HIRSCHSPRUNG PATIENT **POST PULL-THROUGH** WHO IS NOT DOING WELL

OBSTRUCTIVE SYMPTOMS FECAL SOILING • Failure to thrive • Chronic distension (without constipation) • Enterocolitis • Severe constipation **CONTRAST ENEMA EUA/BIOPSY** CONTRAST ENEMA **EUA/3D-AMAN** IS THE ANATOMY OK? IS THE ANATOMY OK? IS THE PATHOLOGY OK? Normal anatomy: Normal pathology: • Intact dentate line • Intact sphincters • + ganglion cells • Sphincters intact • Intact dentate line • + calretinin stain • Unlikely that patient needs biopsy • NO hypertrophic nerves NO NO **Sphincter** Indication for Is there sphincter Reconstruction? re-operation? dysfunction? • Stricture Malone? • Soave cuff Twist • Duhamel pouch • Transition zone Other **BOWEL MANAGEMENT PROGRAM Medical Treatment:** REDO PULLTHROUGH вотох • Constipation: laxatives + fiber MALONE • Loose stool: Hypermotility treatment **Mechanical Treatment:** • Enema



If you have any questions, please contact the colorectal team at:

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• Malone + antegrade flushes