrigation learning refreshed after surgery
- After 1 month postop, if HAEC-->> irrigation
- Patients do not get routine dilations



