

VAGINAL SUBSTITUTION IN YOUNG CHILDREN USING MONTI PRINCIPLE

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Introduction: Vaginal replacement with sigmoid colon (colovaginoplasty) is an accepted technique in adolescents and young adults affected by androgen-insensitivity-syndrome or Mayer-Rokitansky-Kuster-Hauser syndrome. In younger patients colovaginoplasty may be difficult to realize because of the large size of the colon to pool-through between bladder/urethra and rectum. Colovaginoplasty using single-Monti technique could offer appropriate solution in this circumstance. A 5-year-old patient affected by complete receptor-block testicular-feminizing-syndrome (CTFS), who received Monti-colovaginoplasty, is described

Case Report: A complete medical evaluation was carried out in a 5 year-old patient because of 2 sisters of her affected by CTFS and already treated at puberty by us. Early diagnosis of CTFS was made. Family asked for immediate cure. Bilateral gonadectomy was performed together with dissection of distal tract of 3 cm long x 3 cm wide sigmoid colon. Bowel continuity was reestablished by colorectal anastomosis. The dissected bowel was de-tabularized with a longitudinal incision adjacent to its mesentery and reconfigured obtaining 8 cm-long x 1.2 cm wide tubes with one-side located mesentery. The proximal end of the conduit (at the same side of mesentery entrance) was closed. The conduit was pulled-through between bladder/urethra and rectum and its distal end anastomosed to a native, very short and blind ending vagina

Results: Post-operative period was uneventful. Eighteen-months after the operation, the girl was re-evaluated under anesthesia and underwent a vaginography (Fig) showing an especially satisfactory outcome and no need for dilations

Conclusions: Monti principle proved to be effective as Mitrofanoff and Malone channels and ureteric substitution. In 2001, Freitas Filho suggested the use of double-Monti procedure using sigmoid colon for vaginal reconstruction in children before puberty. We found colon-double-Monti making tubes unnecessary long. In our case a single-Monti, starting from 3 cm of large bowel, was enough to build a tube of size and length adequate for the purpose. Bowel reconfiguration with an asymmetric mesentery allows effortless pull-through of new vagina that easily reaches the vulva. The small size channel permits vaginal replacement in very young patient and might reduce the risk of diversion colitis

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