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Partial Rectosigmoid Resection for the treatment of Severe Constipation and Megarectum in Children with Anorectal Malformations.

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Constipation is observed in 30-50% of the patients operated on for an anorectal malformation. Primary distal colonic hypomotility could point out in many of these cases with sufficient neo-anal caliber. In severe cases megarectum with chronic impaction and overloading of feces may impair continence in spite of the preserved sphincteric action.

We present 7 patients with a megarectum who had previously been operated on for an anorectal malformation and whose severe constipation did not respond to medical treatment.

Constipation resolved after partial rectosigmoid resection, in all of these patients. Continence amelioration was complete in those patients with normal sacrum and a good prognosis type of anorectal anomaly (cutaneous or ves-tibular fistula). In those with an abnormal sacrum and prostatic urethra or bladder neck fistula, continence significantly improved

As it has previously been proposed, partial rectosigmoid resection should be considered in the treatment of patients operated on for anorectal anomalies who show a megarectum and severe constipation unmanageable by medical means. Further discussion is required if this surgical criterion should also be applicable to those children with megarectum and "functional" or "essential" or even "psychogenic" constipation with protracted fecal impaction and soiling.

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