Letters to the Editor regarding the article

Aganglionic Megacolon (Hirschsprung's Disease)—61 Years to Diagnosis

by Dr. med. Daniel Schmitz, Prof. Dr. med. Jörg-Peter Ritz, and Dr. med. Michael Wöhlke
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Unanswered Questions Remain

The patient's medical history is consistent with symptomatic Hirschsprung's disease since infancy. It would be interesting to know if the diagnosis was known back then and later during adhesiolytic procedures (1). As regards the current situation it would be important to know the following: what was the finding on digital rectal examination? Is it possible that anastomotic stenosis was present? In comparison with the described radiological diagnostics, a colon contrast enema in anterior-posterior and sagittal view would have been of interest as this might have shown the narrowed rectum, the proximal megacolon, and perhaps the transition into the healthy colon more clearly and, furthermore, would have enable to determine the resection margin. Rectal sphincter failure is unlikely as the sphincter is aganglionic, but the patient probably had overflow encopresis. It would be interesting to know the length of the aganglionic segment and whether hypoganglionosis or dysganglionosis was present proximally. By way of a differential management, a possible measure might have been antegrade ileostomy for colonic irrigation which would possibly have affected the patient's quality of life less than a definitive ileostomy. Aganglionosis is a well know entity in pediatric surgery, and, accordingly, they are familiar with the different therapeutic options.

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References
1. Schmitz D, Ritz JP, Wöhlke M: Aganglionic megacolon (Hirschsprung disease)—61 years to diagnosis. Dtsch Arztebl Int 2024; 121: 344.

Prof. Dr. med. Peter P. Schmittenbecher
Kinderchirurg i.R., Karlsruhe
PSchmb@t-online.de

In Reply:

Unfortunately we were unable to obtain a report of the patient's initial surgery, which had been carried out during her childhood. Judging by the anastomosis, a segment resection at the rectosigmoid junction had been performed. Despite fixed dilatation of the colon and rectum, neither Hirschsprung's disease nor chronic acquired megacolon had been discussed during laparotomic adhesiolysis in the adult patient. We were able to confirm a typical aganglionosis at the distal end of the resected rectum, which had been previously diagnosed on endoscopic full thickness biopsy. Neither the current surgical management of Hirschsprung's disease nor total proctocolectomy with ileal pouch-anal anastomosis was feasible after the numerous previous interventions.

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References
1. Schmitz D, Ritz JP, Wöhlke M: Aganglionic megacolon (Hirschsprung disease)—61 years to diagnosis. Dtsch Arztebl Int 2024; 121: 344.

On behalf of authors
Dr. med. Daniel Schmitz
Abteilung für Gastroenterologie und Infektiologie, Helios Kliniken Schwerin
Daniel.Schmitz@helios-gesundheit.de

Conflict of interest statement
The authors of all contributions declare that no conflict of interest exists.