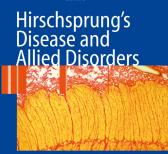
Alexander M. Holschneider Prem Puri Editors



Third Edition



Alexander M. Holschneider Prem Puri *Editors*

Hirschsprung's Disease and Allied Disorders

Third Edition



Hirschsprung's Disease and Allied Disorders

Hirschsprung's Disease and Allied Disorders

Third Edition

With 318 Figures and 49 Tables



A.M. Holschneider, MD

Immenzaun 6a 51429 Bergisch Gladbach Germany and Former Head of The Children's Hospital of Cologne Amsterdamerstraße 59 50735 Cologne Germany

P. Puri, MS, FRCS

Children's Research Centre Our Lady's Hospital for Sick Children Crumlin, Dublin 12 Republic of Ireland

Library of Congress Control Number: 2006934462

ISBN 978-3-540-33934-2 Third Edition Springer Berlin Heidelberg New York

First edition published by Hippokrates Verlag GmbH, Stuttgart/Thieme-Stratton Inc., New York 1982

Second edition published by license under the Harwood Academic Publishers imprint, part of The Gordon and Breach Publishing Group, Amsterdam 2000

This work is subject to copyright. All rights are reserved, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilm or in any other way, and storage in data banks. Duplication of this publication or parts thereof is permitted only under the provisions of the German Copyright Law of September 9, 1965, in its current version, and permission for use must always be obtained from Springer. Violations are liable to prosecution under the German Copyright Law.

Springer is a part of Springer Science+Business Media springer.com

© Springer-Verlag Berlin Heidelberg 2008

The use of general descriptive names, registered names, trademarks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

Product liability:the publishers cannot guarantee the accuracy of any informationabout dosage and application contained in this book.In every individual case theuser must check such information by consulting the relevant literature.

Editor: Gabriele Schröder, Heidelberg, Germany Desk Editor: Stephanie Benko, Heidelberg, Germany

Reproduction, typesetting and production: LE-TEX Jelonek, Schmidt & Vöckler GbR,

Leipzig, Germany

Cover design: Frido Steinen-Broo, EStudio, Calamar, Spain

Printed on acid-free paper 24/3180/YL 5 4 3 2 1 0

Foreword

Drs. Holschneider and Puri have again given me the honor of writing the foreword to this magnificent new edition of their book.

This book will continue to be recognized as the most comprehensive and well-documented text ever written on this subject. This new edition expands the horizons of our knowledge of difficult and challenging conditions such as Hirschsprung's disease.

Dr. Grosfeld, a prestigious professor of pediatric surgery, was invited to write on the historical perspective of Hirschsprung's disease, and he has done so with a characteristically masterful style.

The chapter on the pathophysiology of Hirschsprung's disease is now written by Dr. Puri and Dr. Montedonico.

Dr. Moore has written a very interesting chapter on congenital anomalies and genetic associations in Hirschsprung's disease. The chapter on radiological diagnosis is now written by Dr. Kelleher.

This edition of the book characteristically continues to expand upon the genetic basis of the condition. Dr. Puri

has been working in this particular area in the laboratory for many years, and we all grateful for his efforts and his contribution.

The chapter on immunohistochemical studies written by Dr. Rolle and and Dr. Puri summarizes the very exciting advances in this type of diagnosis.

An additional chapter by Dr. Milla on adynamic bowel syndrome expands our knowledge on the spectrum of motility disorders of the bowel and urinary tract.

Finally, Dr. Somme and Dr. Langer have written an additional chapter on the transanal pull-through procedure for the treatment of Hirschsprung's disease. There is no question that this new therapeutic approach represents a very important contribution to the treatment of this condition.

Again, we applaud the efforts of the editors in selecting a group of talented experts and innovators to contribute to what is still the best book on the subject.

Alberto Peña, MD

Preface

Hirschsprung's disease is one of the most important and most fascinating diseases in paediatric surgery. Our understanding of Hirschsprung's disease is developing rapidly, not only in relation to its pathophysiology and the development of new surgical techniques, but especially in relation to new genetic findings. A first comprehensive description of the pathophysiology, clinical symptoms, diagnosis and therapy of Hirschsprung's disease was outlined in 1970 by Theodor Ehrenpreis, Professor of Pediatric Surgery at the Karolinska Institute, Stockholm, Sweden, in a booklet entitled "Hirschsprung's Disease". The booklet of 176 pages was dedicated to Harald Hirschsprung (1830-1916) of Copenhagen, Denmark, and to Ovar Swenson of Chicago, Illinois, USA, the two pioneers in the study of Hirschsprung's disease. Harald Hirschsprung was a paediatrician, and Ovar Swenson a paediatric surgeon, who performed the first successful resection of an aganglionic bowel segment. That first book, published by Yearbook Medical Publishers, mainly discussed questions of postoperative continence based on the results of a large series of patients treated successfully at the Karolinska Institute.

