

Picture Story

Unusual presentation of paediatric perineal trauma

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Case report

An 8 year old girl presented to us with a history of an accidental fall on a plastic stool while taking a bath. Patient immediately passed a small amount of faeces and was able to walk. After 2 hours the patient started continuous urinary soiling from the wound. The anorectal tear was temporarily closed by a general surgeon and the child was referred to us (Figure 1).

At presentation to us after 12 hours of injury the patient was febrile with tachycardia and normal blood pressure. There were no abdominal signs and the patient was not having urinary retention. Routine investigations were normal.

Evaluation under anaesthesia revealed two deep tears in the rectum, one at the 4 o'clock position which was superficial and another at the 10 o'clock position. The second tear was extending from the rectum to the right lateral vaginal wall and was causing disruption of the right paraurethral tissue (Figures 2-3). There was intermittent urinary leak from the tear (Figure 4). The perineal body and anal sphincters were disrupted (Figure 5). Cystoscopy revealed a bladder tear just proximal to the neck with disruption of right paraurethral tissue. Repair of the vagina was done and the bladder was catheterized (Figure 6). Rectal tears were repaired and temporary reconstruction of the perineal body and sphincters was done (Figure 7). A diversion sigmoid loop colostomy was created.

After 15 days, definitive repair was done due to vesico-vaginal communication on micturating

cystourethrography (figure 8) and recto-vaginal communication on CTIVU with distal cologram (figure 9). Lower sigmoid colon was used for cosmetic vaginoplasty and the stoma site was brought to the anal verge by a pull through procedure (Figure 10). After 2 months of follow up, the patient had a good outcome with adequate urinary and faecal continence

Discussion

Perineal trauma is rare in the paediatric age group but local low grade injury is described which is managed by immediate repair¹. Major vaginal or urethral injury is treated by primary or secondary repair². Rectal injury, if associated, is treated by primary diversion and definitive repair later on³. No case of grade 4 paediatric perineal trauma with total recto-vaginal communication, torn perineal body and sphincters with bladder tear and paraurethral tissue disruption has been described. Immediate local repair with diversion stoma and secondary repair gives excellent cosmetic and continence results.

References

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Fig. 1: *Pre-procedure picture with urinary leak*



Fig. 2: *Paraurethral disruption*



Fig. 3: *Right vaginal wall tear*



Fig. 4: *Urinary leak in vaginal rent*



Fig. 5: *Torn perineal body*



Fig. 6: *Repair of vagina*



Fig. 7: *Repair of rectal tears*



Fig. 8: *MCUG showing vesico-vaginal fistula*

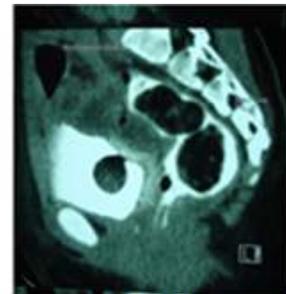


Fig. 9: *CTIVU with distal cologram showing recto-vaginal communication*



Fig. 10: *Post-reconstruction picture*