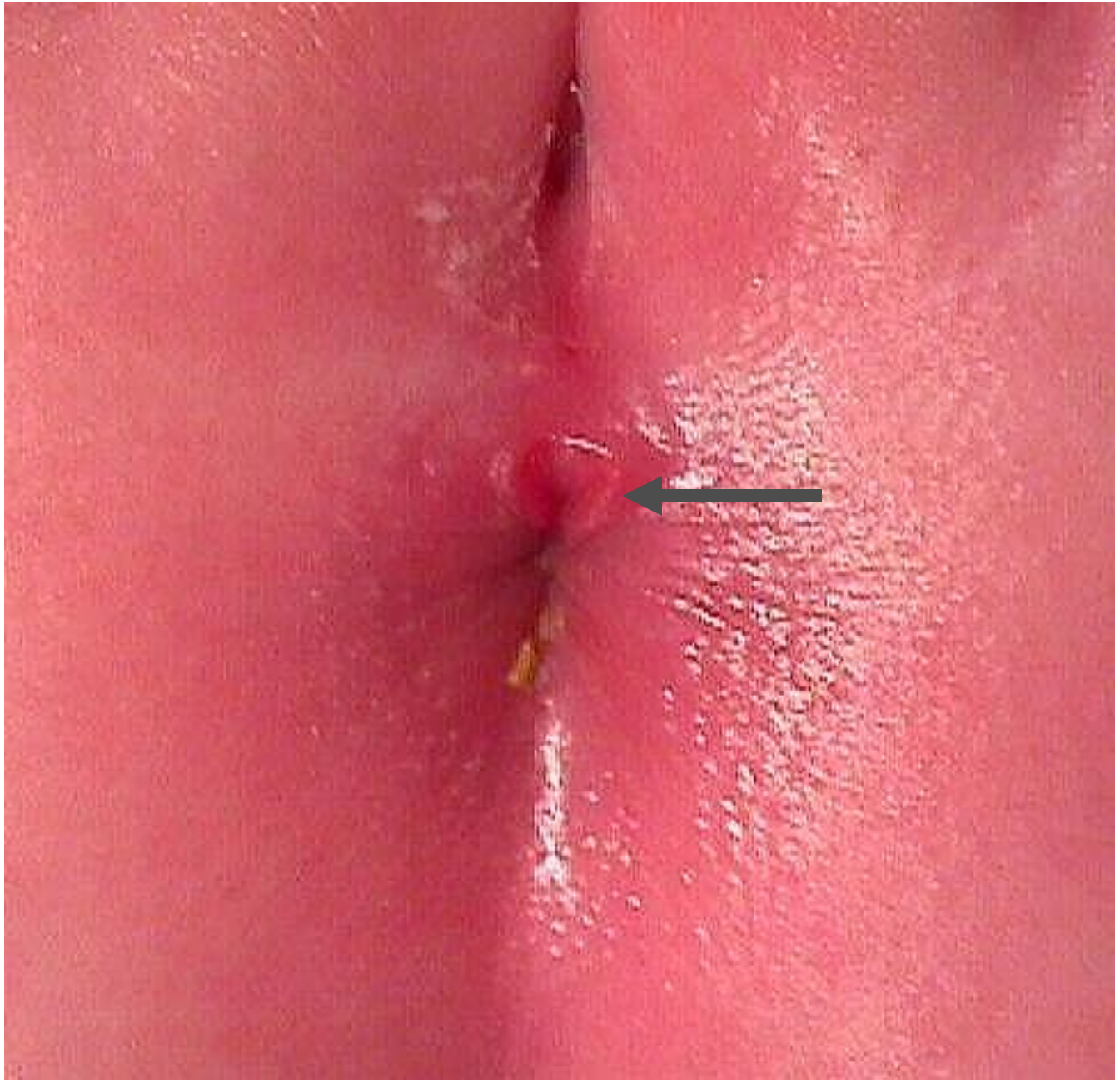
PROCTOLOGIA PEDIATRICA AMBULATORIA

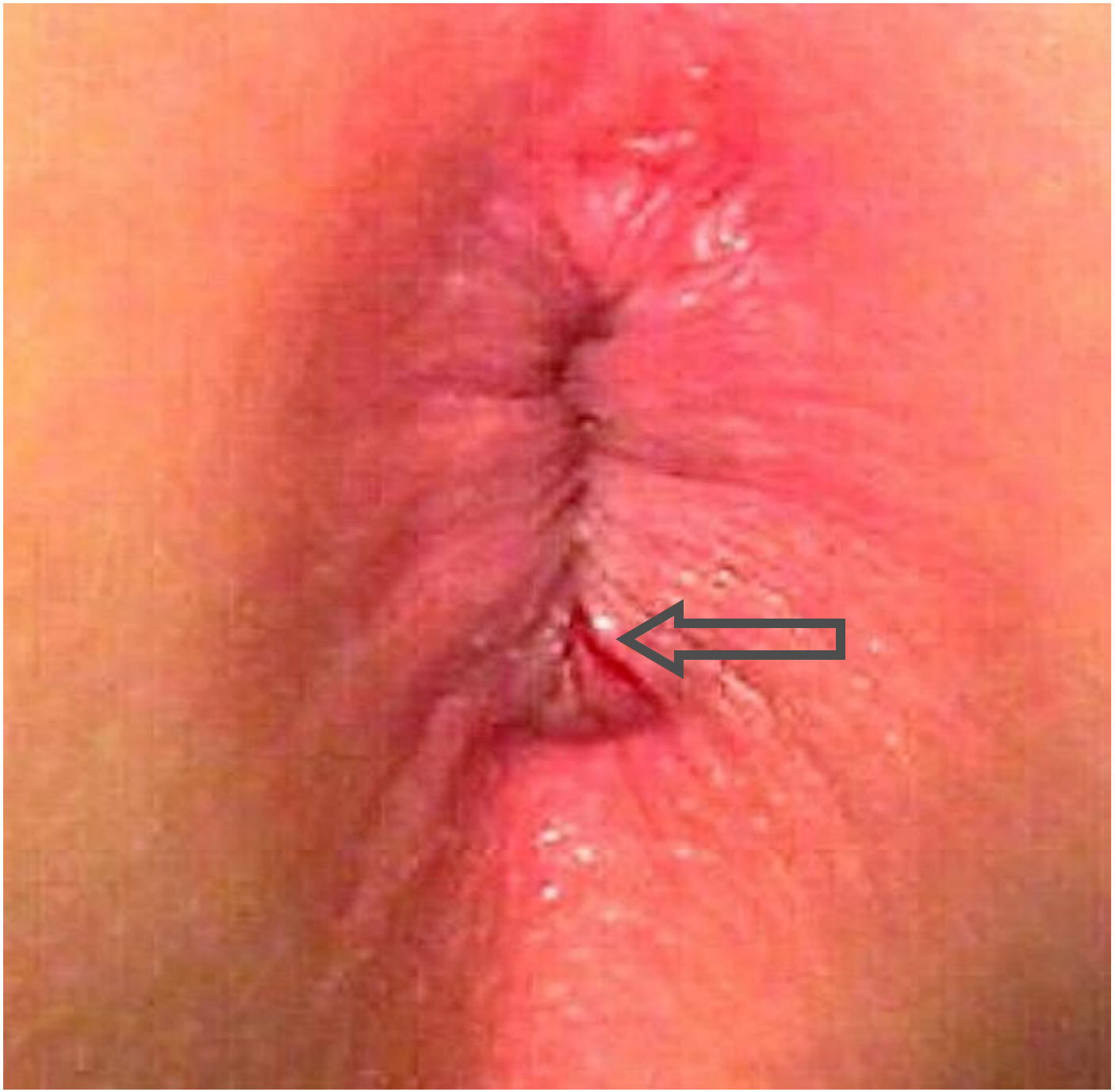
Dr. Fernando Heinen
Especialista en Cirugía Infantil
(fernando.heinen@gmail.com)

FISURA ANAL

Lactantes y 1ª infancia

Dolor defecatorio y sangrado

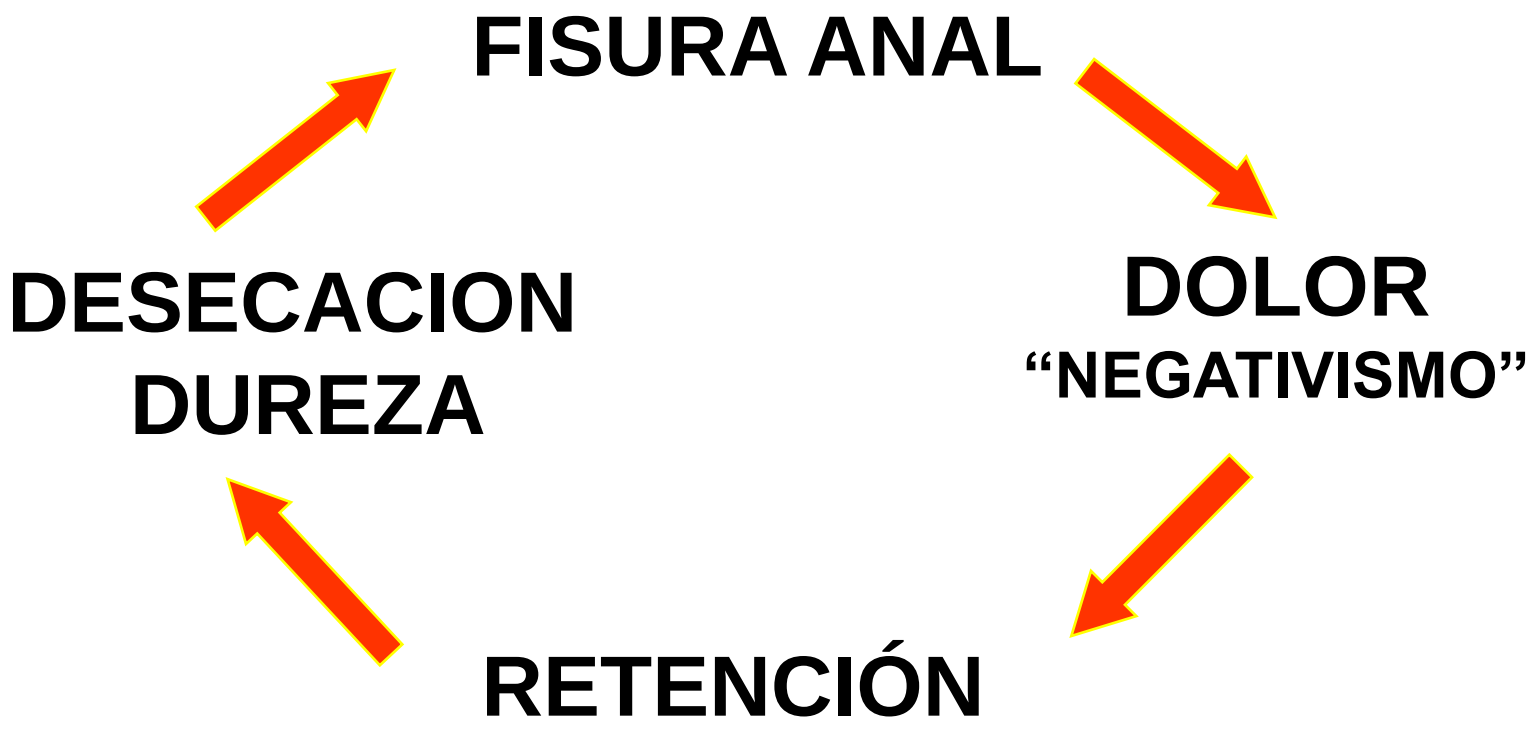




FISURA ANAL

Tratar la constipación

Evitar ciclo vicioso



Evitar ciclo vicioso

DIETA

ABLANDAR c/ Aceite Mineral

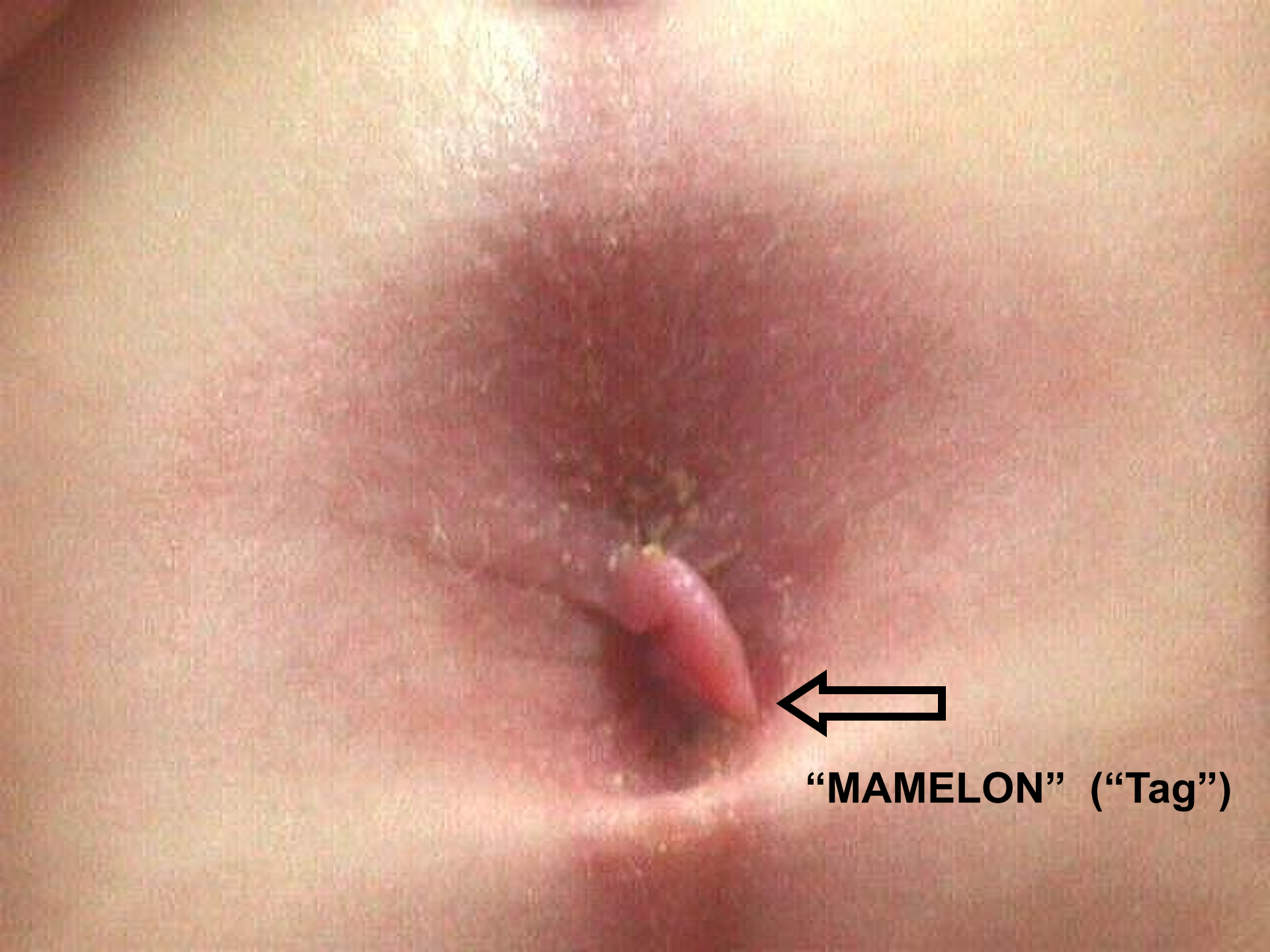
c/ PEG

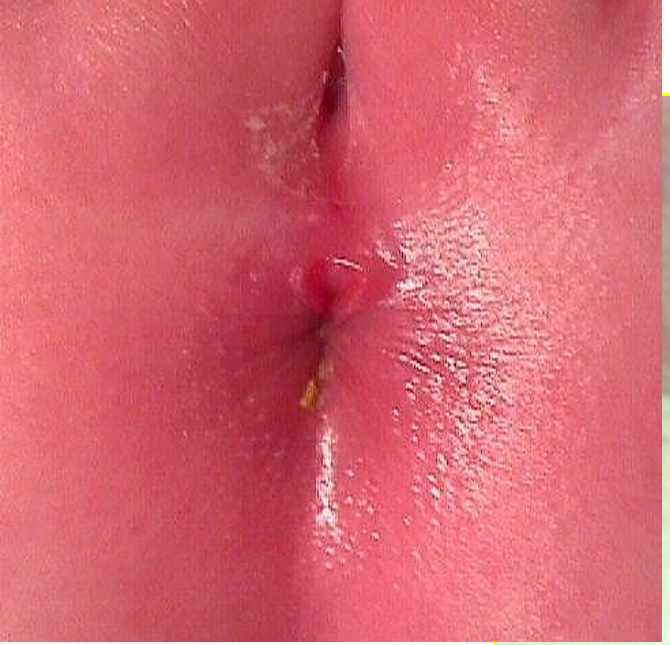
MODIFICAR HABITOS

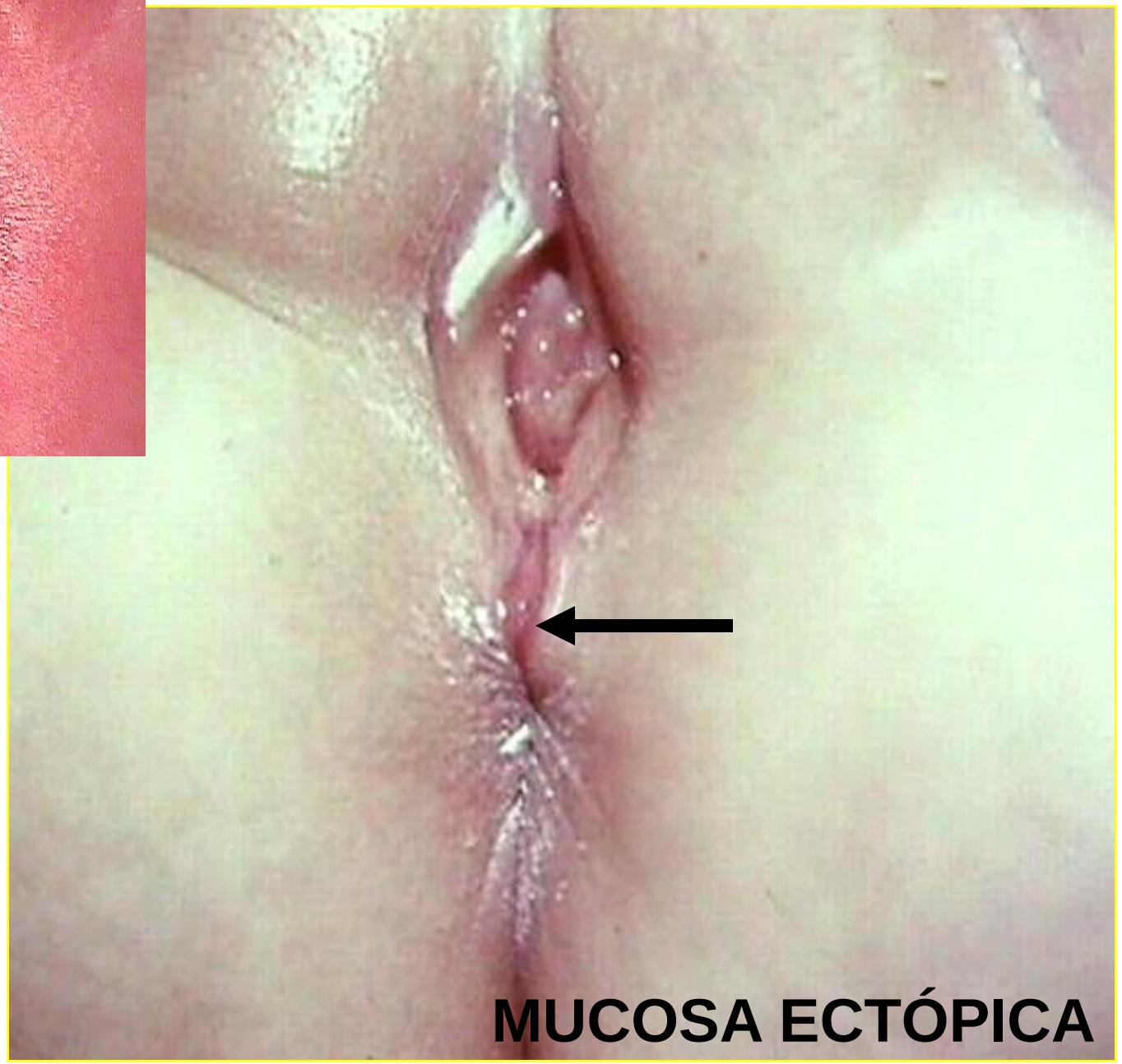
DISMINUIR PRESIÓN

TRATAMIENTO LOCAL (CREMAS)

ES UN PROBLEMA DE LA 1º INFANCIA

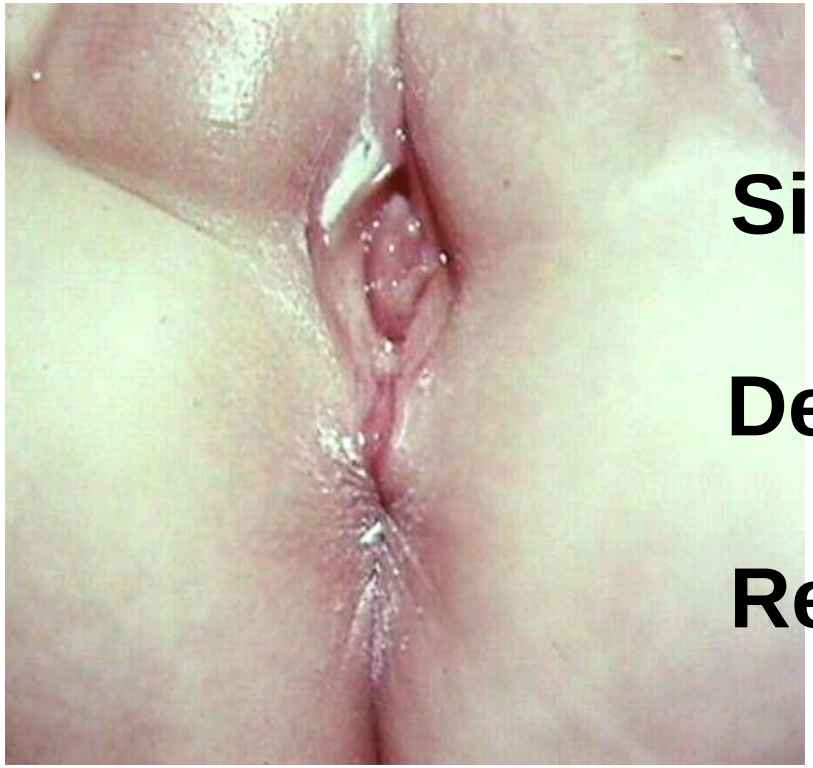

“MAMELON” (“Tag”)





