

Redo Surgery for Patients with Hirschsprung's disease: A single center experience from A North African Country

Background

Satisfactory outcome post initial corrective surgery for patients with Hirschsprung's disease is common, yet some patients may suffer from persistent bowel symptoms. Such conditions are generally amenable to medical management leaving few cases that necessitate redo-surgery. Owing to the scarcity of large series that address such condition we conducted this study to present our center experience with redo pullthrough procedures for unsuccessful definitive surgery for patients with Hirschsprung's disease focusing on indications and surgical technique.

Methods

We reviewed the medical records of our center for cases with revision procedures previously treated as cases of Hirschsprung's disease over a period of 6 years. Data collection included (History – Clinical presentation – Previous procedure – Imaging – Biopsy results – Secondary procedure – post operative follow up).

Main Results

Twenty-five patients included in the study with mean age of 5 years (range 4 months- 17 years). All cases were managed in a University-based Tertiary care Hospital, and redo surgeries were done by one surgeon. Mean follow up was 2 years. Nineteen males and 6 females. Thirteen cases were colostomized, 9 of them due to leakage from the coloanal anastomosis. Seven patients were presenting with intractable constipation.

Six cases presented with missed aganglionic segment, 13 cases with stricture at the anastomotic site, 2 cases with perineal fistula, 2 cases with rectovaginal fistula, and 2 cases with retained rectal spur. The revision operations included 8 cases had Swenson's procedure, 8 cases underwent Duhamel procedure, 4 cases had Soave procedure, For the two cases with recto vaginal fistula we closed the fistula through perineal approach, Two cases we used Stapler to release the spur and in one case we did release of the strictured calf.

Conclusion

Management of Patient's with Hirschsprung's disease require highly qualified surgeons and centers to avoid initial operation failure. And the revision procedure if ever needed should be tailored according to each case.