Pneumatic Insufflation to Confirm Distal Stoma When in Doubt

Akshay Kumar Saxena1 Pavithra Subramanian1 Anmol Bhatia1 Kushaljit Singh Sodhi1,2

1 Department of Radiodiagnosis and Imaging, Postgraduate Institute of Medical Education and Research, Chandigarh, India
2 Mallinckrodt Institute of Radiology, Washington University in St. Louis School of Medicine, St. Louis, Missouri, United States

Address for correspondence Akshay Kumar Saxena, MD, Department of Radiodiagnosis and Imaging, Postgraduate Institute of Medical Education and Research, Chandigarh 160011, India (e-mail: fatakshay@yahoo.com).

Abstract

Background Distal colostogram and ileostogram are commonly performed radiological procedures in the pediatric population. It is sometimes difficult to identify the distal stoma while performing these procedures.

Aim The aim of this study was to describe a technique for the confident identification of distal stoma.

Methods Injection of a small quantity of air through the catheterized stoma and following it can help to identify the stoma, as proximal or distal, based on anatomy of the delineated bowel.

Conclusion Pneumatic insufflation is a simple, quick procedure to confidently identify the distal stoma whenever in doubt.

Clinical Problem

Colostomy and ileostomy are frequently performed surgical procedures in the pediatric population for initial treatment of anorectal malformations1 and for bowel perforation.2 The patency of distal bowel is subsequently evaluated radiologically by distal colostogram/ileostogram. These procedures involve catheterization of distal stoma and injection of water-soluble urographic contrast agent. Difficulty is sometimes faced by radiologists in identifying the distal stoma especially if the parents/attendants are unable to point out the site from which feces exit.

Technique

To overcome the problem of inadvertent injection of contrast into the proximal bowel, we propose that the radiologist injects a small volume of air through the catheterized stoma and follow the injected air. If it conforms to the configuration of distal bowel (ileum/colon), water-soluble urographic contrast agent can be injected through the same catheter. If the air passes into proximal colon/small bowel, the other stoma can be catheterized and soluble urographic contrast agent injected.

Discussion

In the patients scheduled for distal colostogram/ileostogram, inadvertent catheterization of proximal stoma and injection of contrast may lead to opaciﬁcation of the proximal bowel (►Fig. 1A). Under such circumstances, radiologists prefer to wait for the injected contrast to clear from the bowel loops to avoid diagnostic confusion. This leads to loss of time (►Fig. 1B and C), disrupts workflow, and causes inconvenience to the patient. In case there is delay in clearance of contrast from the proximal bowel (as may happen in patients scheduled for distal ileostogram), the procedure may need to be postponed to a later date causing increase in the cost of treatment (because of the necessity of visiting the radiology

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Further, this delays the surgical procedure for the restoration of continuity of the bowel. Our technical innovation (►Fig. 2) can help avoid these problems.

Conclusion

In case of difficulty in identification of distal stoma, pneumatic insufflation can be of help to the radiologist.

Conflict of Interest

None declared.

References