MUCOSA ECTÓPICA

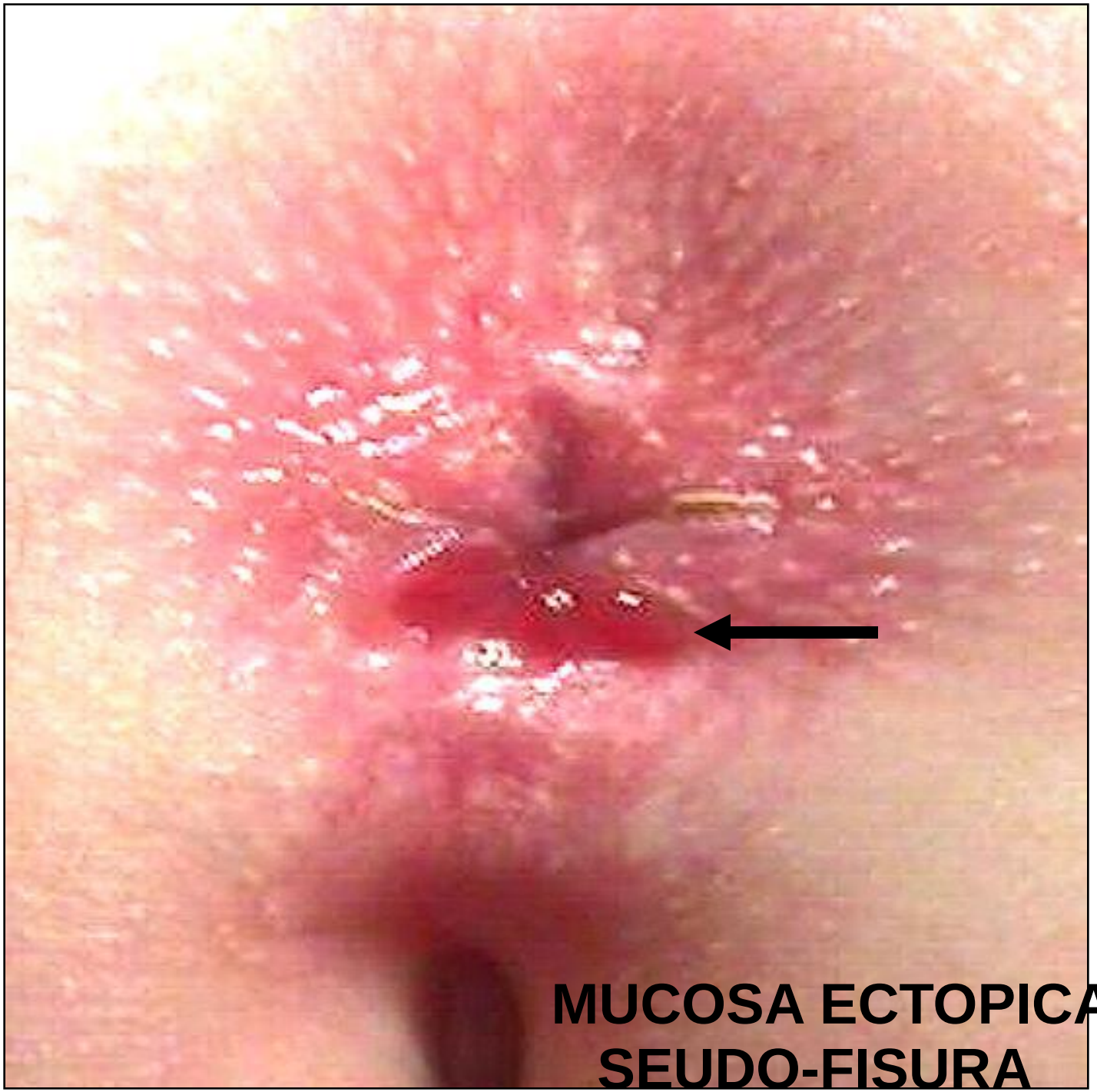
SEUDO-FISURA ANAL

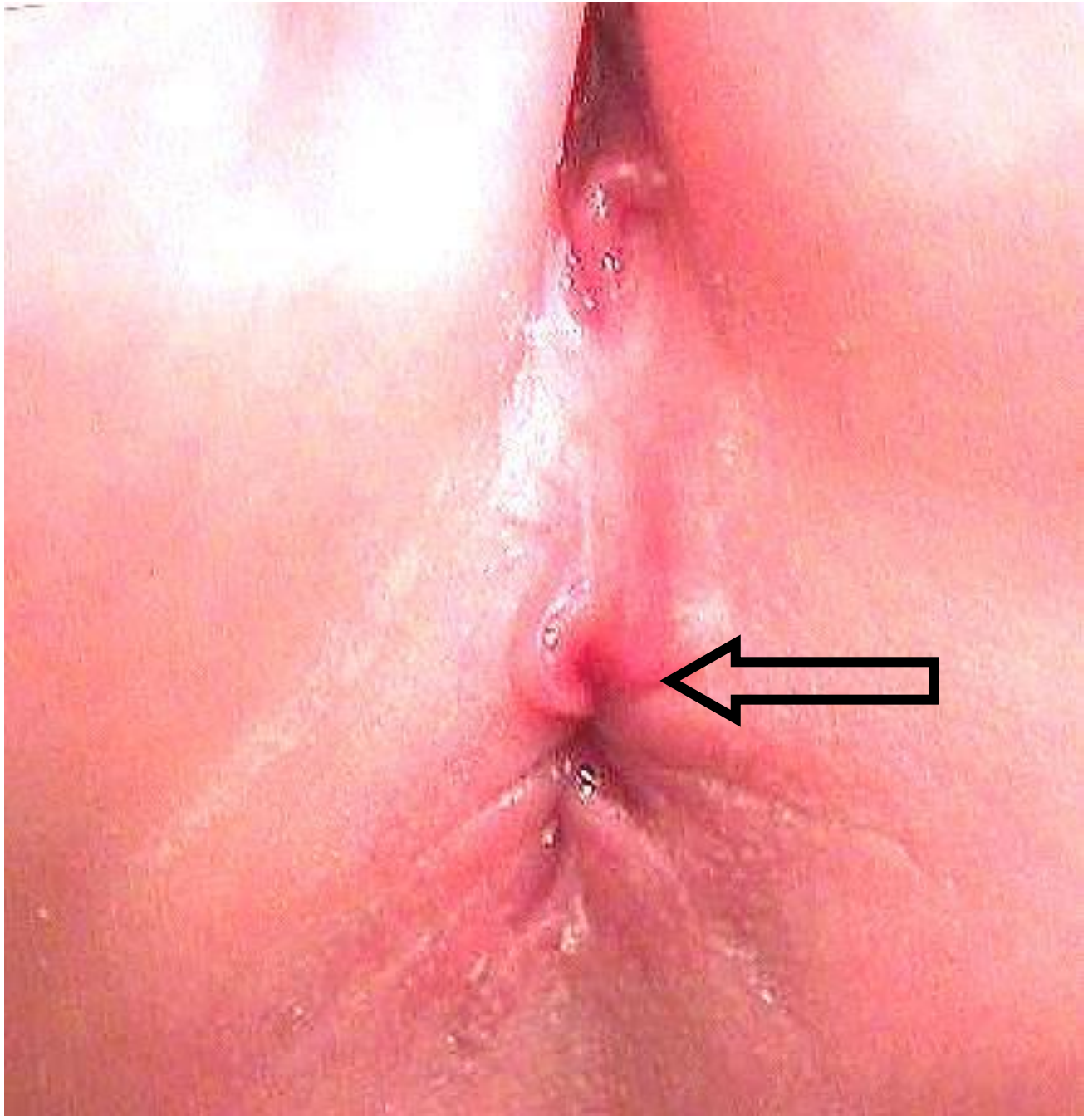


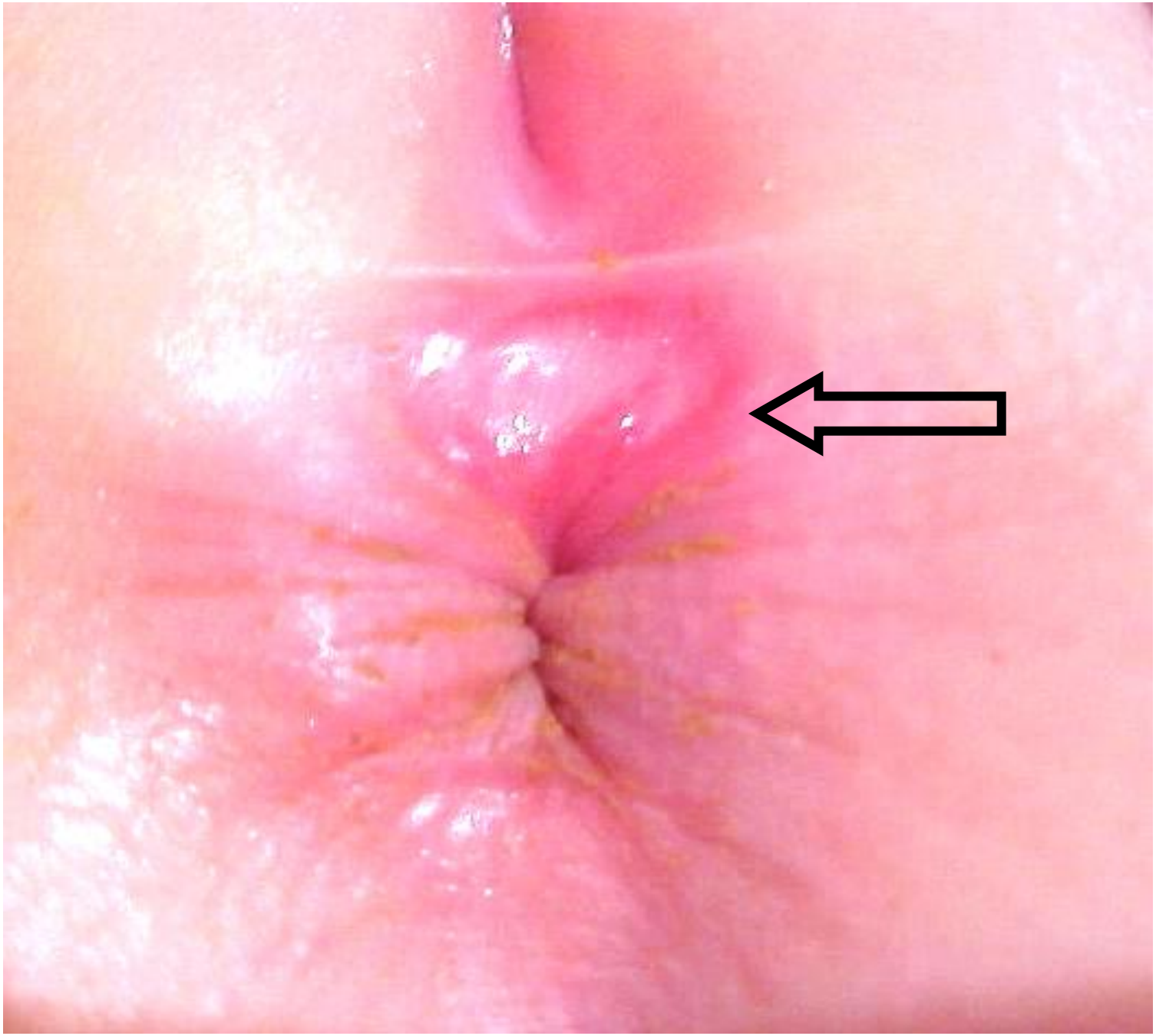
Sin dolor ni sangrado

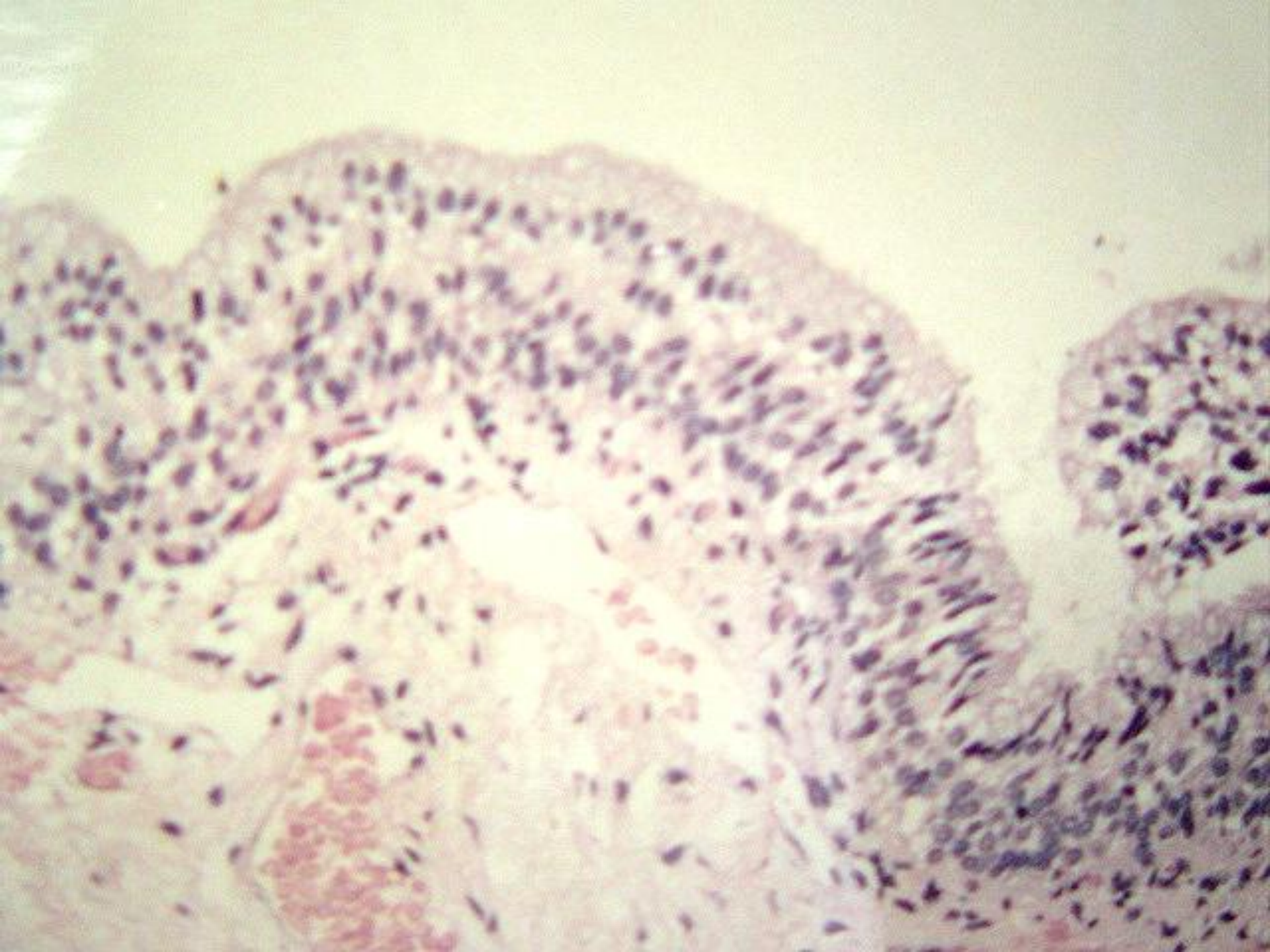
Desde RN

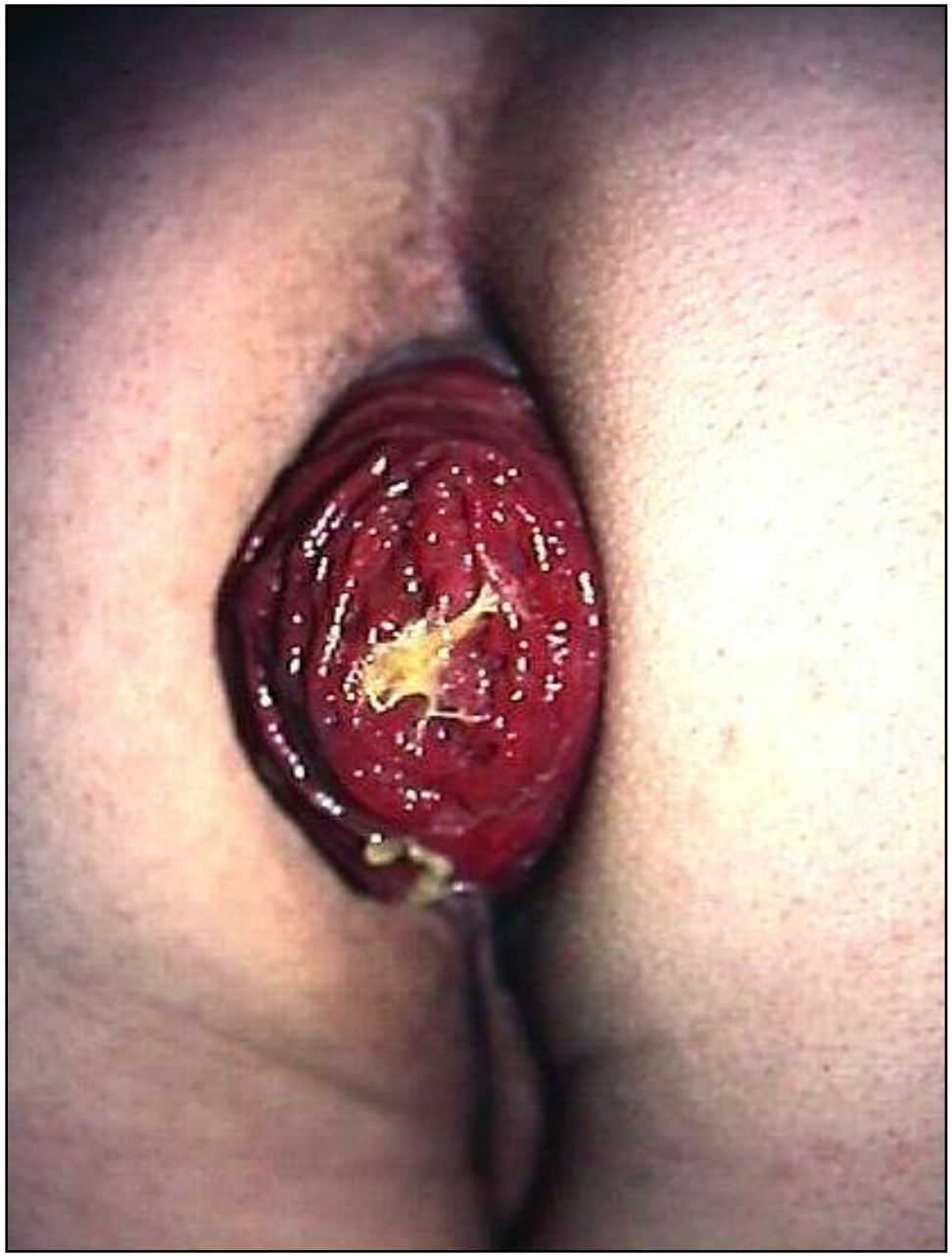
Resecar si da ano húmedo


MUCOSA ECTOPICA
SEUDO-FISURA

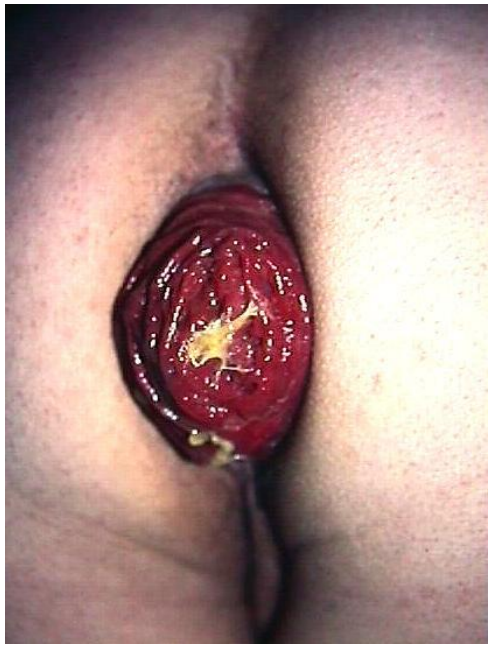








PROLAPSO



Con constipación o diarrea

En desnutrición

En periné neurogénico

En FQP


Constipados
Pujos violentos

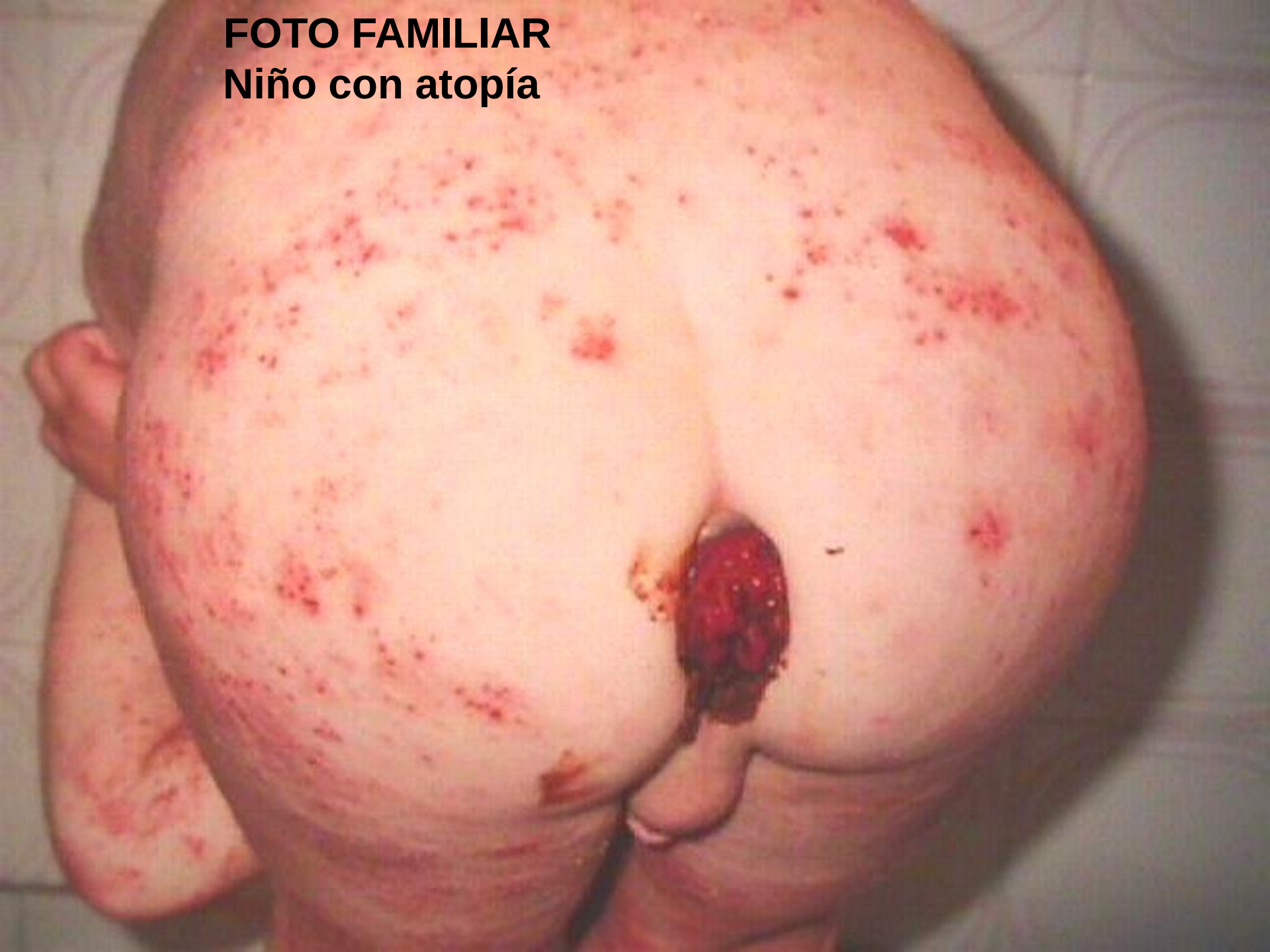


FOTO FAMILIAR
Niño con atopía

PROLAPSO RECTAL

Tratar la constipación o diarrea

Modificar la posición defecatoria

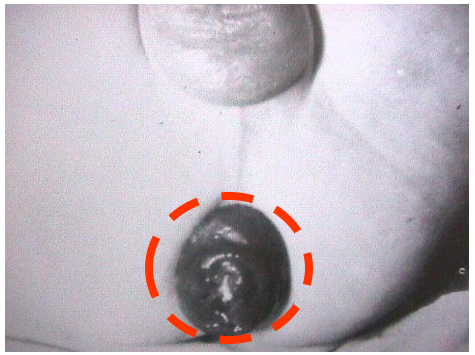
Reafirmar resolución espontánea

PROLAPSO

NO INYECTAR

FENOL
SOL. HIPERTÓNICA
GLUCOSA
LECHE TINDALIZADA
ETC.,

NO CERCLAJE ANAL (Tiersch)

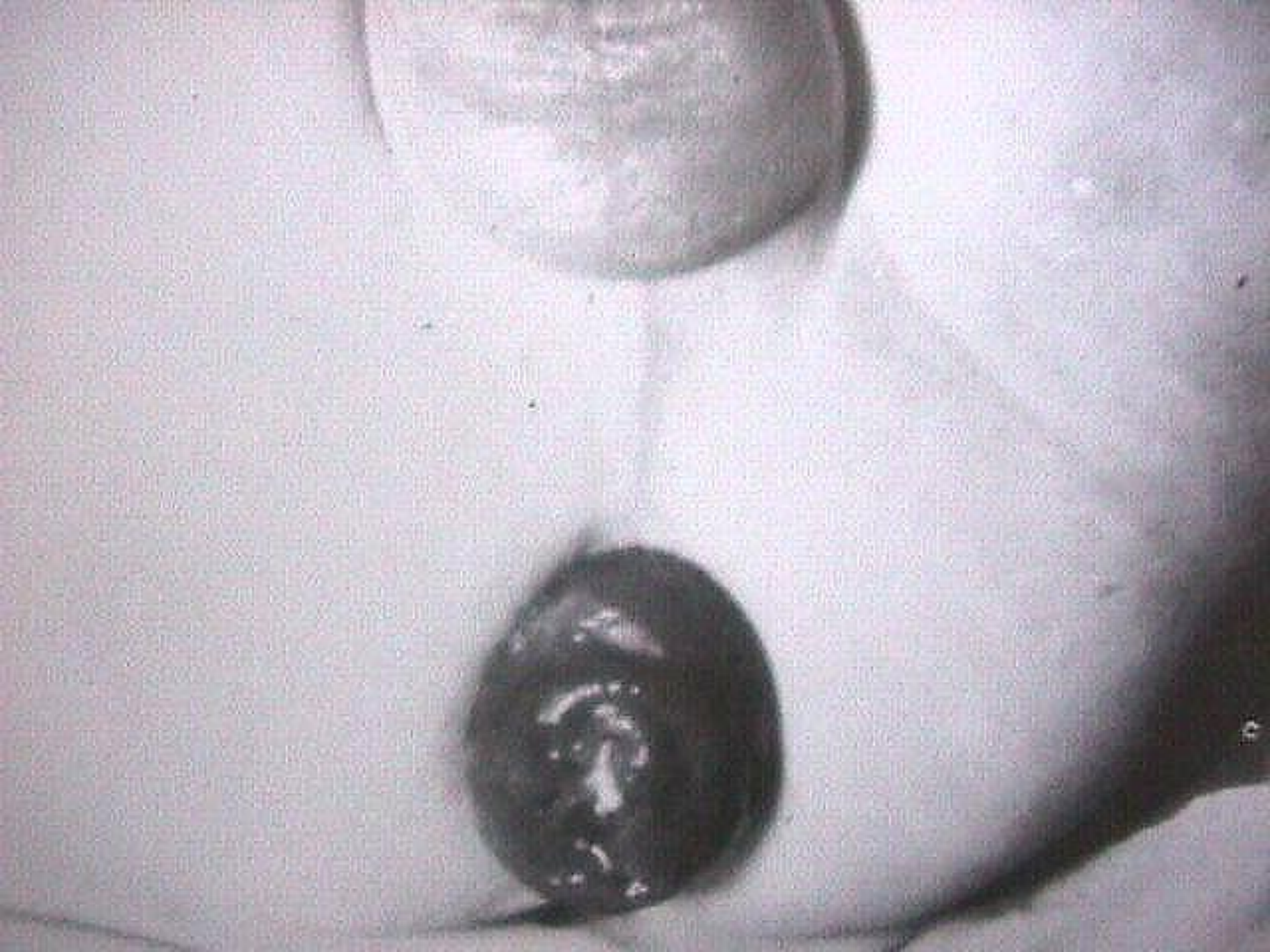


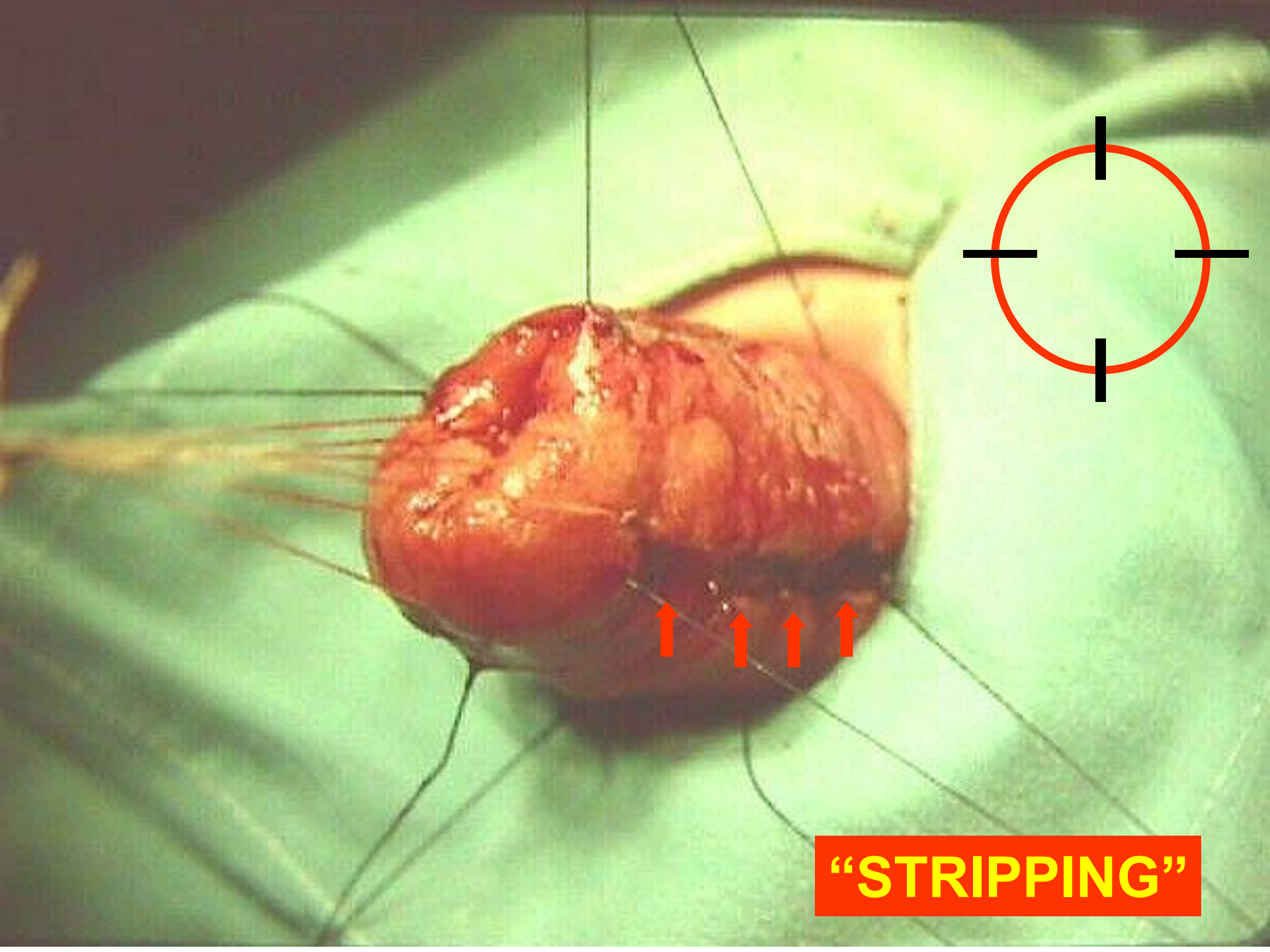
PROLAPSO
CUANDO OPERAR ?

