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# 7TH CONGRESS OF THE EUROPEAN ACADEMY OF ...about 22 hours ago UNUSUAL CONSTELLATION OF ANOMALIES

Neha Sharma

bladder fistula

pouch colon

prune belly




**UNUSUAL CONSTELLATION OF ANOMALIES**  
Dr Neha Sharma<sup>1</sup>, Dr Michelle Parr<sup>1</sup>, Mr Ross Craigie<sup>2</sup>, Mr Sotiros Siminas<sup>2</sup>, Mr Amílã De Silva<sup>2</sup>, Dr Kirstin Tannev<sup>2</sup>

**1.** Newborn Intensive Care Unit, St. Mary's Hospital, Manchester University Hospitals Foundation Trust  
**2.** Royal Manchester Children's Hospital, Manchester University Hospitals Foundation Trust


**BACKGROUND AND AIMS:**  
This report details the very rare association of Prune Belly and Pouch Colon in a 34-week twin boy.

**CASE PRESENTATION**  
Baby was born in a level 2 NICU by emergency C-section for maternal abdominal pain. Antenatal scans were suggestive of megacystis and oligohydramnios. Baby was born in poor condition, intubated briefly for respiratory distress syndrome. He was found to have Prune Belly, imperforate anus and bilateral impalpable testes. He was transferred to the regional unit for surgical management. Urethral catheterization showed good urine output but his abdomen was distended. Abdominal X-ray showed a large left-sided (partially calcified) mass causing midline shift.

Laparotomy on day two confirmed Type 2 Pouch Colon, where the entire colon is pouch-shaped, ending in a fistula with the bladder. Abietic appendix, Meckel's diverticulum and intra-abdominal testes were also seen. Pouchostomy was successfully formed, enabling early feed commencement. Cystoscopy showed a large, smooth bladder with normal urethra. Intra-operative cystogram demonstrated Grade 3/4 left-sided reflux and tortuous ureter.



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