

# THE UNSETTLED ISSUES OF HIRSCHSPRUNG'S DISEASE POST DEFINITIVE SURGERY

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## Introduction

Hirschsprung's disease (HD) is one of the commonest congenital colorectal disorders. It usually diagnosed during infancy and rarely after 1 year old. It's caused by the aganglionic segment of the colon that will eventually lead to chronic constipation and intestinal obstruction. The mainstay of treatment is by resection of the affected bowel, anastomosis and proper bowel rehabilitation post operatively. Despite these measures, complications such as Hirschsprung's related enterocolitis (HAEC) and faecaloma were well reported in literatures <sup>1,2,3,4</sup>.

## Case Summary

A 4-years-old boy with underlying total colonic HD underwent total colectomy, Duhamel procedure and followed by reversal of stoma at 1 year old.

He had recurrent admissions for HAEC prior and after the surgery which require intravenous antibiotics and fluid therapy. There were few episodes of severe dehydration which require admission to Paediatric Intensive Care Unit (PICU).

During the last admission, he presented with mechanical intestinal obstruction secondary to giant faecaloma. In view of failed rectal washout with paraffin oil, he underwent manual evacuation under general anaesthesia, but residual faecaloma still presents on the repeated abdominal X-ray post procedure. Thus, parents were advised to perform regular rectal washout as preventive measure.

Parents were compliance to the rectal washout and improvement of clinical syndrome seen on patient during outpatient follow-up.

## Discussion

One of few common post operative complications of HD are, constipation, malnutrition, recurrent enterocolitis<sup>1,2,3,5,6</sup>, and few literature reported regarding faecaloma<sup>4</sup>.

Post operative rectal washout is one of the most importance part of bowel rehabilitation program for HD especially during childhood and teenager. Failed in doing this sometimes lead to the recurrent enterocolitis and rarely cause faecaloma. Laxatives such as polyethylene glycol (PEG)<sup>7</sup> and liquid paraffin oil are commonly prescribed medication to the post-operative HD patients, to aid in defecation and thus, prevent constipation and formation of faecaloma.

Huge faecaloma usually opted for the evacuation under general anesthesia as it will reduce trauma to the patient mentally. The decision for this procedure is based on individual presentation and failed pharmacological measure. Post-operative regular rectal wash out is also needed in preventing the re-development of the faecaloma and enterocolitis in the future.



Image 1: Huge faecaloma (arrow) causing proximal bowel dilatation.



Image 2: Intra-operative finding show pieces of hard debris of the faecaloma wall removed and washed. The abdomen was markedly less distended compare to preoperatively.

## Conclusion

HD carries a lot of complications either pre- or post-operatively. A periodic assessment post definitive surgery with a good bowel rehabilitation is required to minimize the risk of develop complication in the future. Together we will improve colorectal care in children.

## References

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