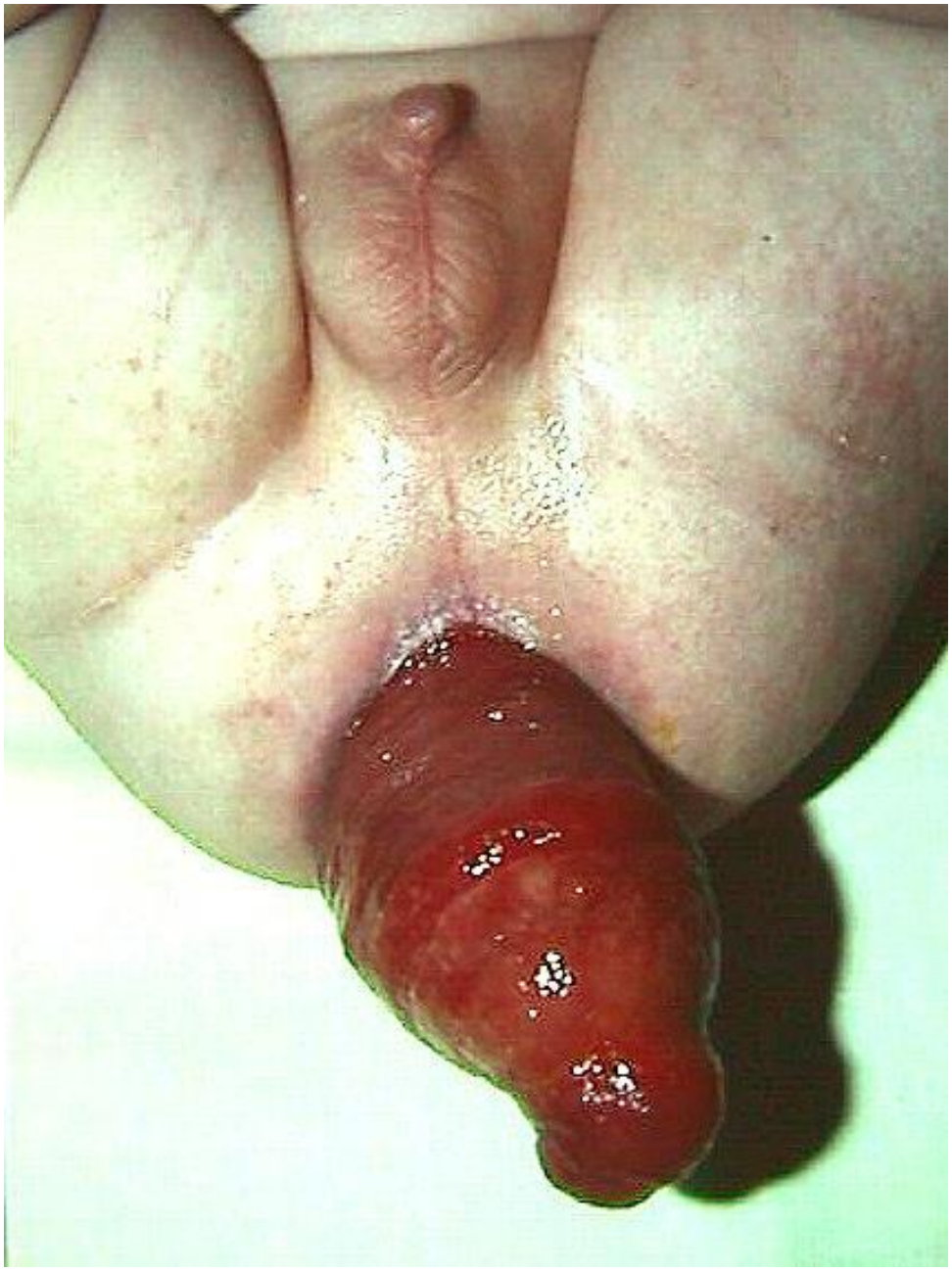
AUMENTO PROGRESIVO

PERSISTENTE

SANGRANTE

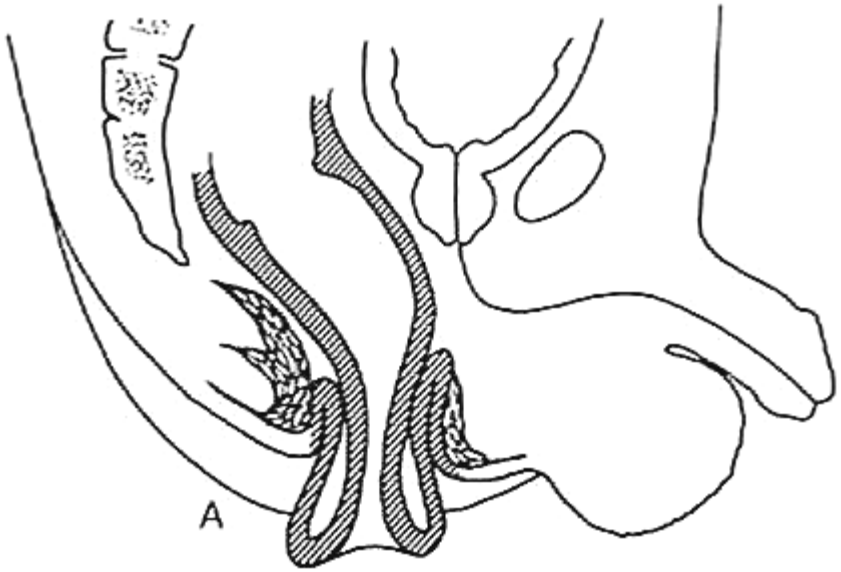



“STRIPPING”



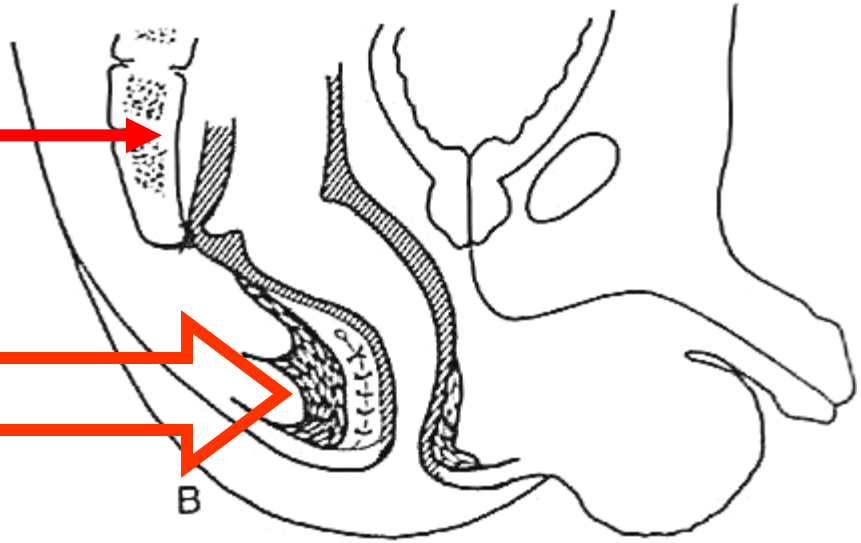
PERINE NEUROGÉNICO
PROLAPSO PERMANENTE

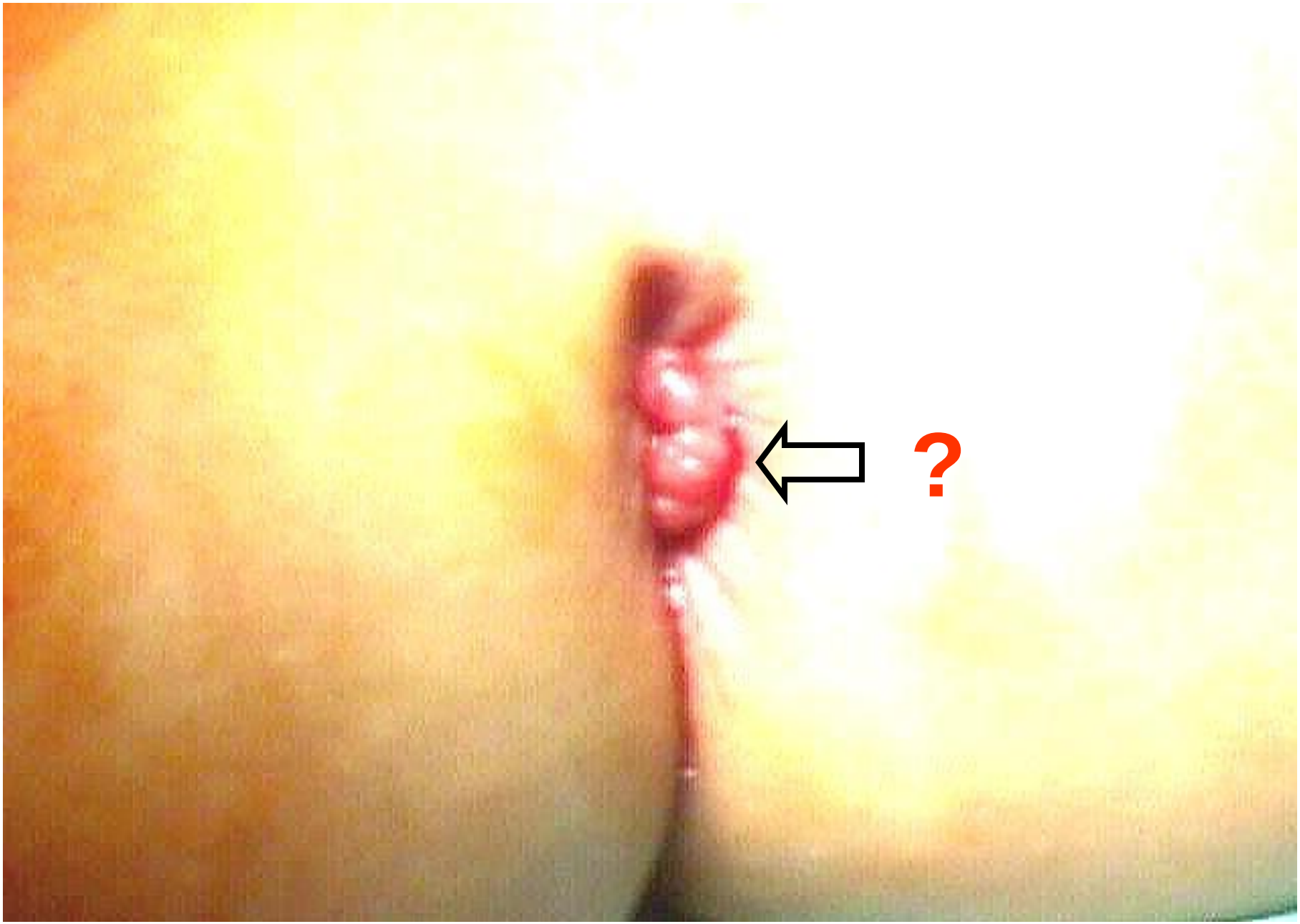
DEBE OPERARSE

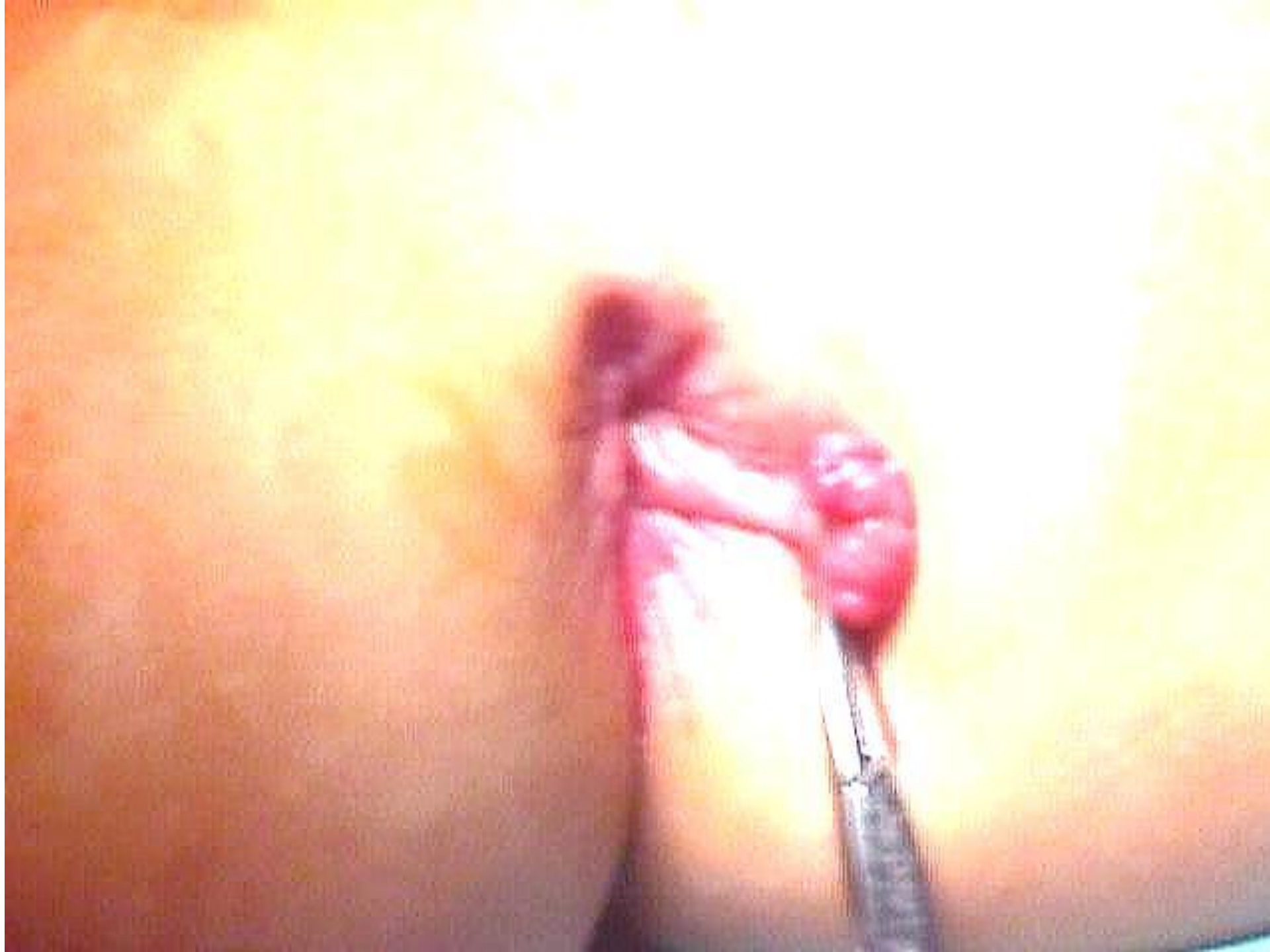


PEXIA A PRESACRO VIDEOLAPAROSCOPICA (?)