In 1978 Ehrenpreis permitted one of the editors of the present edition to prepare an update of his internationally recognized book. Therefore, in 1982, a new book on Hirschsprung's disease by Alexander Holschneider was published by Hippokrates (Thieme-Stratton) with a foreword by Th. Ehrenpreis. It was a multiauthored textbook with particular prominence given to the results of an international clinical research study of the postoperative results in Hirschsprung's disease, undertaken from 1976 to 1978 by the author himself and a technical assistant, with special regard to the underlying surgical techniques. The follow-up studies were performed with the help of the Volkswagen Foundation in 16 paediatric surgical departments in Europe and the United States over a period of 3 years. The most interesting and unique aspect of this study was the fact that all clinical and electromanometrical investigations were performed by the same research team, independent of the staff of the individual hospital. As a result of this study concept, a most objective comparison of the results of Swenson's, Soave's, Duhamel's and Rehbein's techniques was achieved.

However, as our understanding of Hirschsprung's disease and associated motility disorders of the gut increased, a second edition of this book was published in 2000, this time by Harwood Academic Publishers, part of the Gordon and Breach Publishing Group. The title of this new book was changed to "Hirschsprung's Disease and Allied Disorders", because we included other enteric plexus disorders and smooth muscle disorders of the gut. The editors of this again multiauthored edition were Alexander Holschneider and Prem Puri. The book was divided into three parts: Physiology and Pathophysiology, Clinical Aspects, and Treatment and Results. As well as discussion of normal colonic motor function and the pathophysiology of classical Hirschsprung's disease, the book included special chapters on the development of the enteric nervous system, the functional anatomy of the enteric nervous system, animal models of aganglionosis, the molecular genetics of Hirschsprung's disease and the RET protein in human fetal development and in Hirschsprung's disease. New areas of special interest included intestinal neuronal dysplasia, particular forms of intestinal neuronal malformations, enterocolitis, megacystis-microcolon-intestinal hypoperistalsis syndrome, degenerative hollow visceral myopathy mimicking Hirschsprung's disease, and newer diagnostic techniques such as special neuronal markers, electron microscopy and anal sphincter achalasia. This second edition was the most comprehensive book ever published on Hirschsprung's disease and allied disorders.

With the passage of time, our understanding of enteric plexus disorders has exploded. Ehrenpreis in his preface of 1970 cited the President of the Swedish Nobel Prize Committee who stated that there are more scientists living today than during all past centuries. After having reviewed the recent literature on Hirschsprung's disease and allied disorders we are convinced that this is even more relevant today. Therefore, a new edition of Hirschsprung's disease and allied disorders was realized with the help of Springer. The previous chapters

"Clinical Generalities of Hirschsprung's Disease", "Disorders and Congenital Malformations associated with Hirschsprung's Disease", "Megacystis-Microcolon-Intestinal Hypoperistalsis Syndrome", "Degenerative Hollow Visceral Myopathy Mimicking Hirschsprung's Disease" and "Diagnosis of Hirschsprung's Disease and Allied Disorders" have been updated. A new separate chapter on "NAPDH-Diaphorase Histochemistry" has been introduced in the part "Diagnosis", next to the updated chapters "Histopathological Diagnosis and Differential Diagnosis of Hirschsprung's Disease", "Immunohistochemical Studies" and "Electron Microscopic Studies of Hirschsprung's Disease". For reasons of clarity, previously separated chapters such as the former chapters 5 and 6 "Molecular Genetics of Hirschsprung's Disease" and "Ret-Protein in Human Foetal Development and in Hirschsprung's Disease" have been brought together and concentrated in a new chapter. Chapter 3 "Functional Anatomy of the Enteric Nervous System" by M.D. Gershon and chapter 6 "Normal Colonic Motor Function and Relevant Structure" by J. Christensen have been reproduced. Chapter 12 "Particular Forms of Intestinal Neuronal Malformations" and chapter 14 "Megacolon in Adults" have become part of the new chapter 8 "Hirschsprung's Disease: Clinical Features" and chapter 18 "Neurocristopathies and Particular Associations with Hirschsprung's Disease". Chapter 17 "Intestinal Obstructions Mimicking Hirschsprung's Disease" has become chapter 21 "Adynamic Bowel Syndrome".

