

[Bowel function and fecal continence after Soave's trans-anal endorectal pull-through for Hirschsprung's disease: a local experience.](#)

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Source

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Abstract

The aim of this study was to evaluate the postoperative clinical outcome, colorectal function, and fecal continence score after Soave's transanalendorectal pull-through surgery (TERPT) for Hirschsprung's disease (HD) comparing them in preschool and school children with the results of younger children. This comparative retrospective study was done on 40 HD children treated over a period of 8 years from January 2001 to December 2008. Patients were classified into two equal groups according to their age: group I (n = 20) included children with age <6 months up to 42 months, and group II (n = 20) included children from 3.5 years up to 13 years. Demographic, clinical data, preoperative investigations, operative records, postoperative outcome and follow-up including defecation problems, fecal continence score rate (FCSR), anal manometry and electromyography were all reviewed. Obtained data were statistically analyzed using SPSS. Forty patients were included in this study, 28 males and 12 females with the male to female ratio of 2.3:1. The median age of the studied patients in group I was 8.9 months, while in group II, the median age was 65.95 months. The postoperative follow-up period ranged from 18 to 24 months in group I with a mean of 21 months, while it ranged from 2 to 26 months in group II. In group I, most of children showed no abnormal defecation problems, 16 patients had excellent FCSR, 4 were having good FCSR and no poor continence score rate, while 3 patients suffered from constipation. Meanwhile, in group II, 15 patients showed excellent FCSR in 10 patients and 5 with good FCSR. While the rest of patients suffered from different abnormal defecation behavior that was constipation in 5 patients. The remaining 5 patients suffered from continence problems varying from fair in 3 patients (20%), with the remaining 2 patients having a poor continence score rate. It can be concluded that TERPT can be performed with some difficulties in older children; yet, the follow-up results are statistically low when compared with those patients who had undergone the operation at younger age.