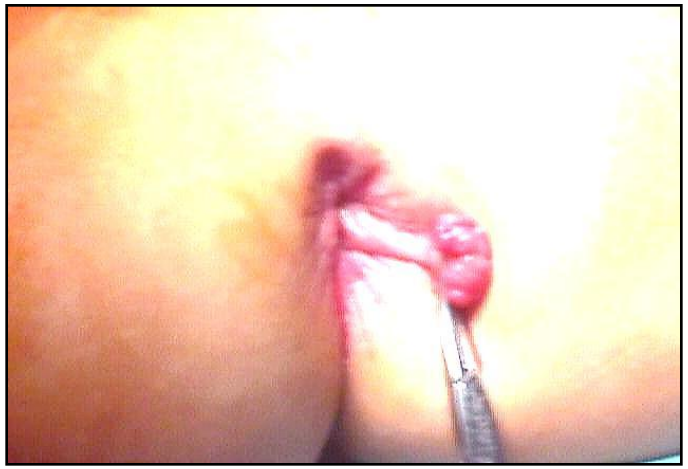
ABORDAJE SAGITAL POSTERIOR







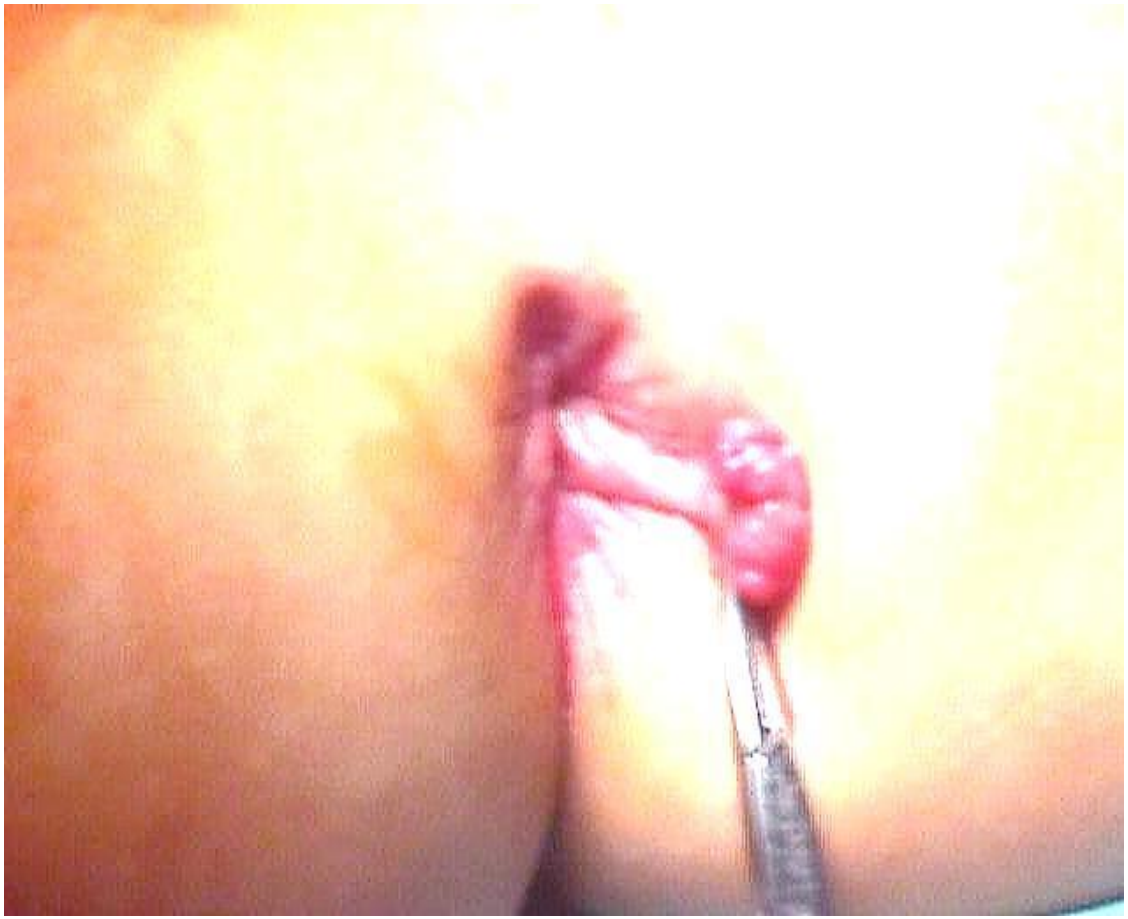
POLIPOS



Sangrado indoloro

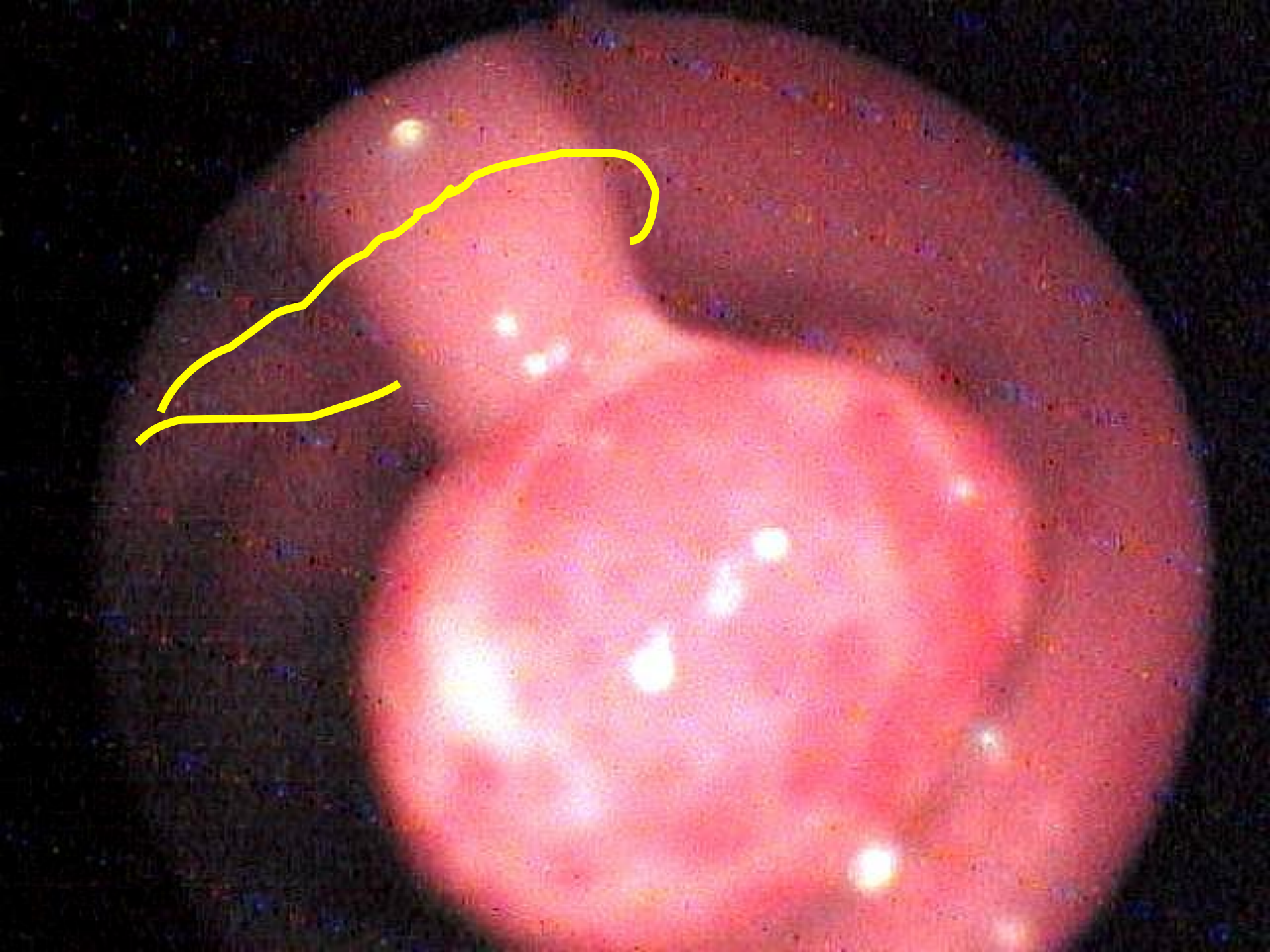
Sangre ROJA final

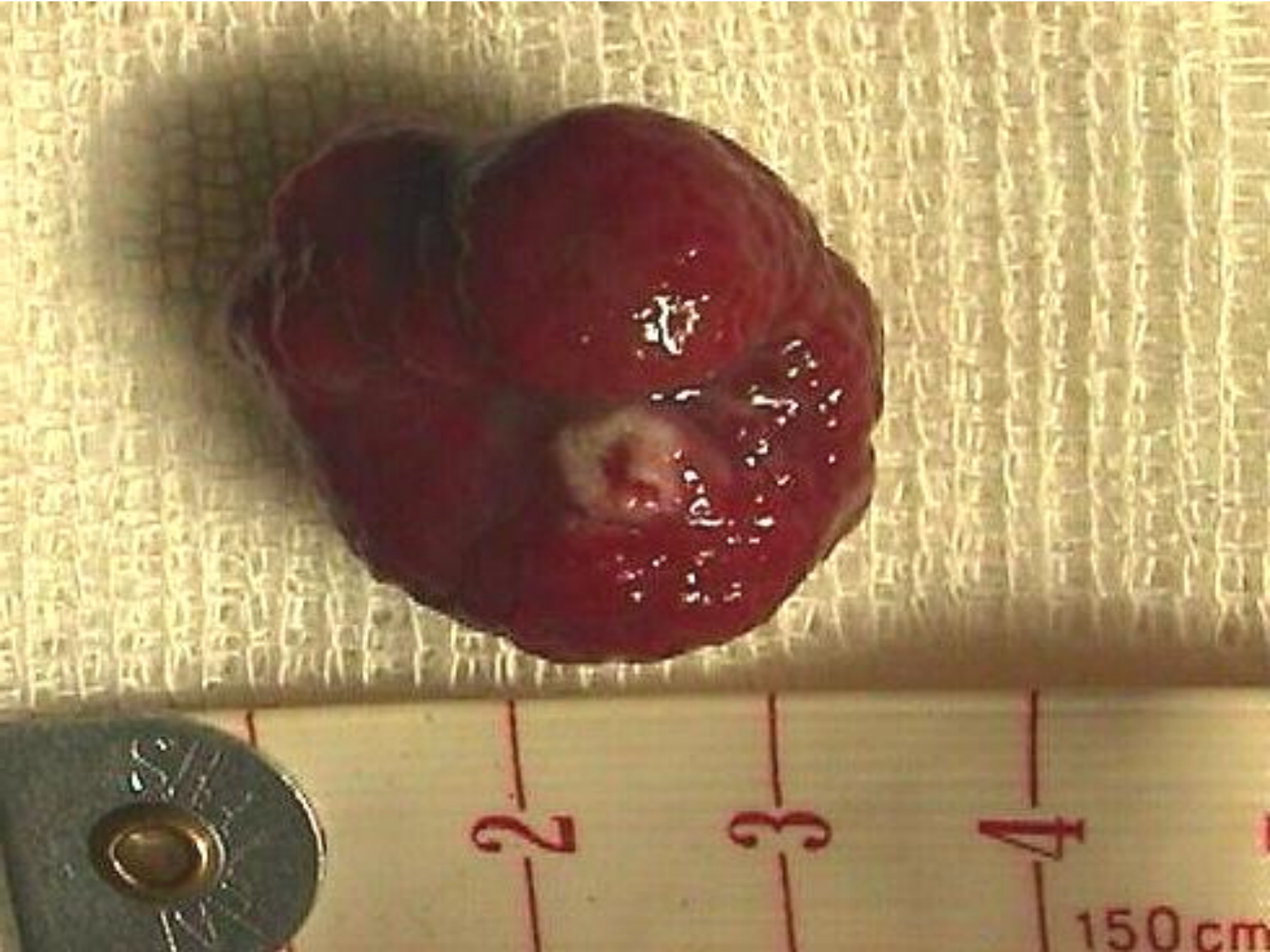
La mayoría se tactan

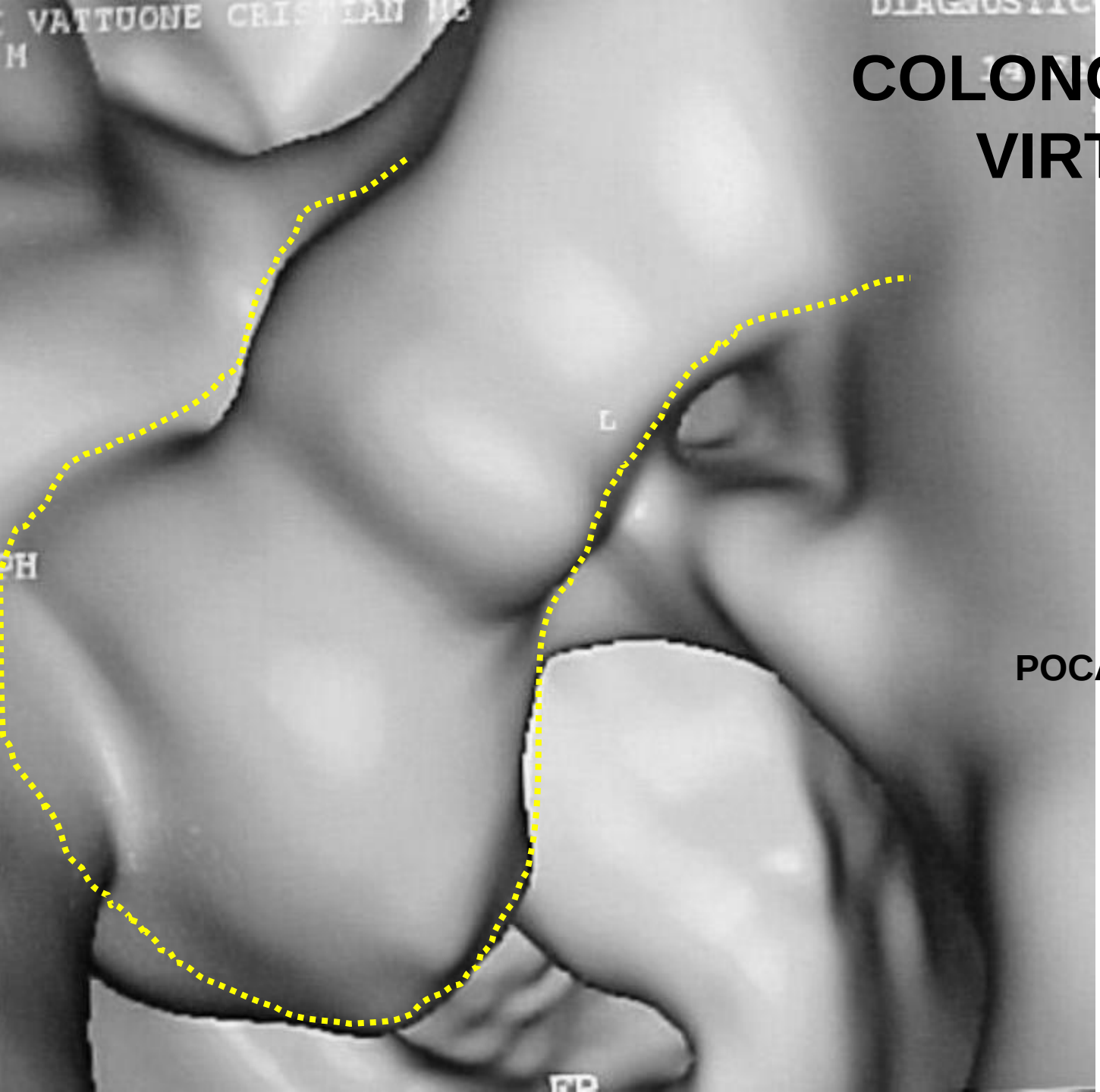


90% POLIPOS “JUVENILES”
> 1 AÑO DE EDAD

MAYORIA UNICOS ó < de 3

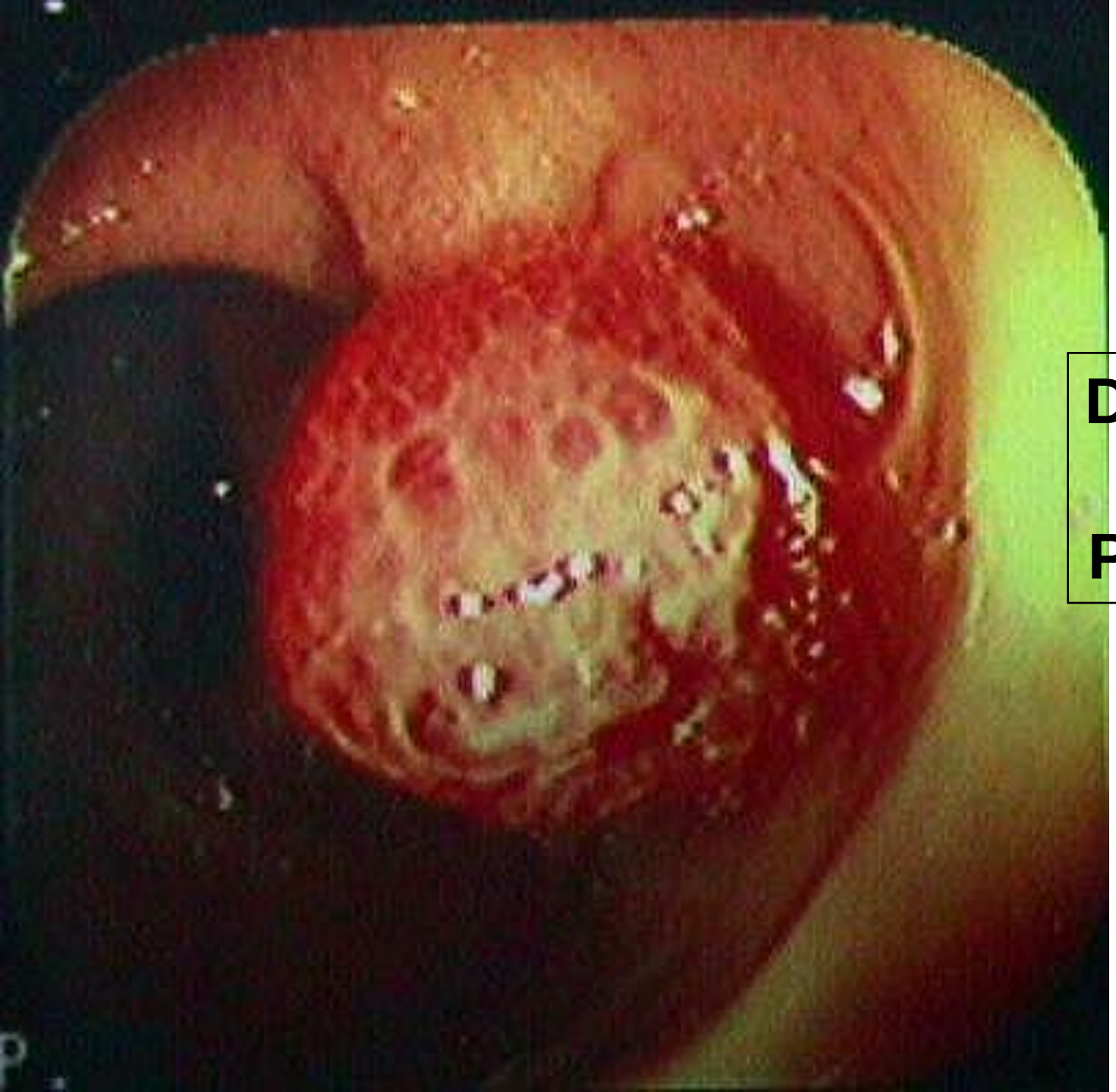



150 cm

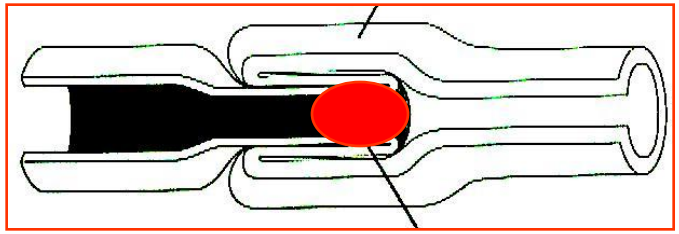


COLONOSCOPIA VIRTUAL

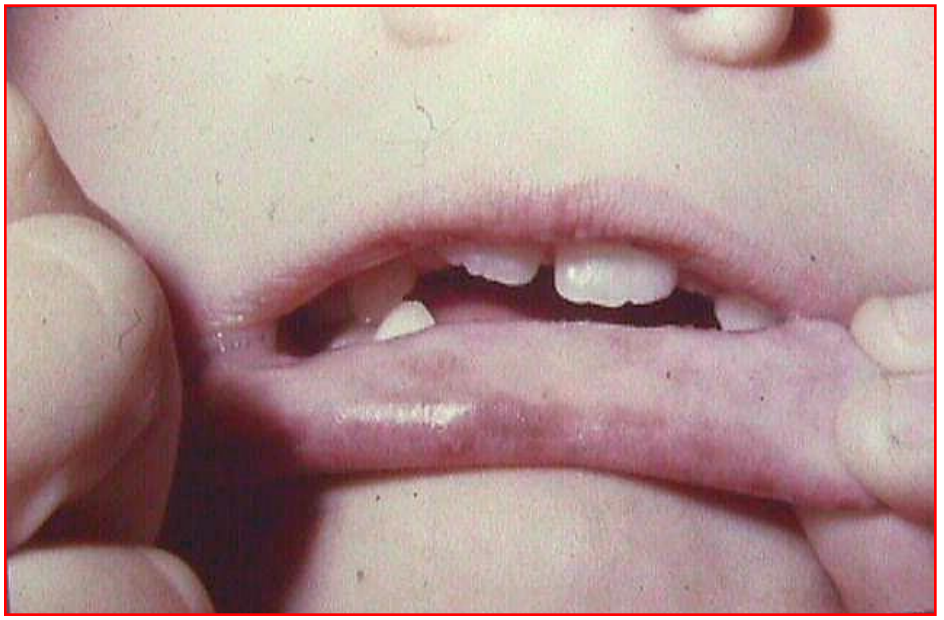
POCAS VENTAJAS !!

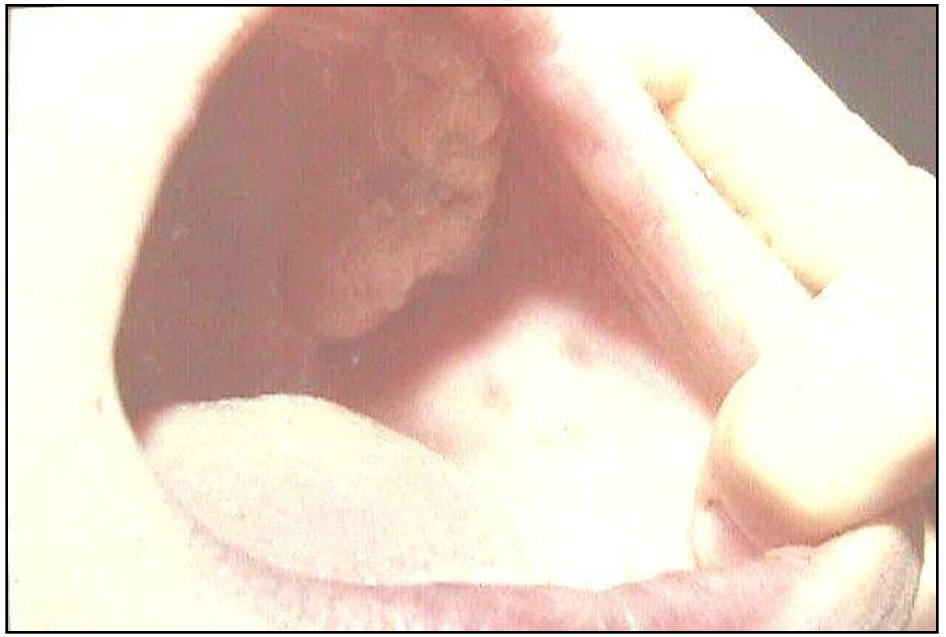


Diferenciar de otras POLIPOSIS

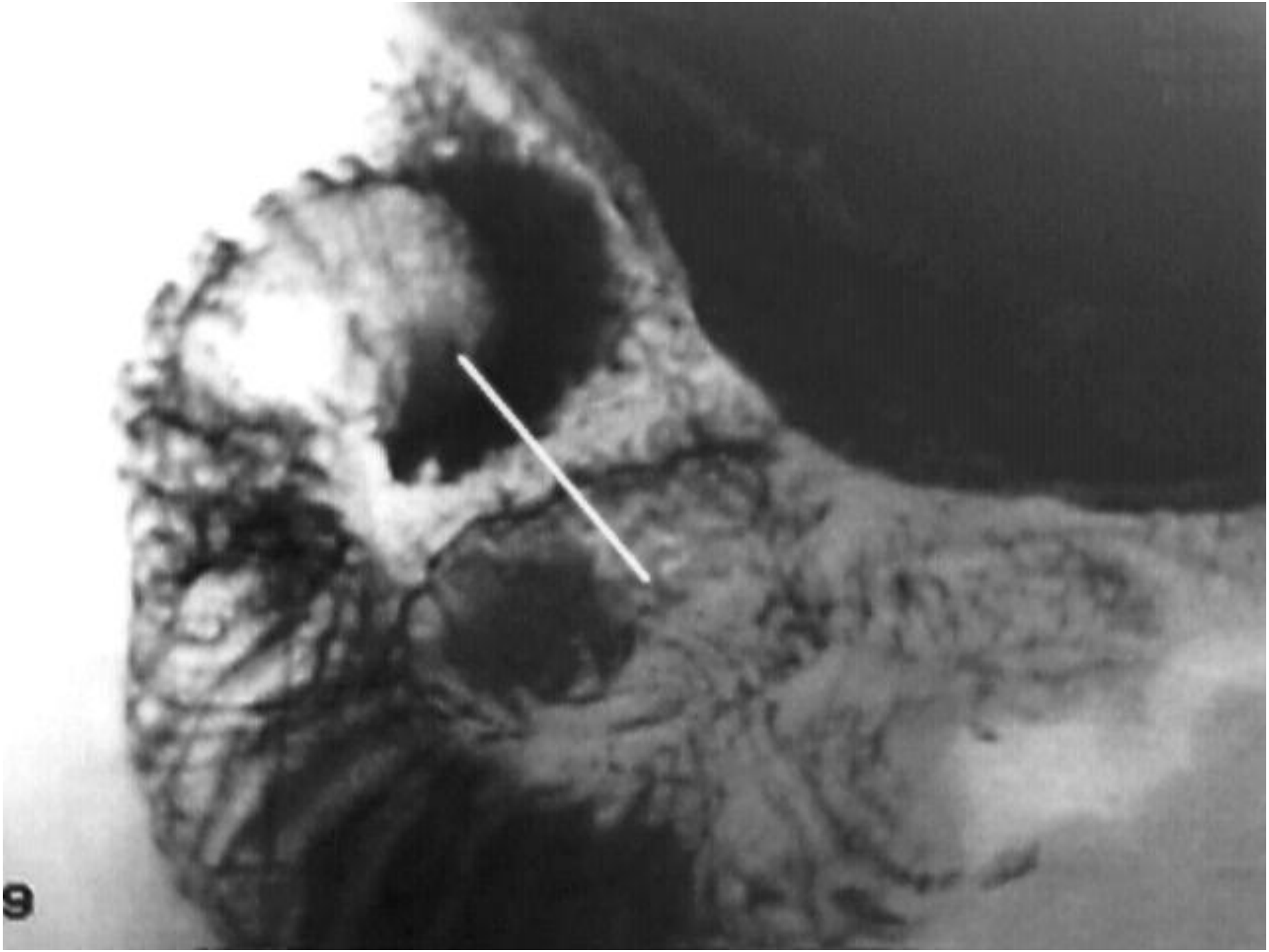


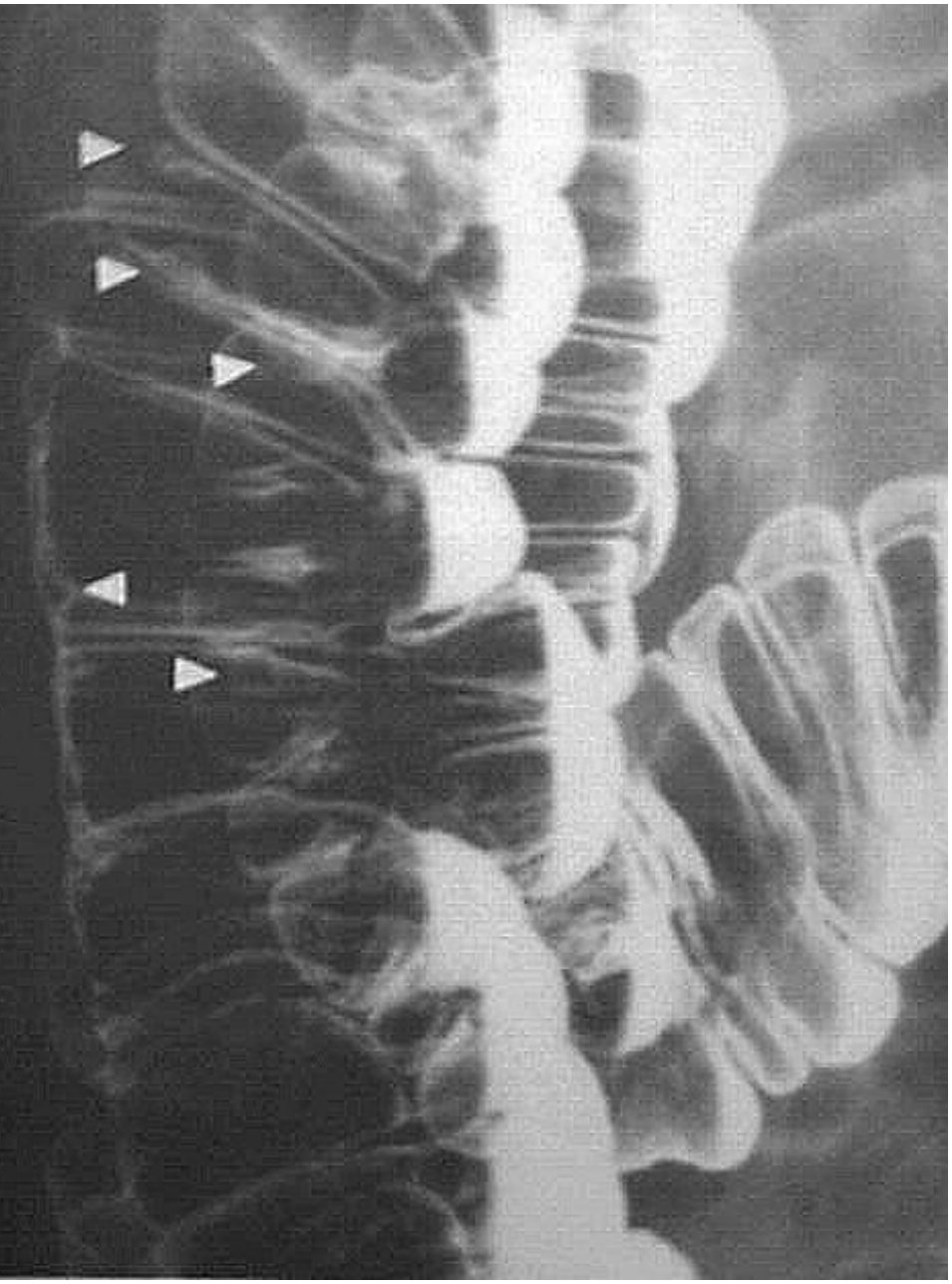
INVAGINACION INTESTINAL REITERADA





S. PEUTZ-JEGHERS (Poliposis Familiar)





POLIPOSIS ADENOMATOIDEA FAMILIAR (Dom)

PRENEOPLASIA

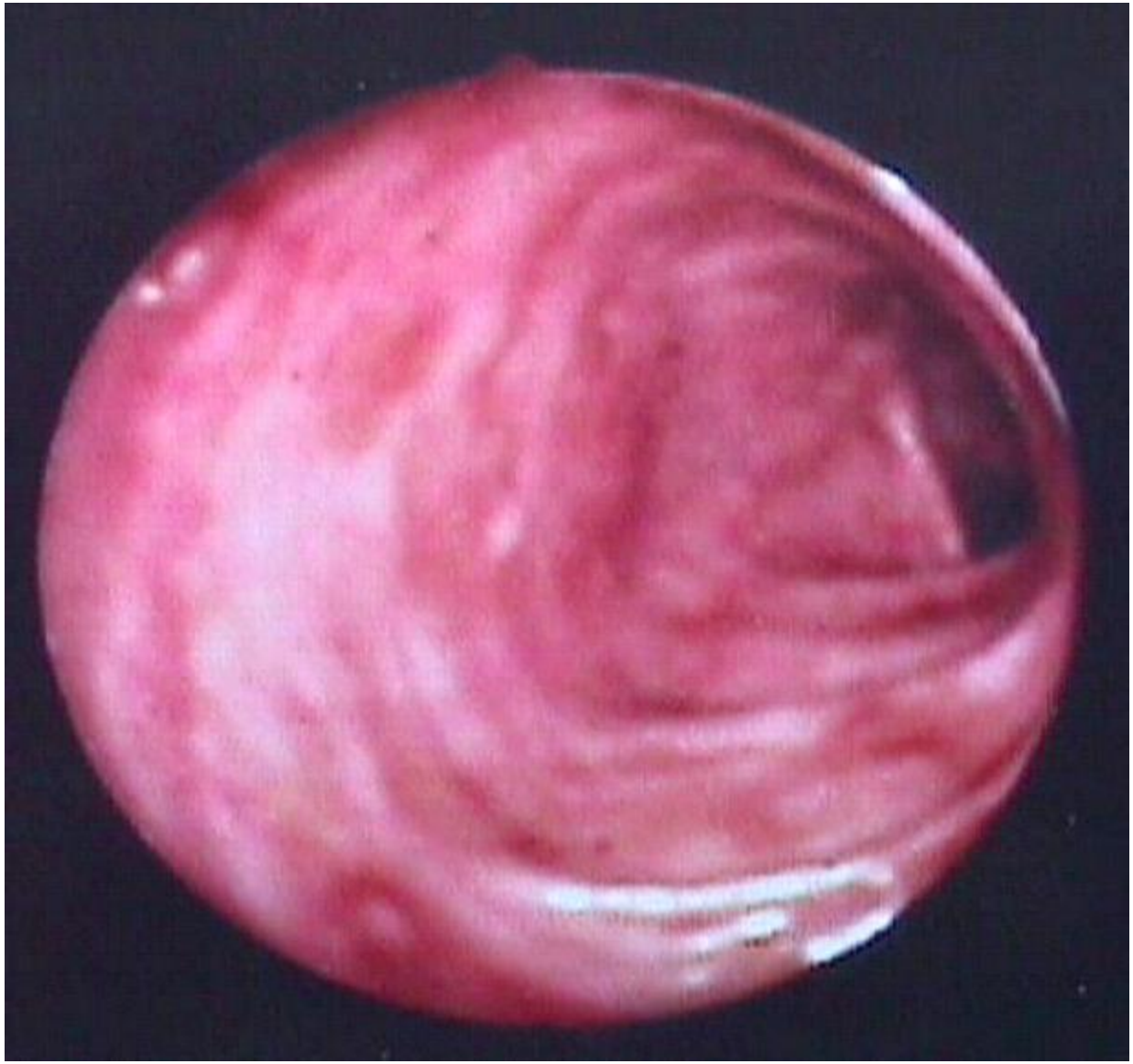
>20 AÑOS

RN: H P Retiniana

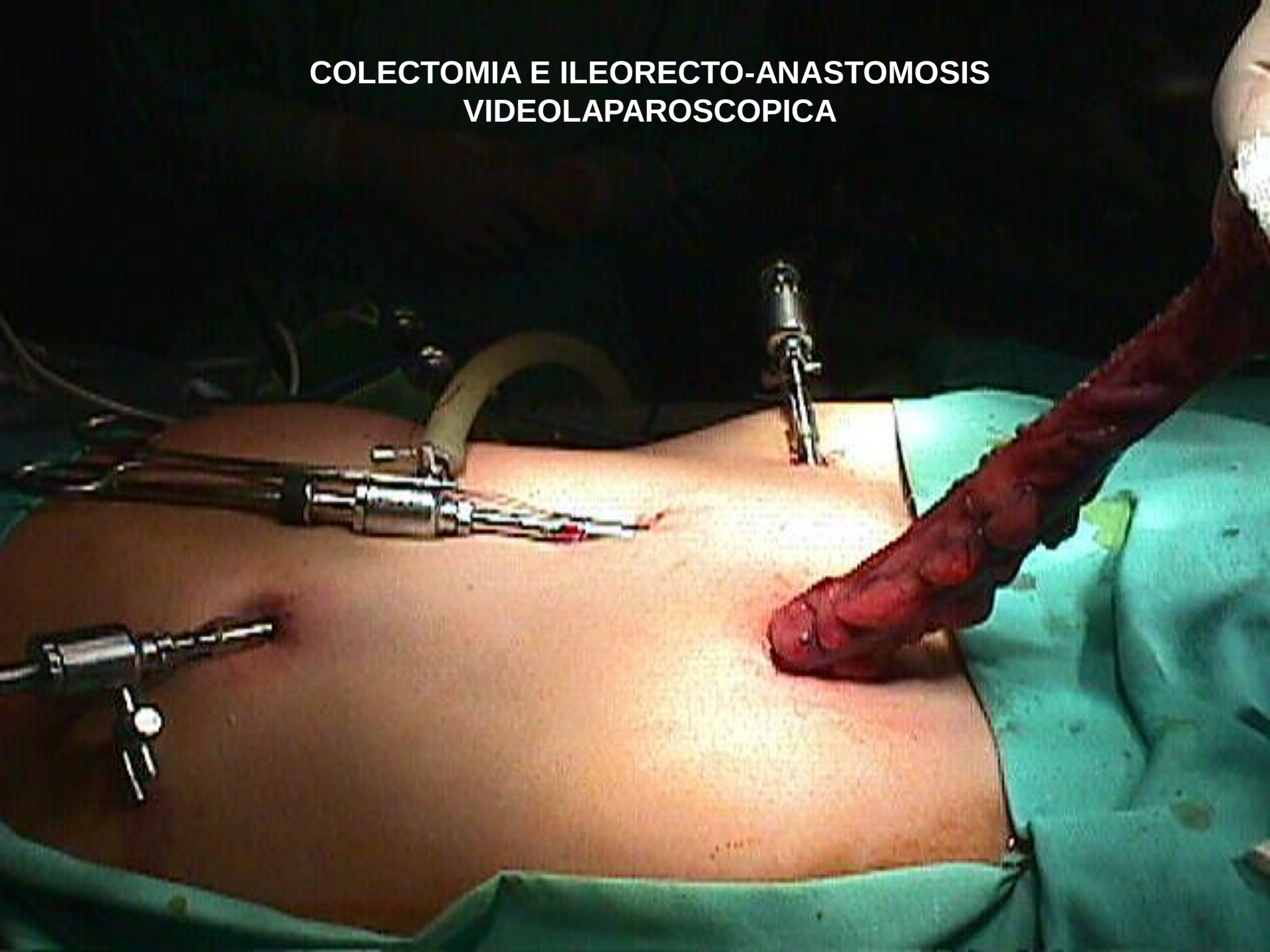
Gen APC en Cr 5

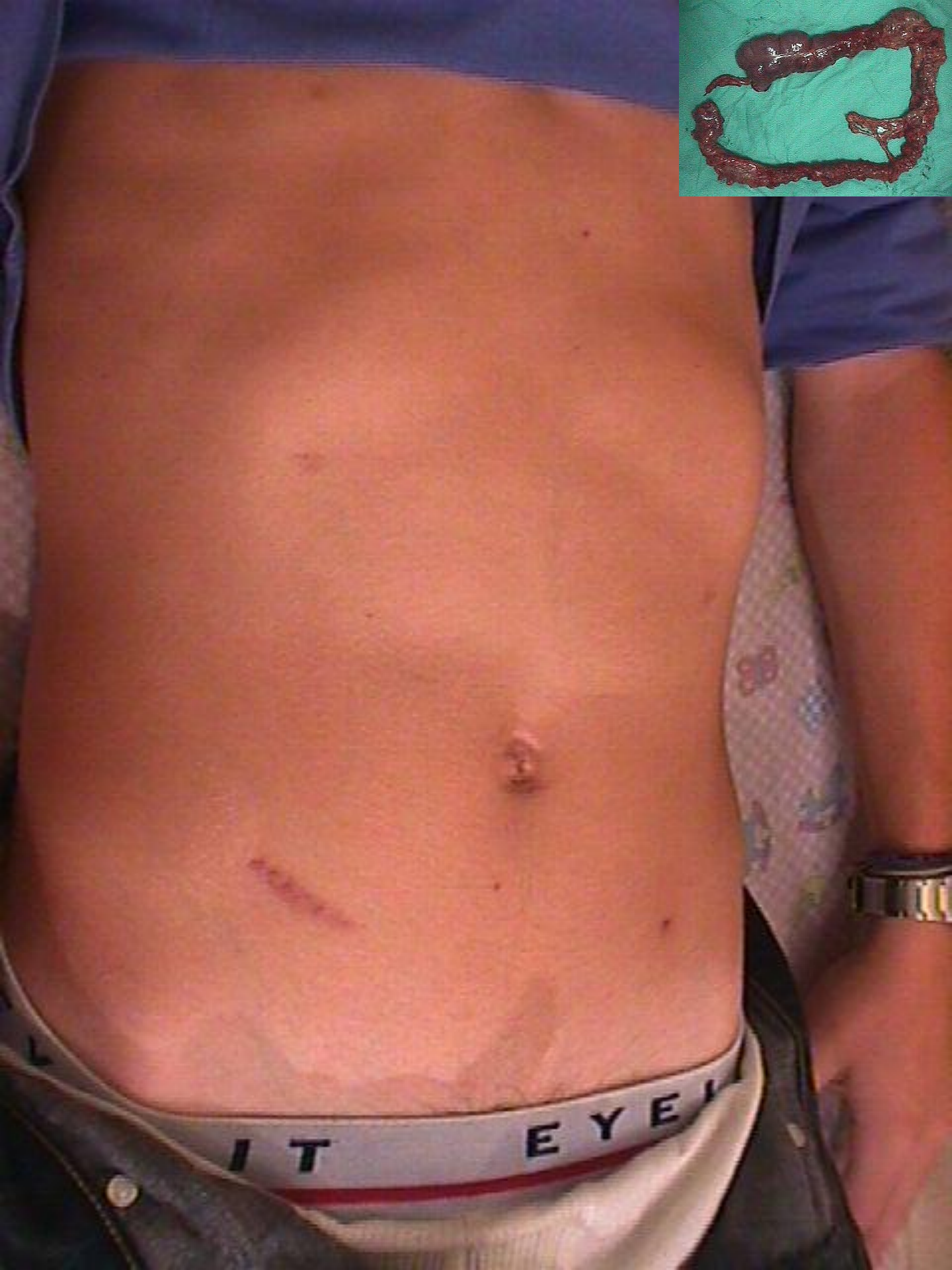
ENDOSCOPIA ANUAL > 12 a

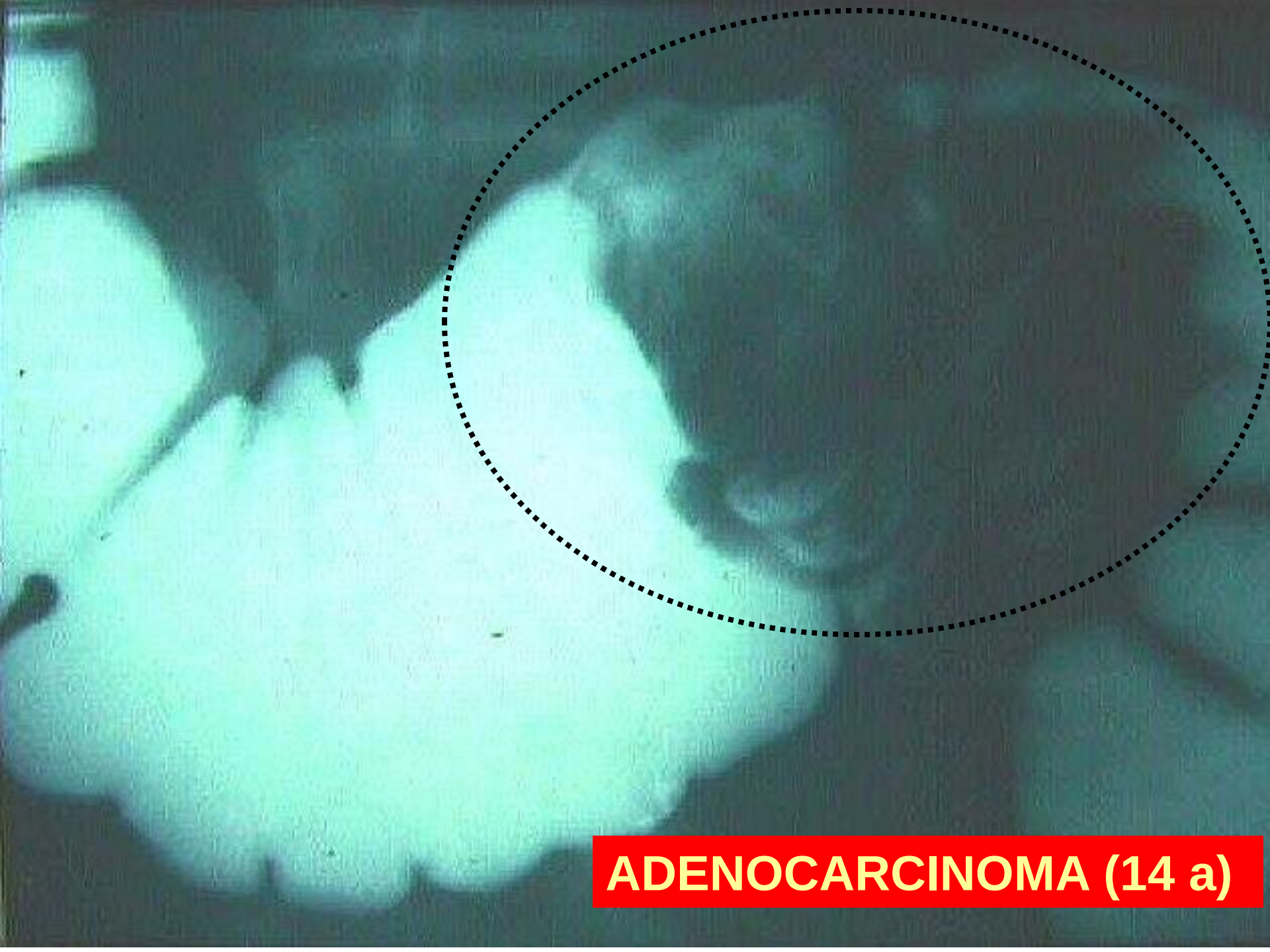
PROCTO-COLECTOMIA < 30a



COLECTOMIA E ILEORECTO-ANASTOMOSIS VIDEOLAPAROSCOPICA




IT


ADENOCARCINOMA (14 a)

ABSCESO PERIANAL

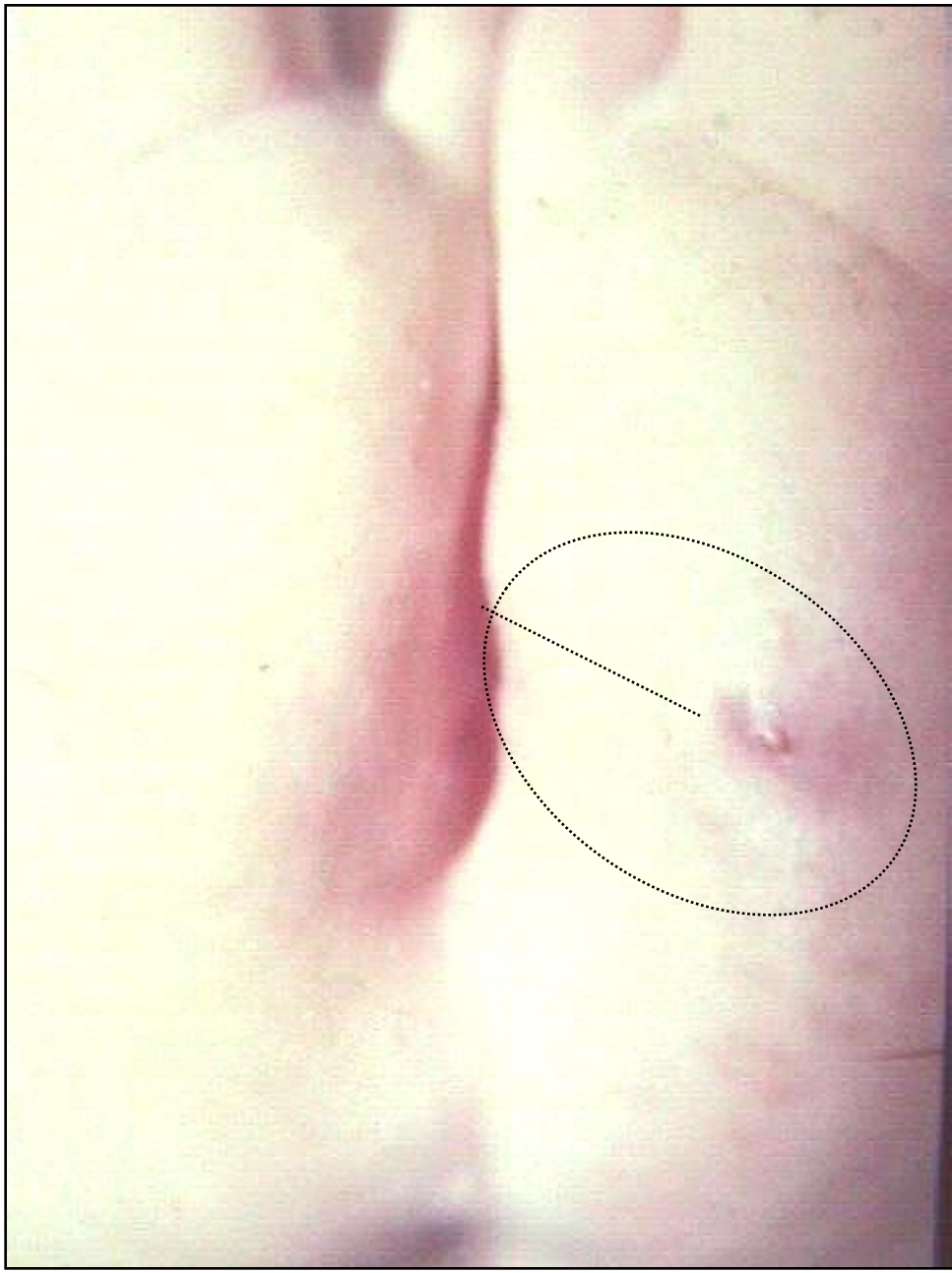
CRIPTITIS

↓

ABSCESO

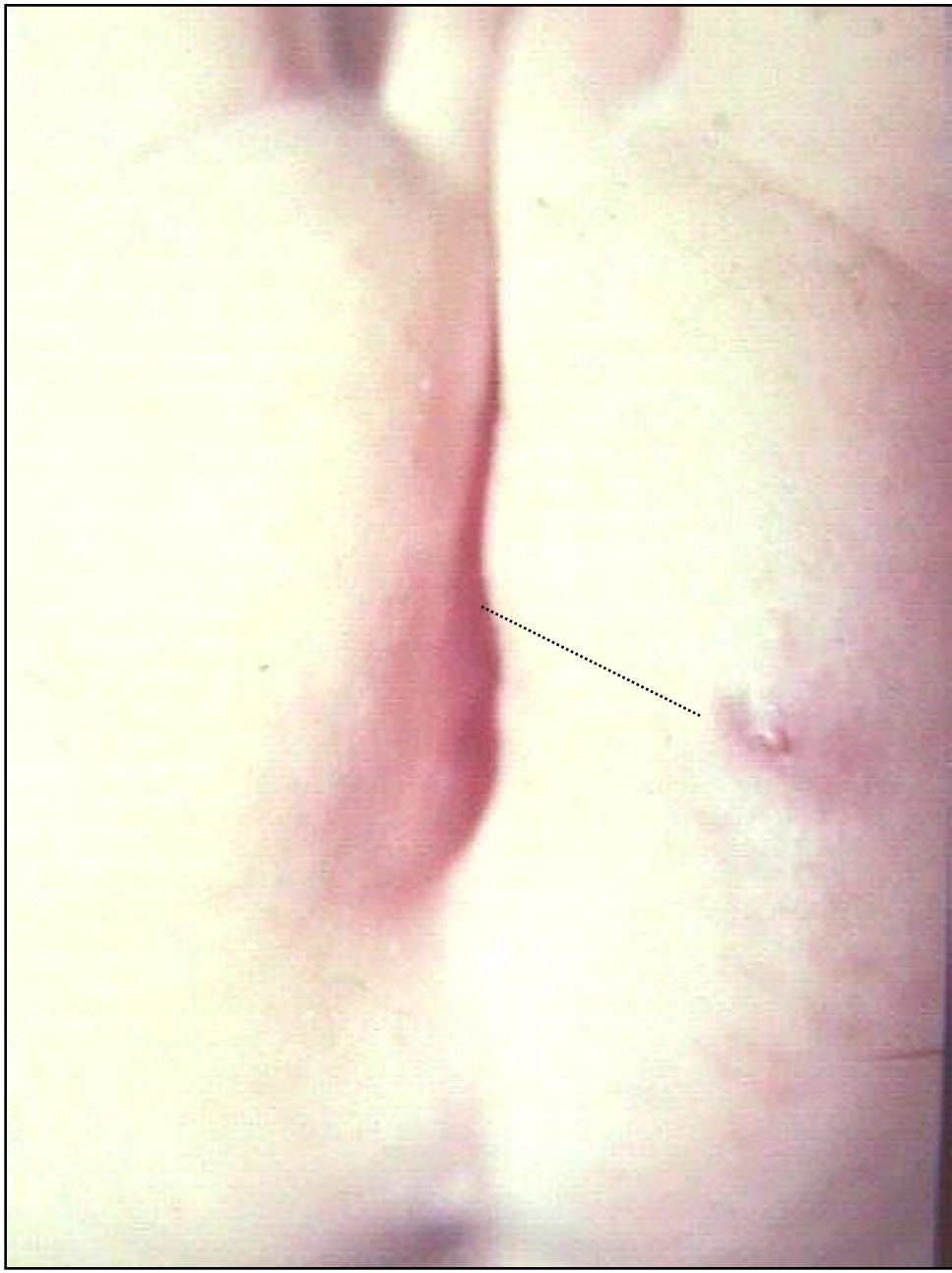
↓

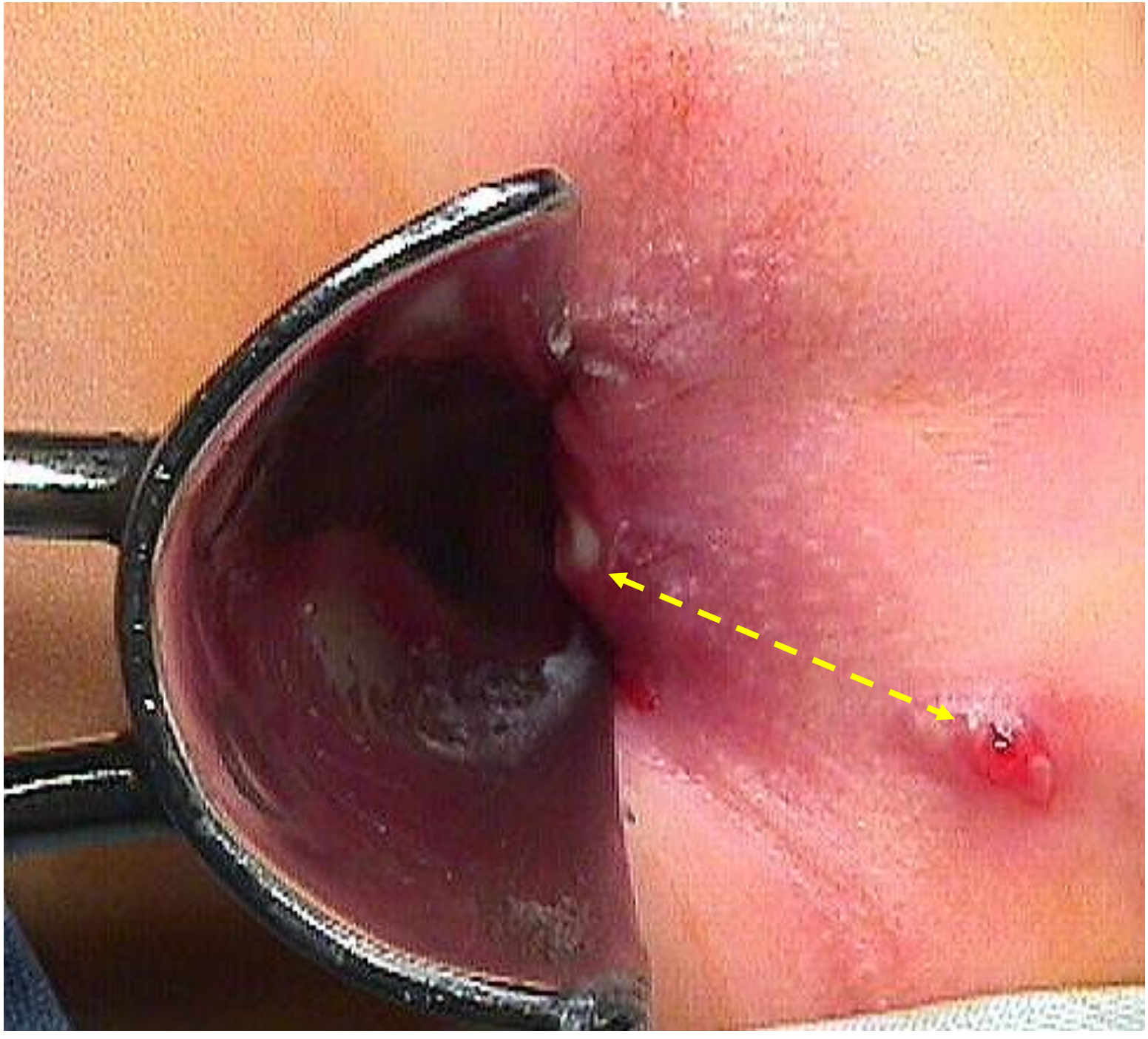
FISTULA

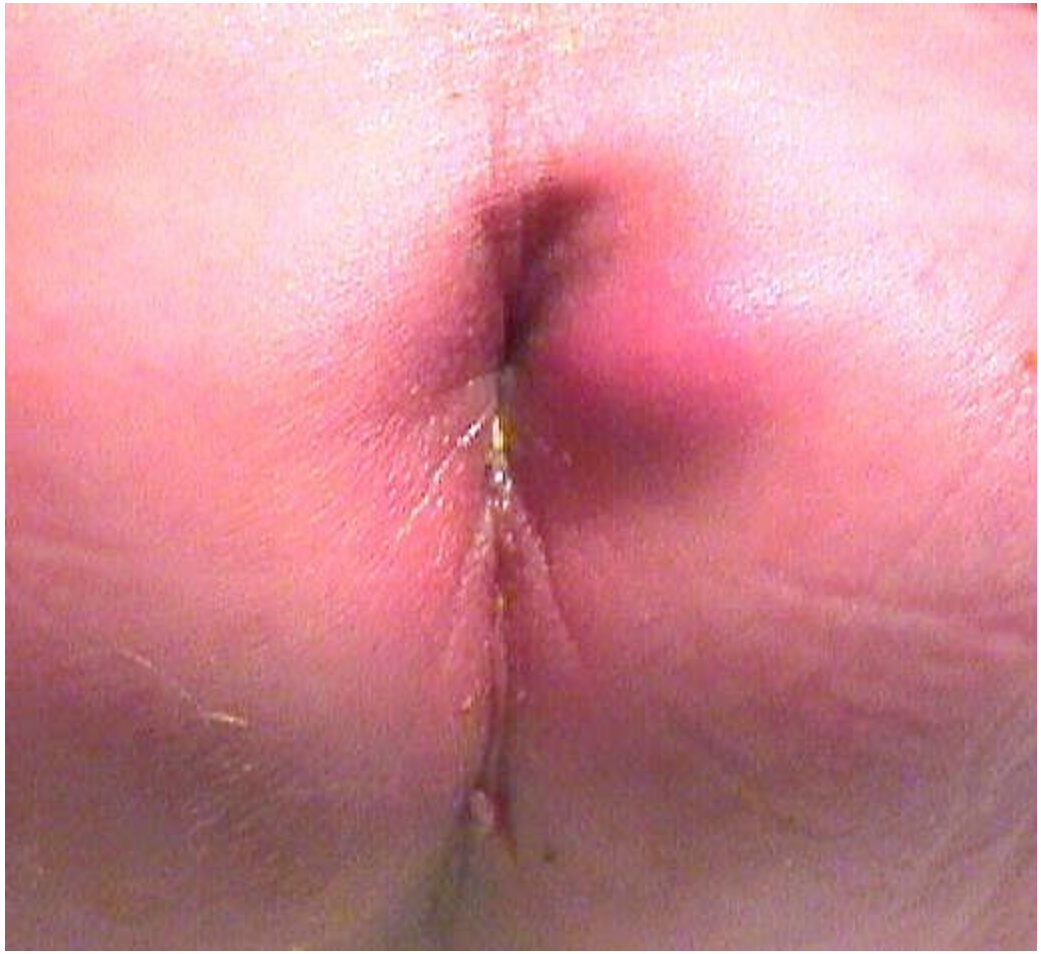


ABSCESO

FISTULA (GLANDULA)



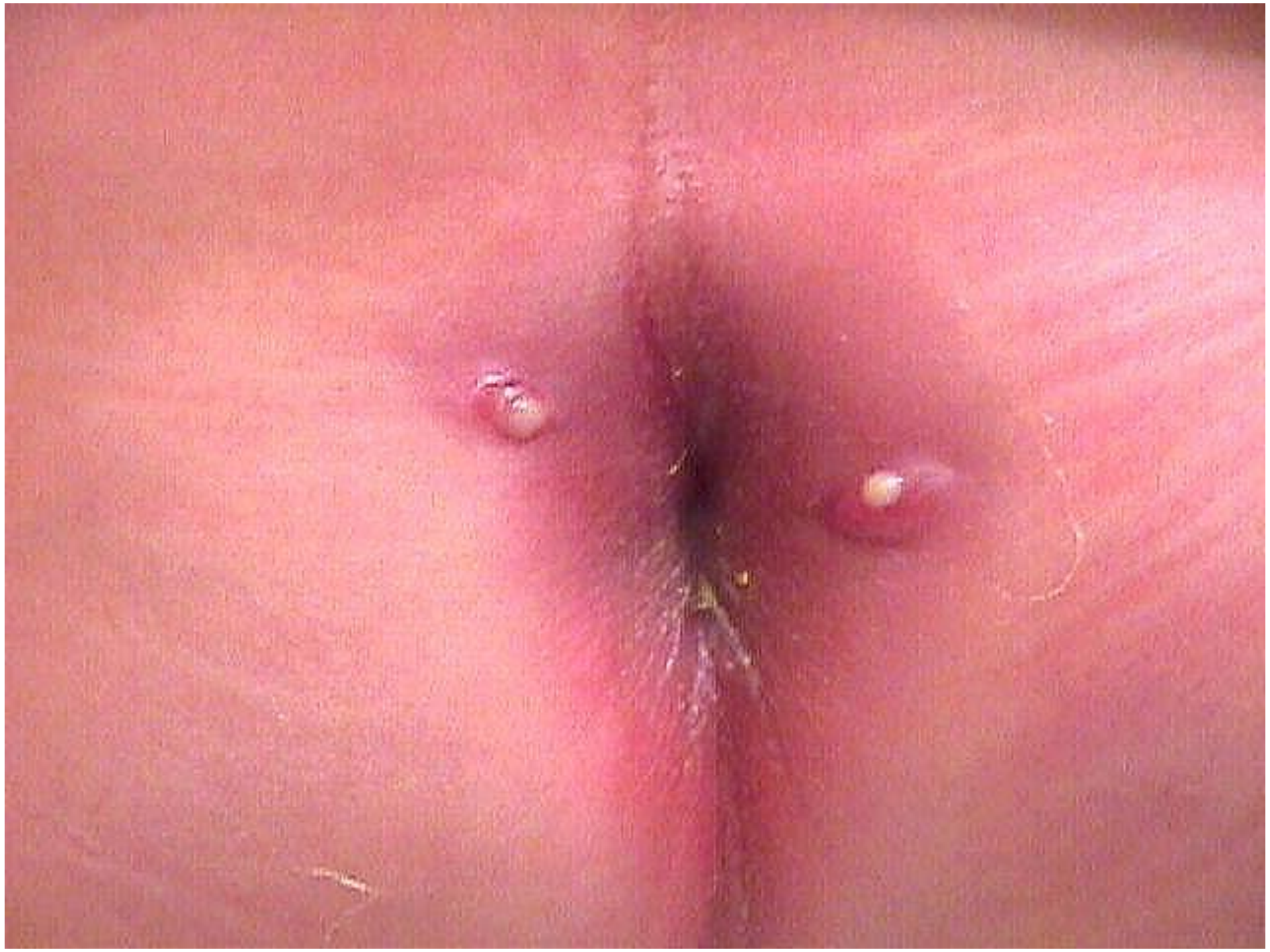




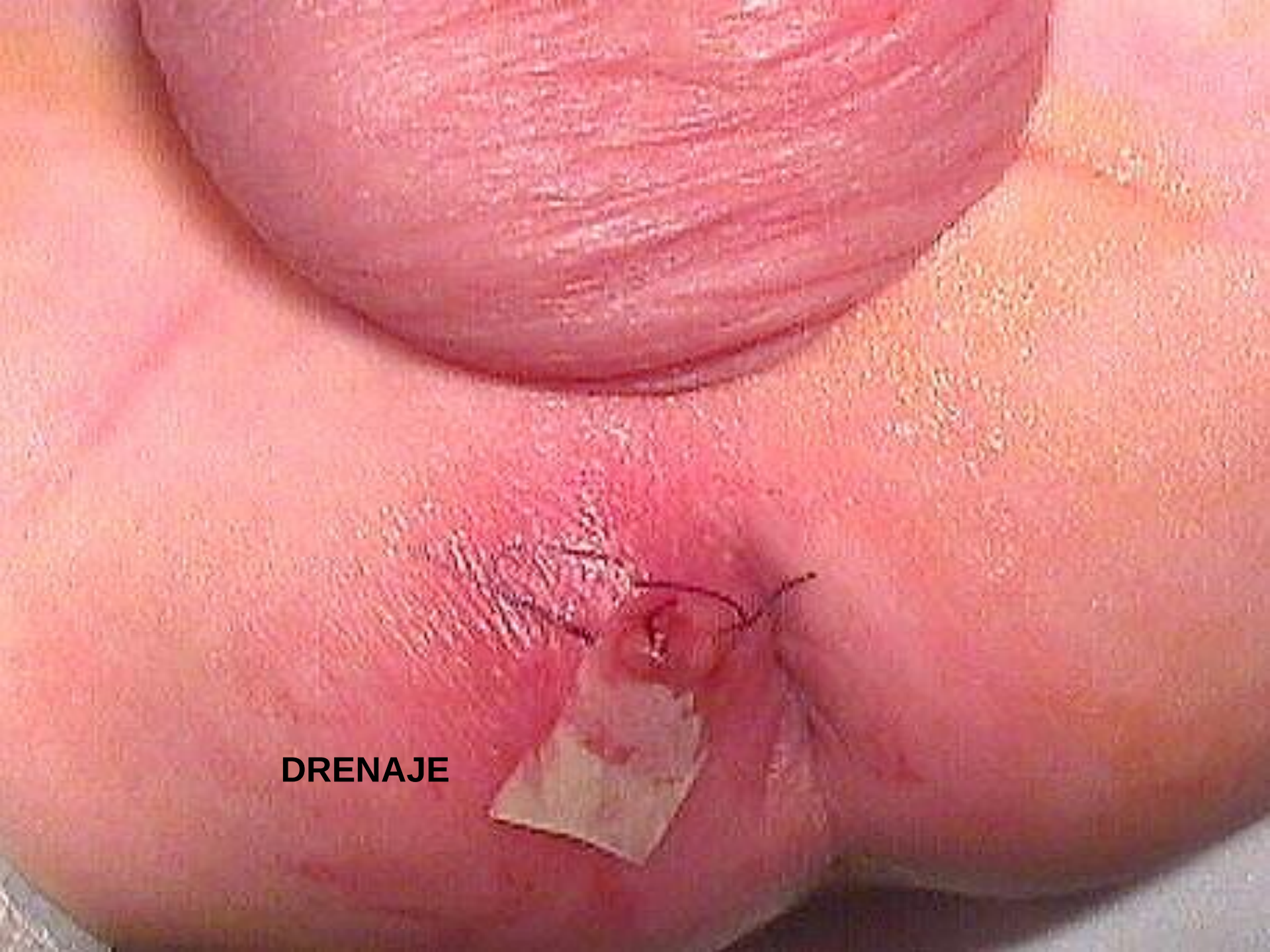
ATB

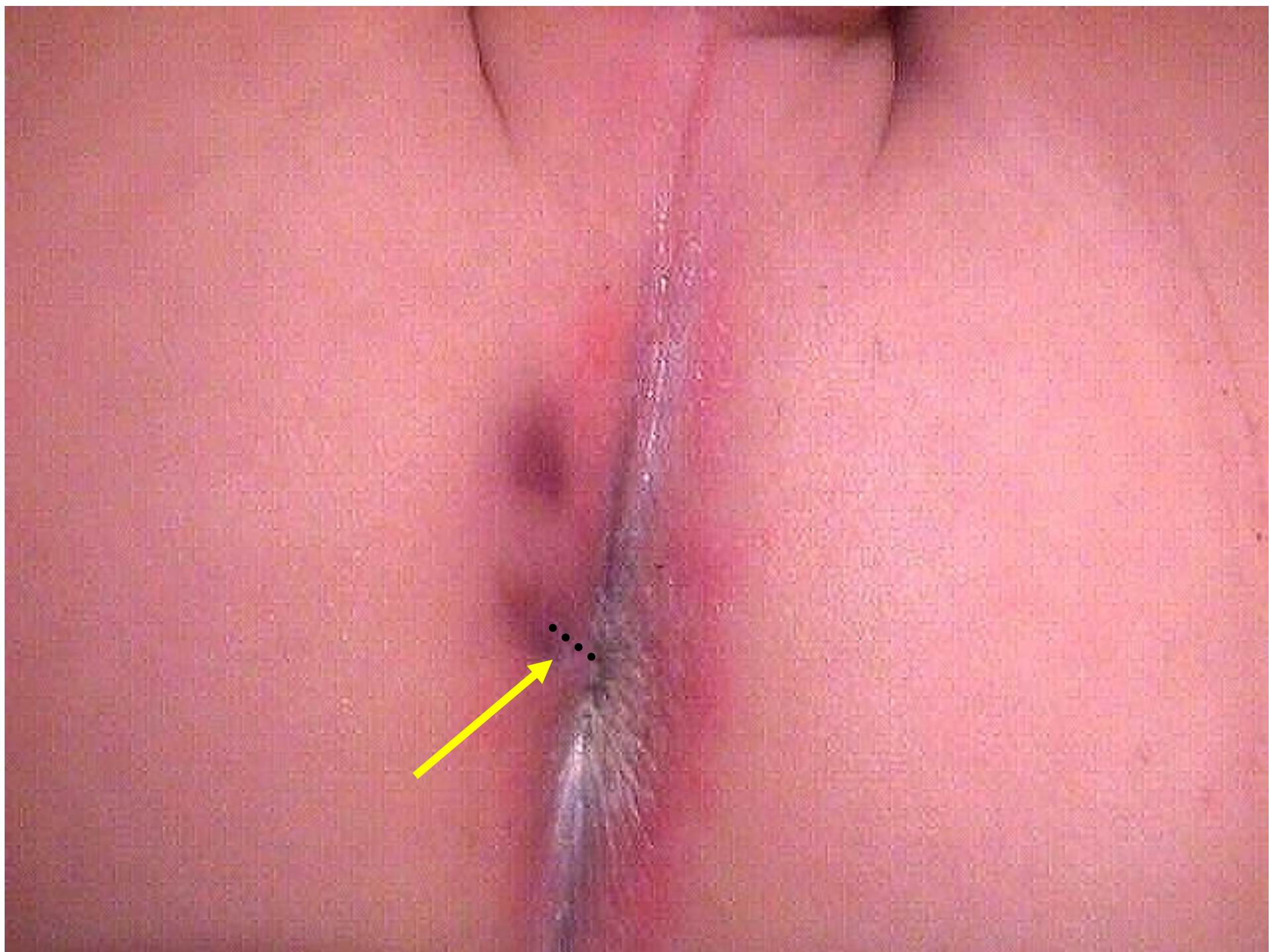
ATB + DRENAJE

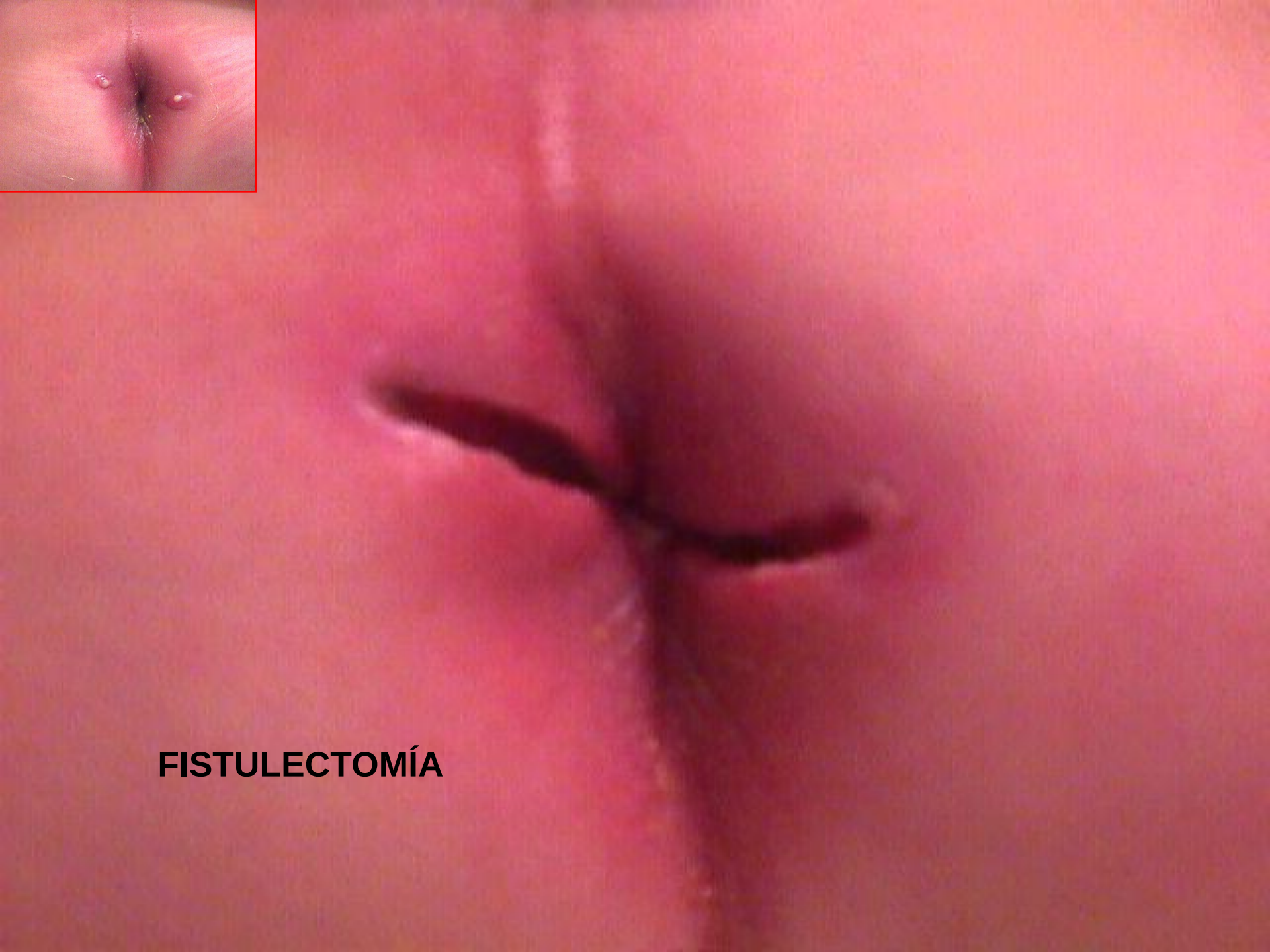
OPERAR FISTULA “EN FRÍO”




DRENAJE


DRENAJE



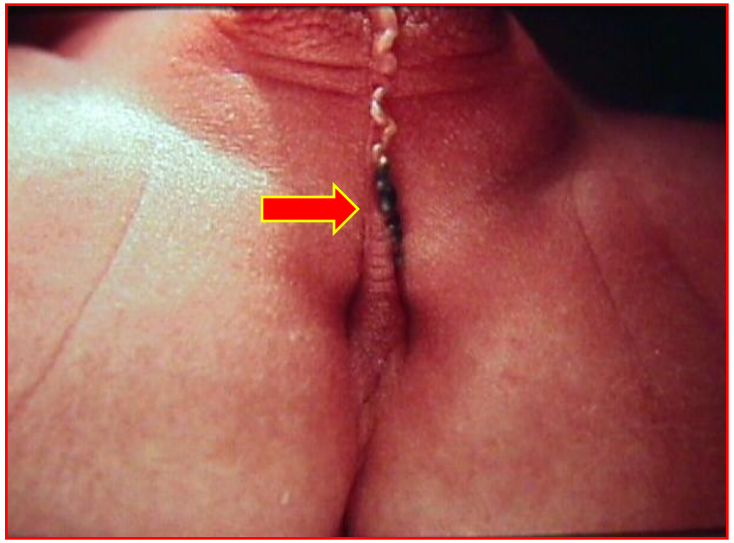


FISTULECTOMÍA


7 DÍAS POSTOP.

ALGUNAS
MALFORMACIONES ANORRECTALES

RECIEN NACIDO CON ANO IMPERFORADO VARÓN



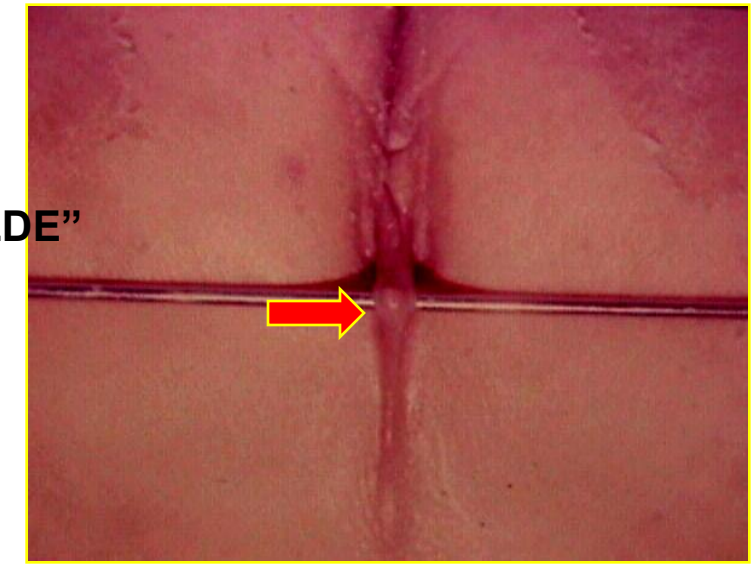
SEMIOLOGIA DA EL DIAGNOSTICO **(80%)**

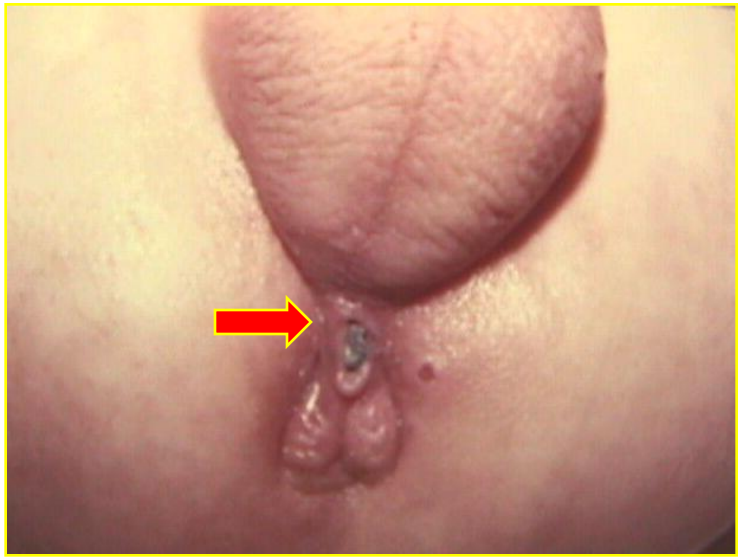
ESTENOSIS ANAL
MEMBRANA ANAL

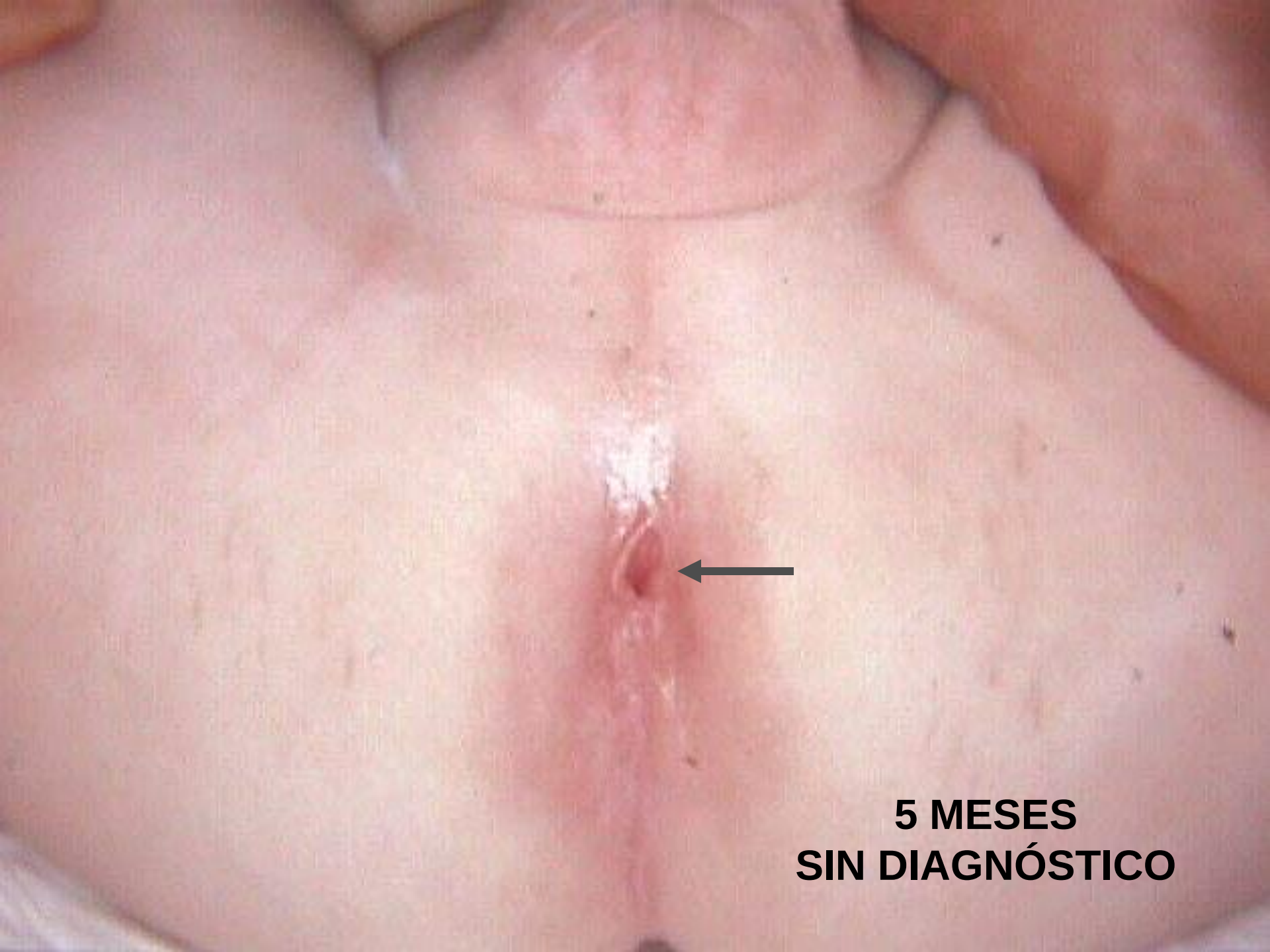
MECONIO EN PERINE

FISTULA CUTANEA

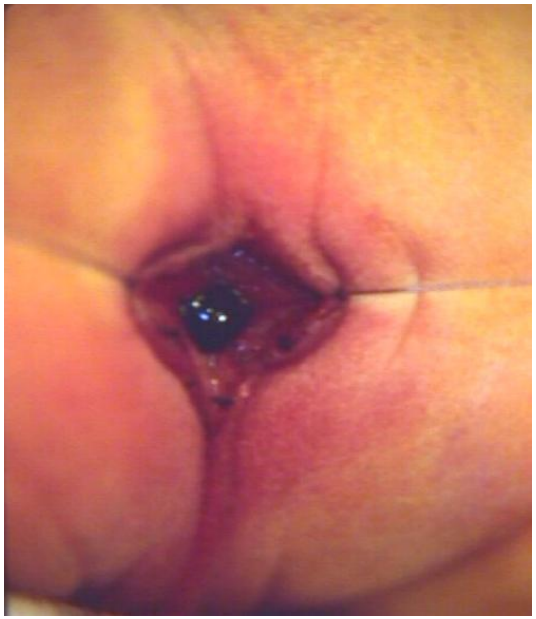
“ASA DE BALDE”






5 MESES
SIN DIAGNÓSTICO

RECIEN NACIDO CON ANO IMPERFORADO VARÓN



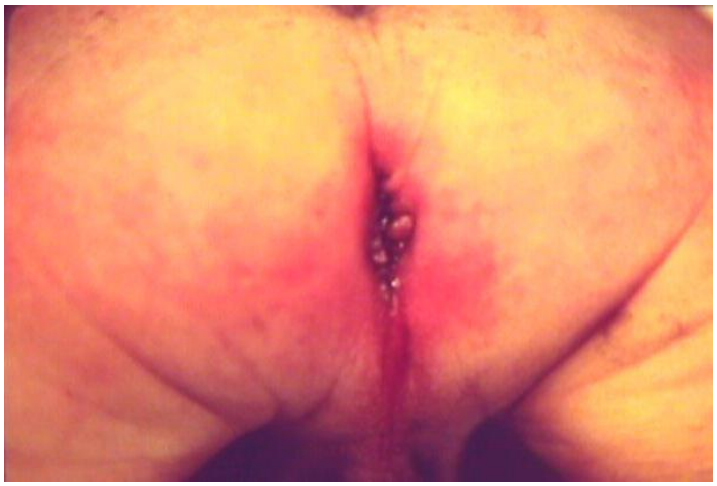
SEMIOLOGIA DA EL DIAGNOSTICO **(80%)**

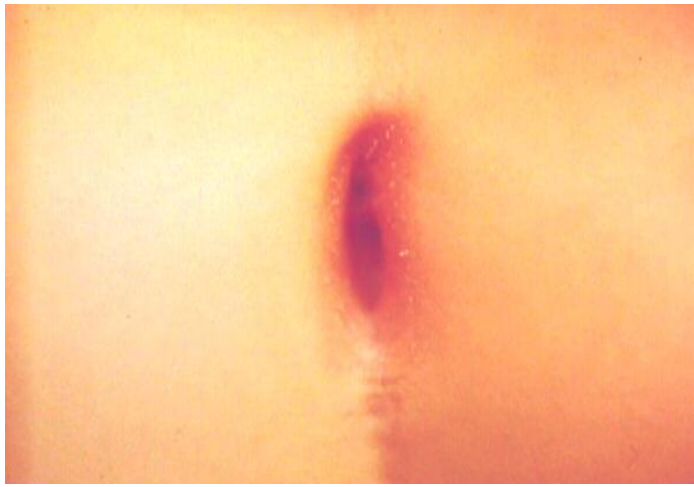
↓

FISTULA CUTANEA

↓

ANOPLASTIA NEONATAL





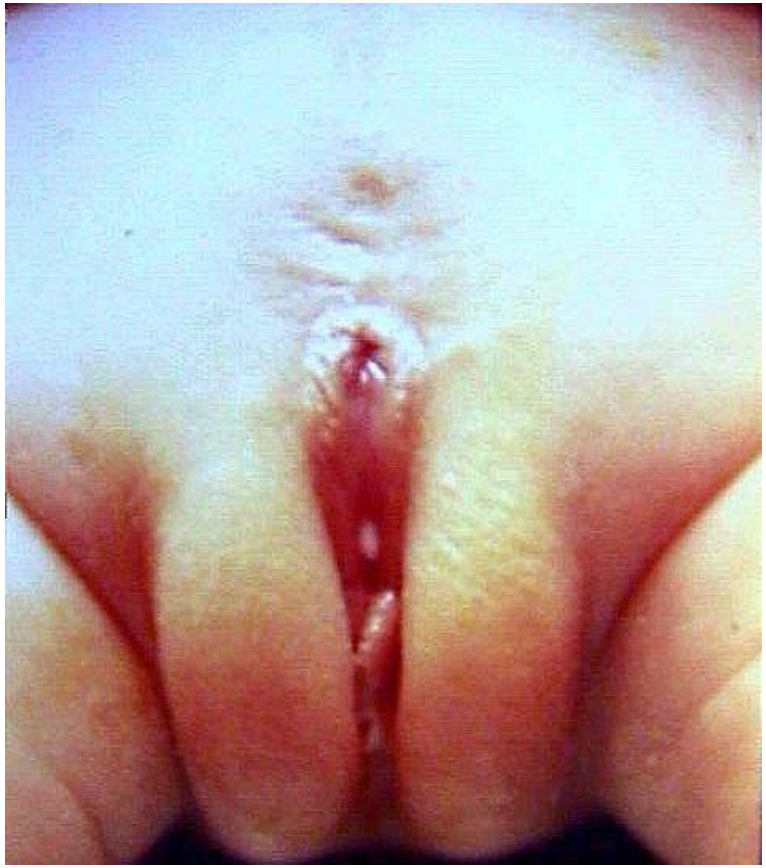
RECIEN NACIDO CON ANO IMPERFORADO
NIÑAS

SEMIOLOGIA DA EL DIAGNOSTICO (80%)

FISTULA CUTANEA PERINEAL

3

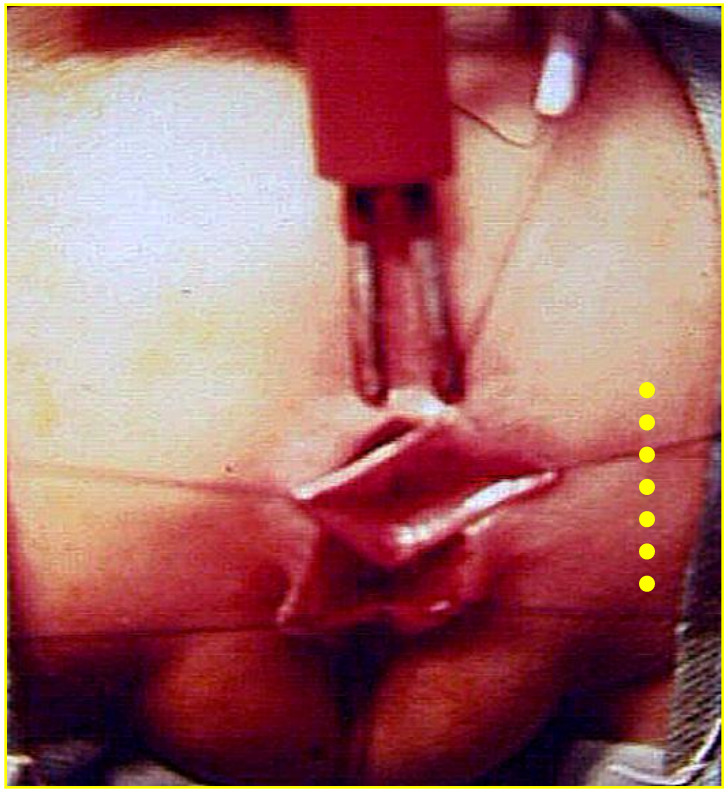
ESTENOSIS ANAL
MEMBRANA ANAL



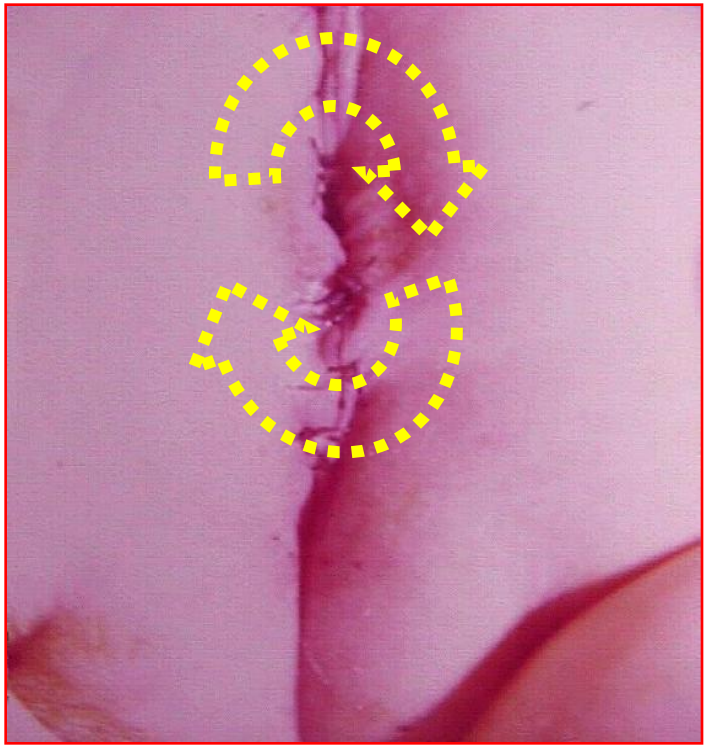
F. CUTÁNEA

ANOPLASTIA ("Traslocar")

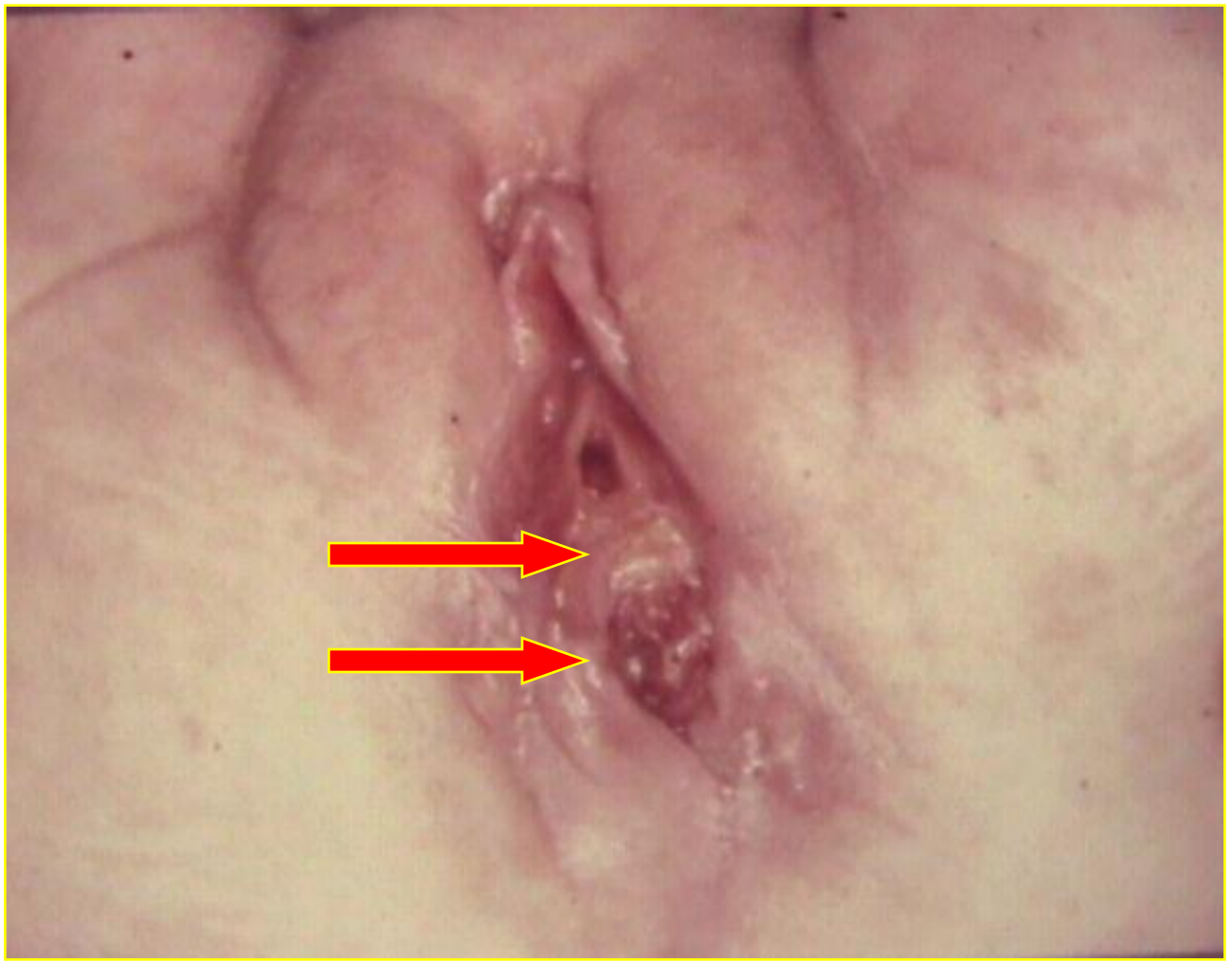
ANOPLASTIA



ABORDAJE MINIMO



RECONSTRUCCION ANATOMICA



CUT- BACK : DA MAL RESULTADO

RECIEN NACIDO CON ANO IMPERFORADO

NIÑAS

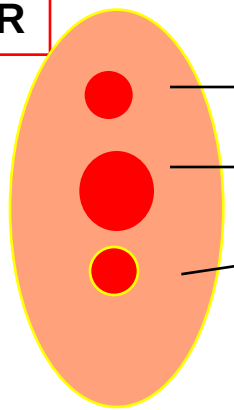
SEMIOLOGIA DA EL DIAGNOSTICO (80%)

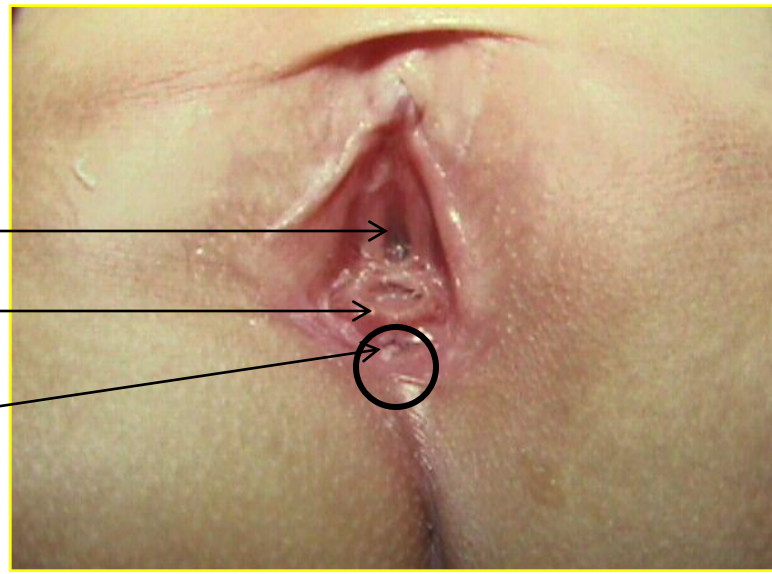
FISTULA CUTANEA

3

FÍSTULA VESTIBULAR

3

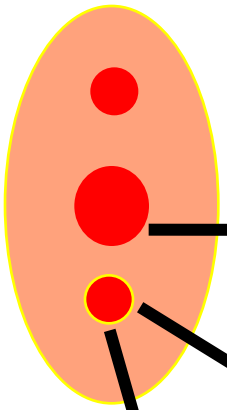


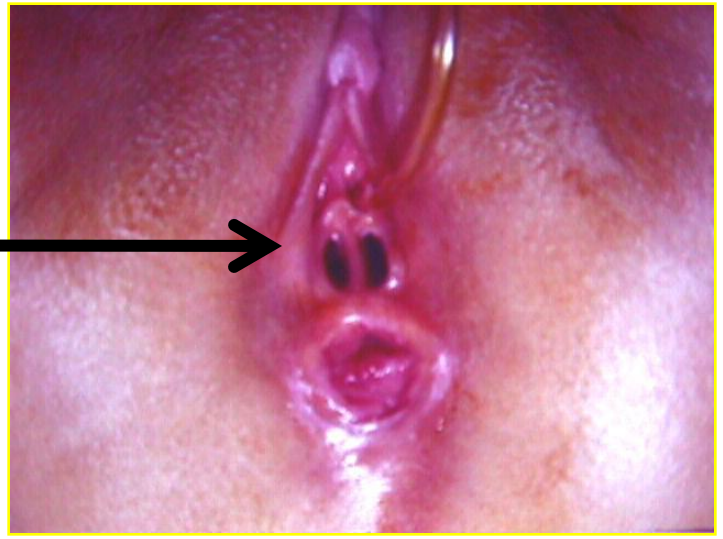


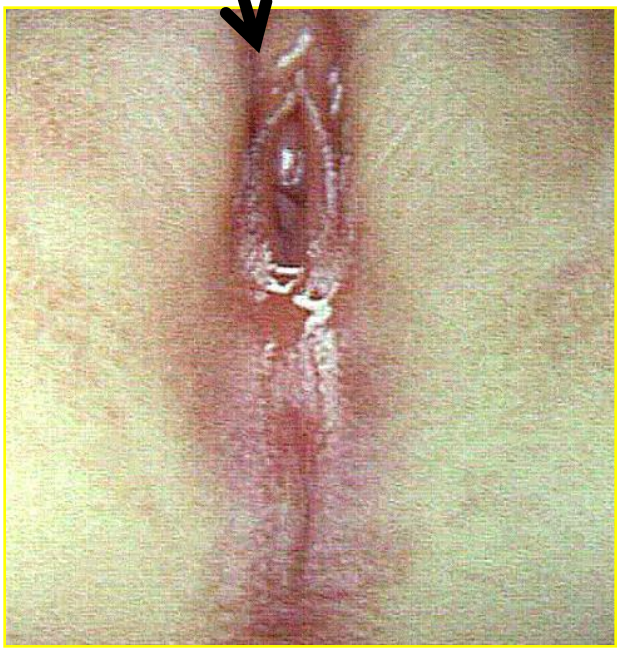
FRECUENTE

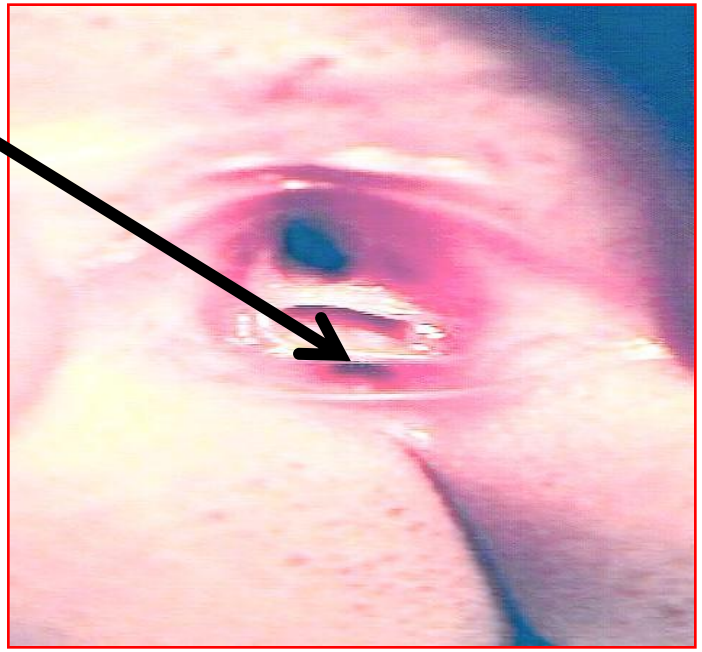
COLOSTOMIA

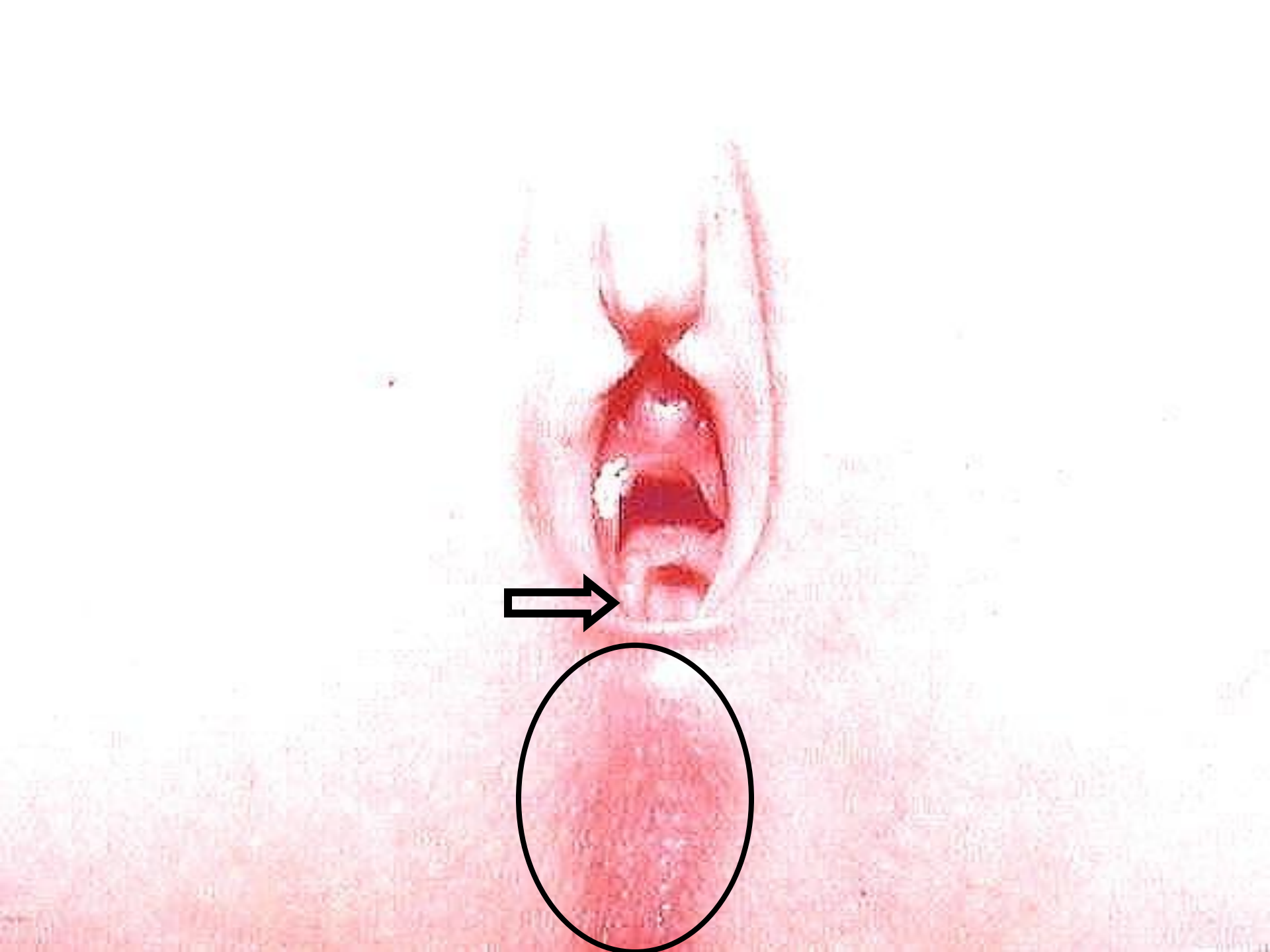
VARIANTES

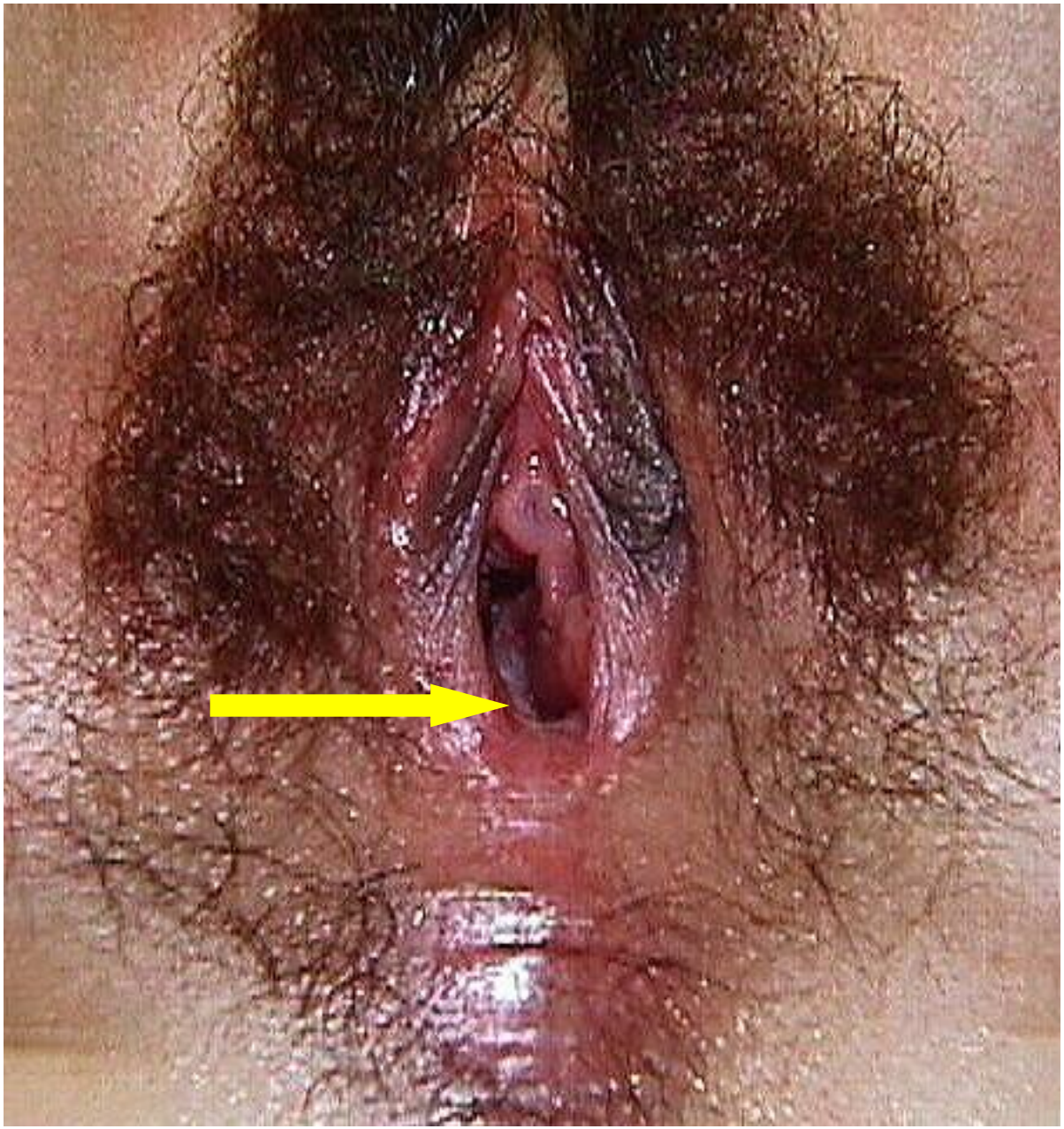


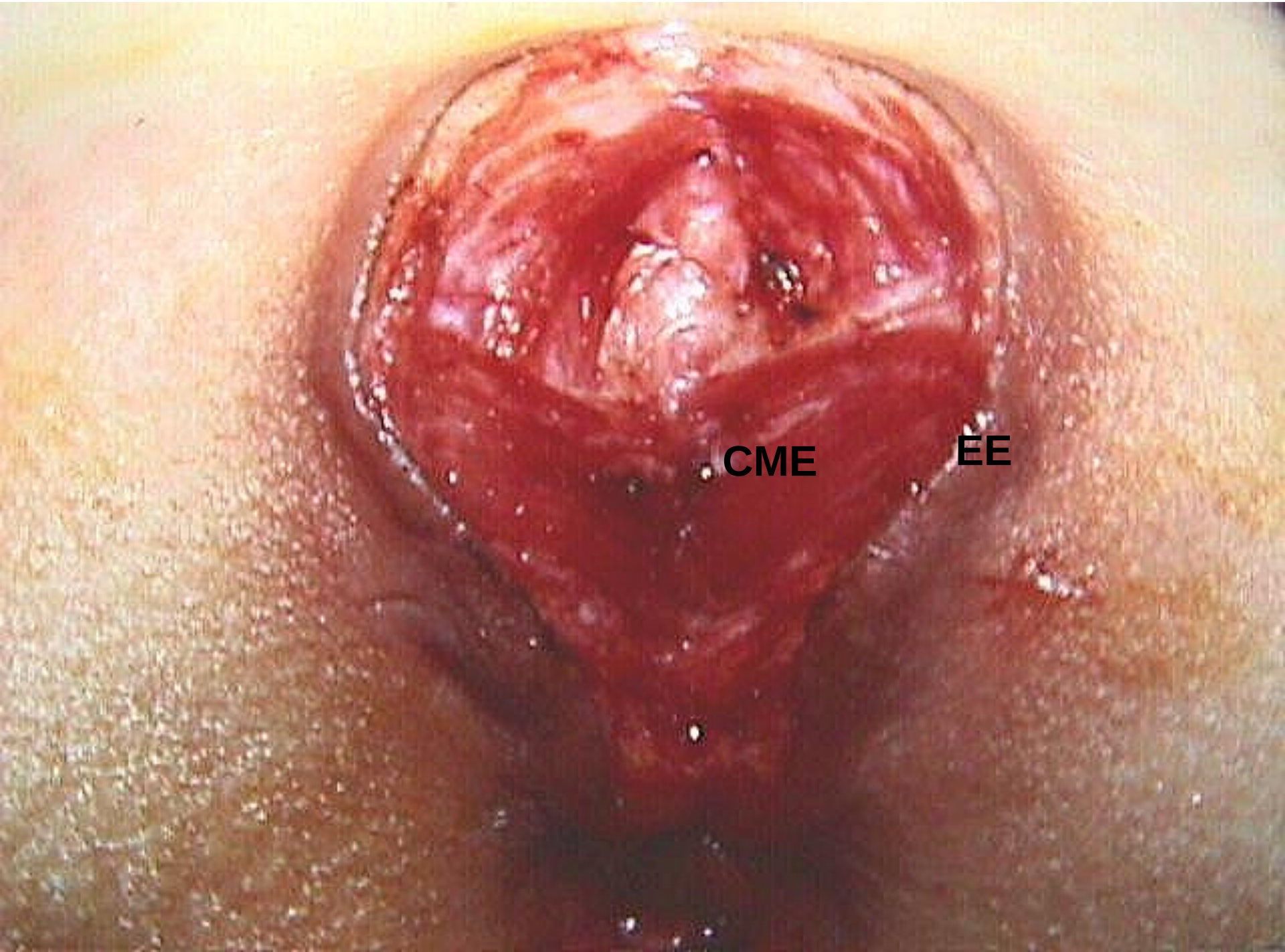


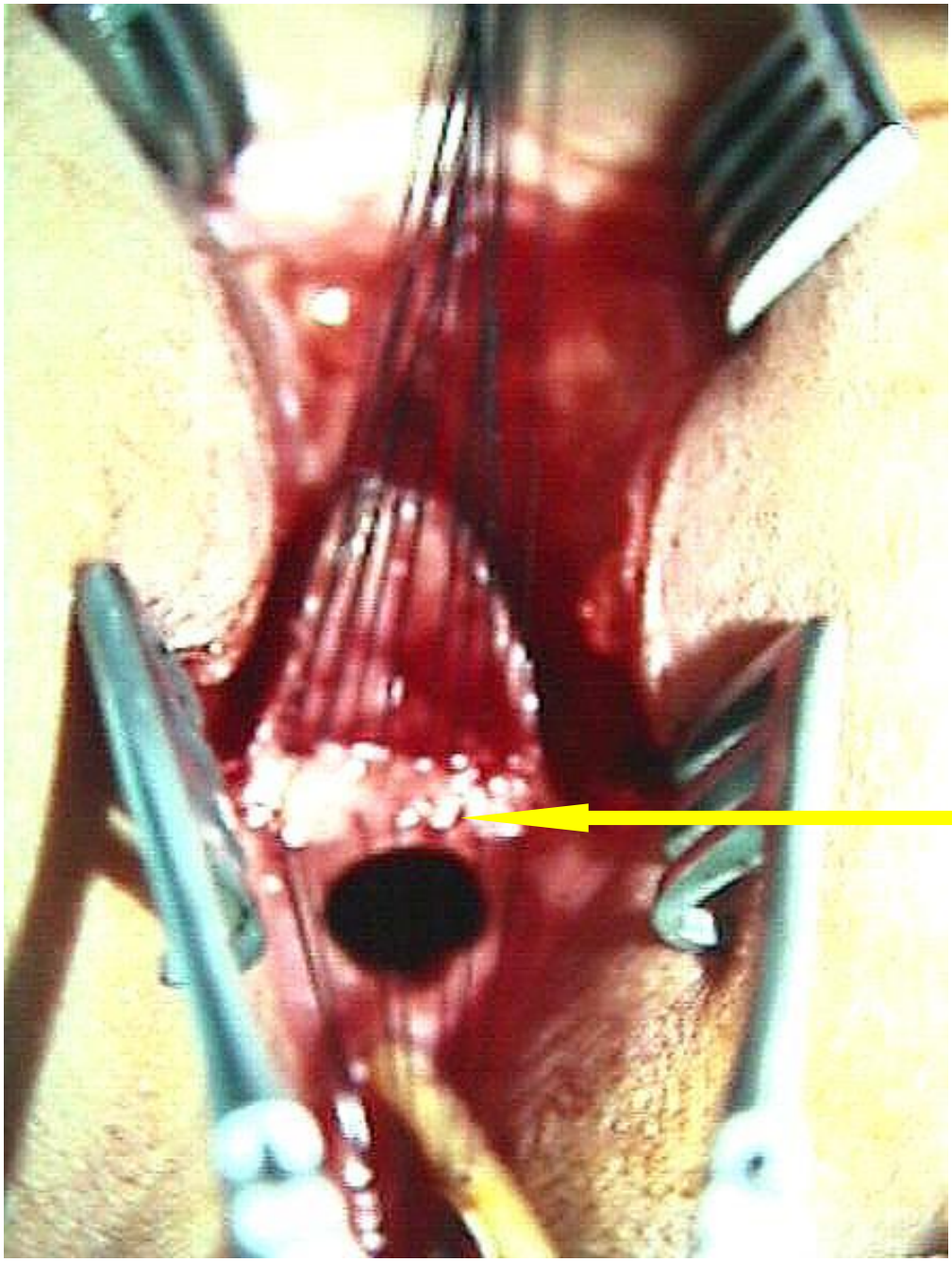








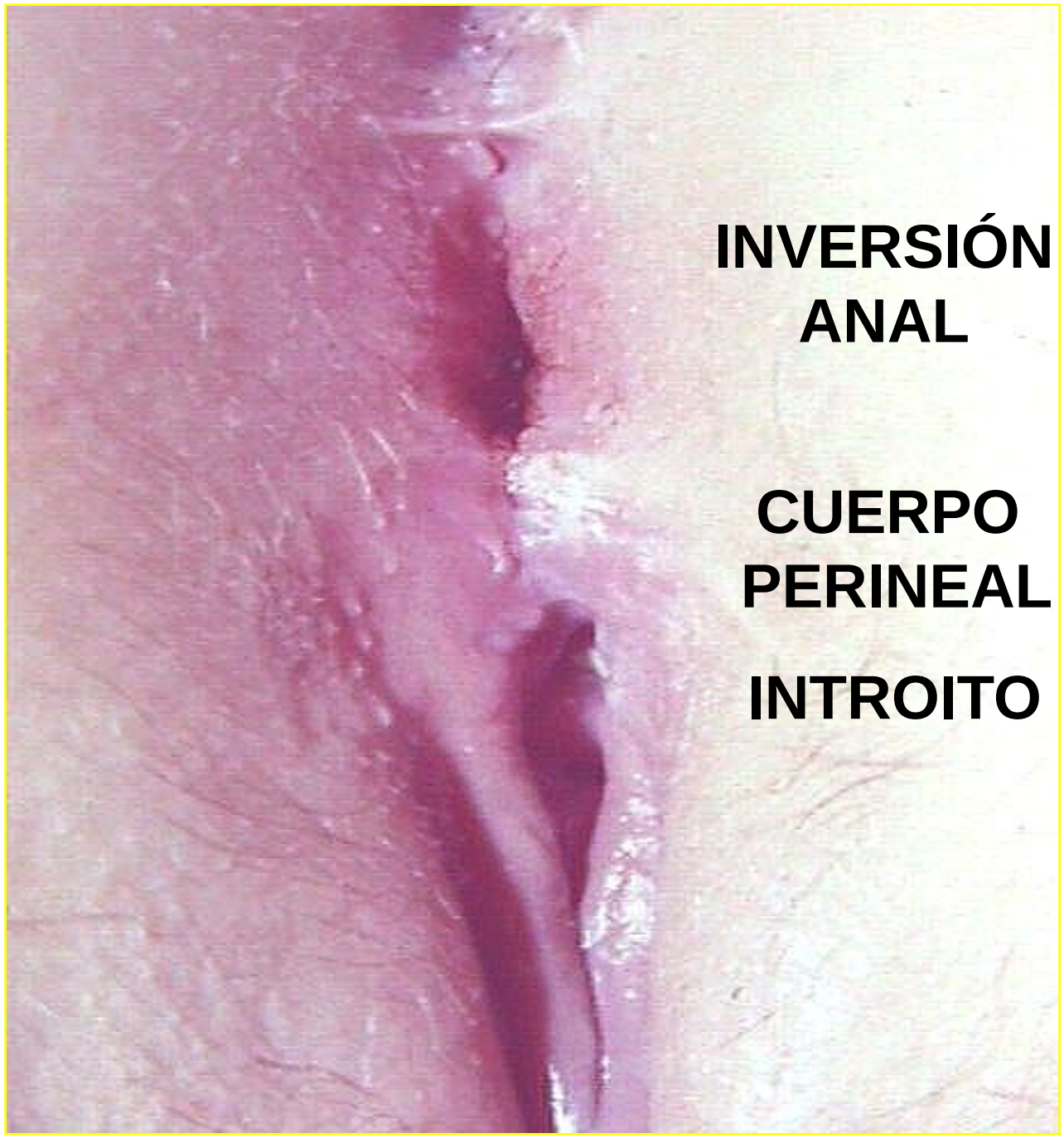

CME
EE



SECCIÓN DE LA PARED COMÚN

Y

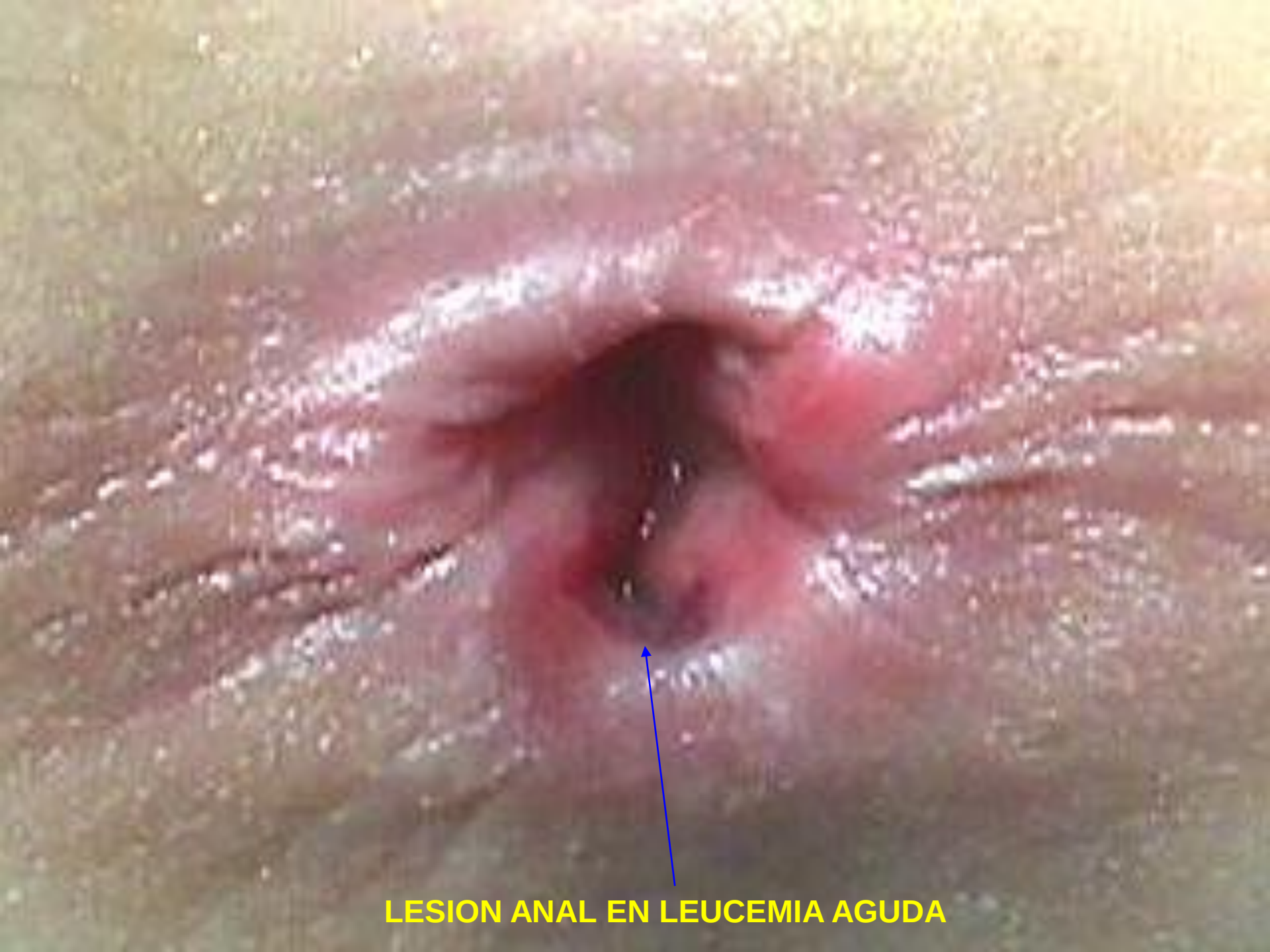
SEPARACIÓN RECTO-VAGINAL

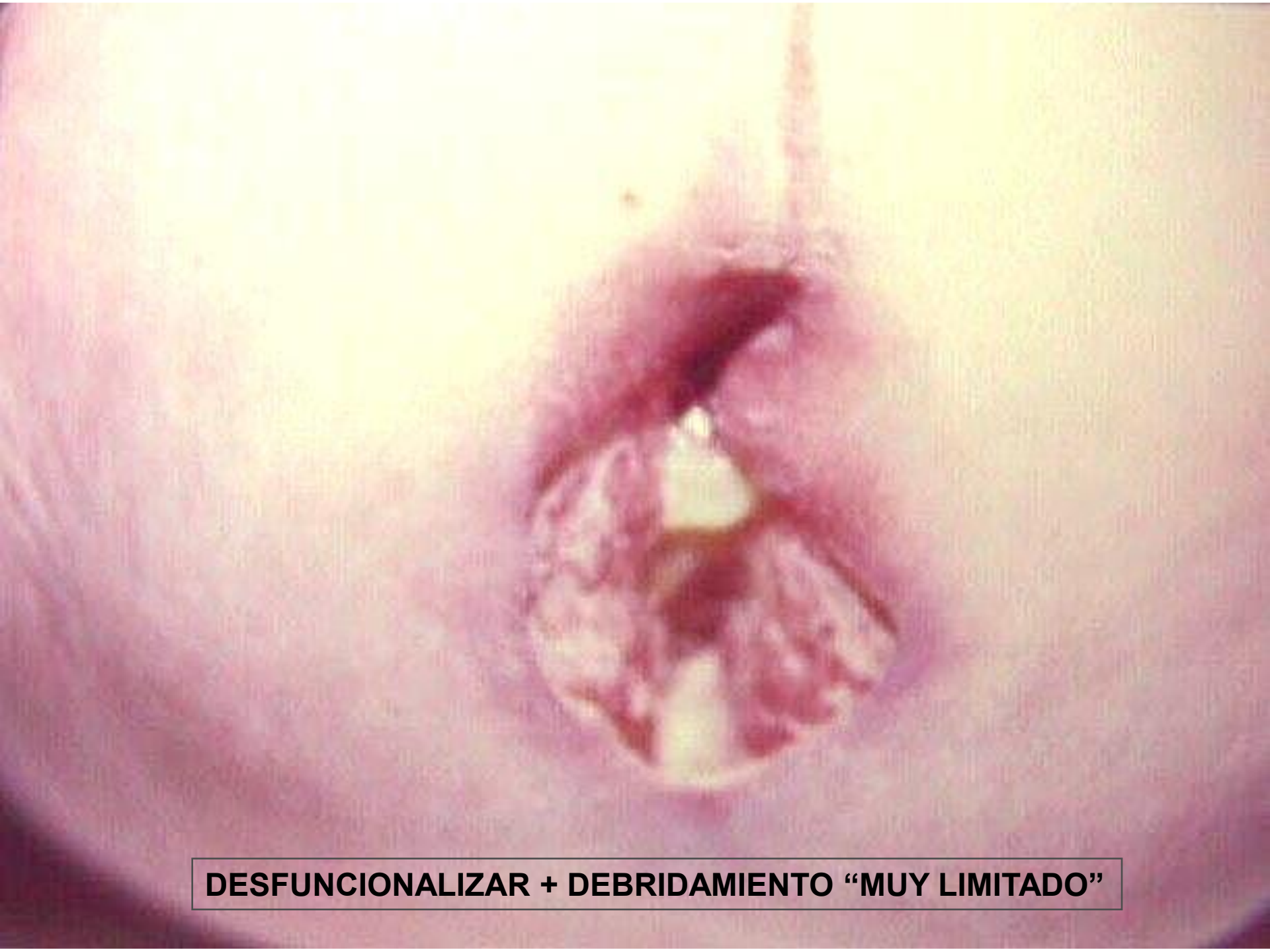

INVERSIÓN ANAL
CUERPO PERINEAL
INTROITO

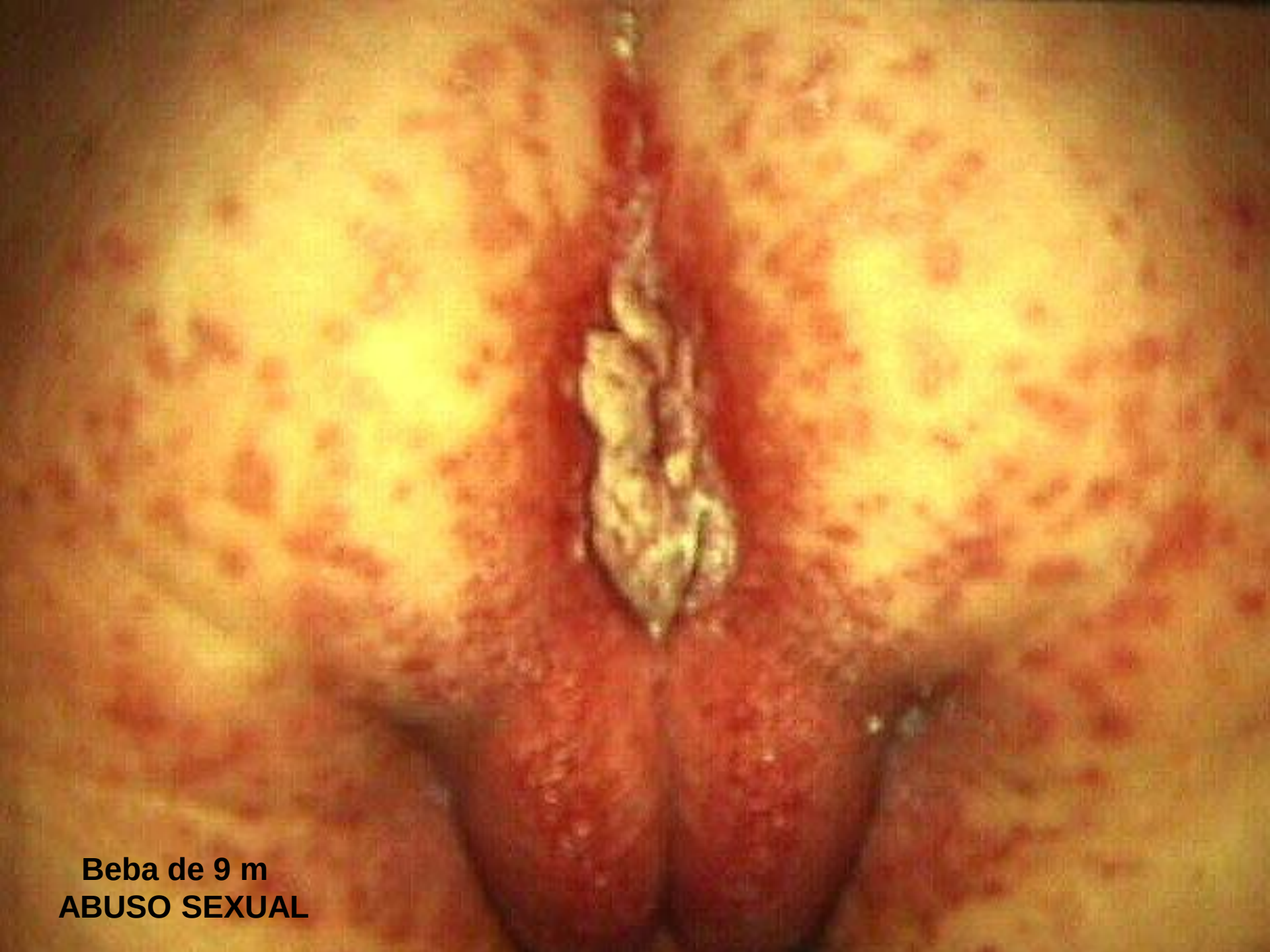
OTRAS PATOLOGÍAS ANORRECTALES

QUE PUEDEN DETECTARSE EN CONSULTORIO

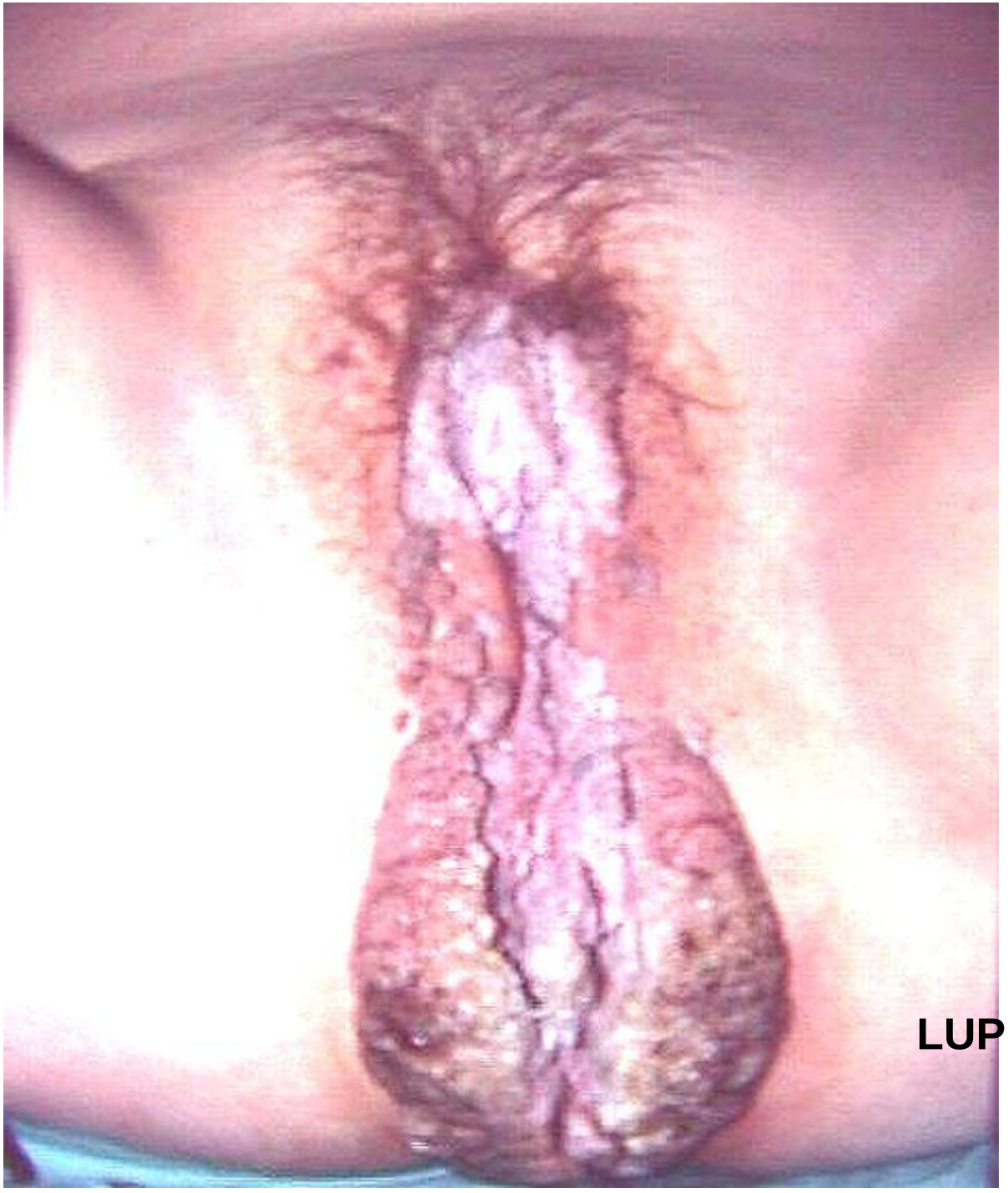
SEPSIS PERIANAL


LESION ANAL EN LEUCEMIA AGUDA

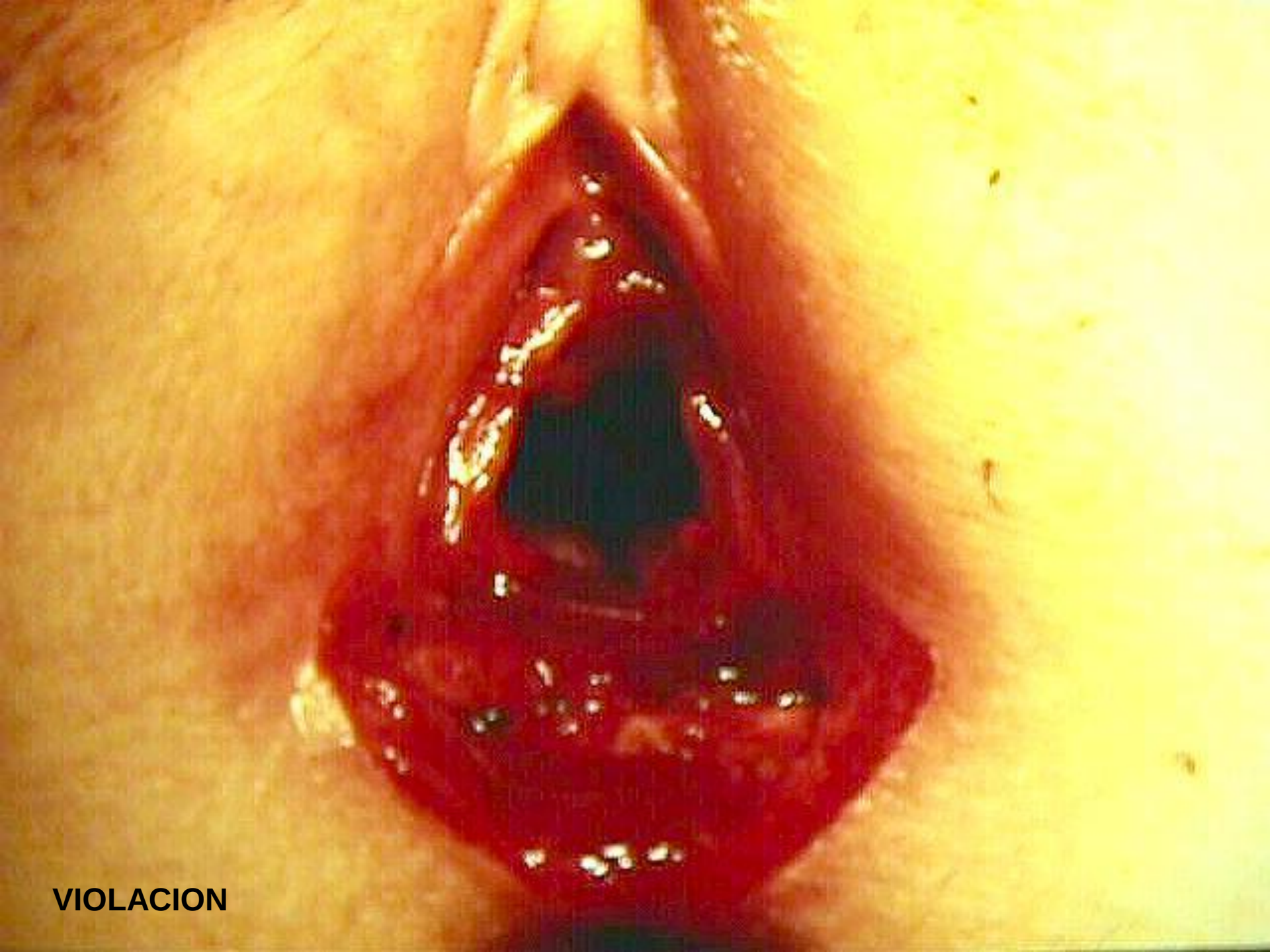

DESFUNCIONALIZAR + DEBRIDAMIENTO “MUY LIMITADO”



Beba de 9 m
ABUSO SEXUAL



LUPUS



VIOLACION

CLAVO DEGLUTIDO
NIÑO DE 2 a