The chapters referring to the different surgical techniques have been updated too, but the concept of the previous editions, to compare the detailed description of one of the pioneer surgeons with the experience of a second author with the same technique, was given up. In the

third edition of the book both parts of each chapter dealing with a specific surgical technique have been brought together to create new contributions for each of the different surgical approaches. The chapter "Laparoscopically Assisted Anorectal Pull-through" has been updated and a new chapter "Transanal Pull-through for Hirschsprung's Disease" has been introduced. Finally, the previous chapters dealing with early and late complications have also been brought together and the contribution of Teitelbaum and Coran on long-term results and quality of life has been updated.

The new edition is again a multiauthored book, and we have to thank all the internationally well-known authors and coauthors for their excellent and sophisticated contributions. It is their interest, help and effort that has again made possible the drawing together in one volume of the collective wisdom of many of the leading experts in Hirschsprung's disease and related disorders. Their contributions to this volume again provide a step forward in the elucidation of the genetic basis, and the correct diagnosis and treatment of this interesting disease and its allied disorders.

Besides the authors and coauthors, we would like to thank Mrs. Elisabeth Herschel of the Children's Hospital of Cologne, and the Children's Medical and Research Foundation, Our Lady's Children's Hospital, Dublin, for their support. Finally, we wish to thank the editorial staff of Springer, Heidelberg, Germany, particularly Ms. Gabriele Schroeder, for their interest and encouragement to publish a third edition of this book on a most important subject in paediatric surgery.

Alexander M. Holschneider Prem Puri

Contents

1	Hirso	chsprung's Disease: A Historical		3.8	The Development of the ENS is Probably	
	Persp	pective — 1691–2005	1		Influenced by a Neurotrophin	28
	J. L. C	Grosfeld		3.9	NT-3 Promotes the Development	
					of Enteric Neurons	29
				3.10	The Development of the ENS is Probably	
					Influenced by a Cytokine	31
2	Deve	lopment of the Enteric Nervous System	13	3.11	An Aganglionosis Similar to That	
		ri and U. Rolle			in Hirschsprung's Disease Occurs	
					in <i>ls/ls</i> and <i>sl/sl</i> Mice	32
	2.1	Introduction	13	3.12	Genetic Abnormalities in Genes	
	2.2	Embryonic Origin of ENS	13		Encoding Endothelin-3 or its Receptor,	
	2.3	Origin and Development of Neural			Endothelin-B, are Associated	
		Crest-Derived Cells	14		with Spotted Coats and Aganglionosis	32
	2.4	Functional Development of the ENS	15	3.13	An Action of EDN3 on Crest-Derived	-
	2.5	Development of Intestinal Motility	15	0.10	Precursors Does Not, by Itself, Account	
	2.6	Genes Involved in ENS Development	15		for the Pathogenesis of Aganglionosis	33
	2.7	Other Factors Implicated in the Control	10	3.14	The Pathogenesis of Aganglionosis	-
	_,,	of ENS Development	17	0.11	Is Not Explained by an Abnormality	
	2.8	Conclusions	17		Limited to Crest-Derived Neural	
					Precursors	34
				3.15	The Extracellular Matrix is Abnormal	
3	Func	tional Anatomy			in the Presumptive Aganglionic Bowel	
_		e Enteric Nervous System	21		of ls/ls Mice	35
		Gershon		3.16	Laminin-1 Promotes the Development	
	1,1,2,			0.10	of Neurons from Enteric Cells of Neural	
	3.1	Introduction	21		Crest Origin	36
	3.2	The Normal Enteric Nervous System	22	3.17	The Effect of Laminin-1 on Enteric	
	3.3	Organization of Enteric Neurons	23	3.17	Neuronal Development Depends	
	3.4	The ENS is Derived from the Neural			on the Binding of its a1 Chain	
	011	Crest	23		to LBP110	36
	3.5	The Crest-Derived Cells that Colonize	20	3.18	The Effects of Laminin-1 on Crest-	00
	0.0	the Gut are Originally Pluripotent		0.10	Derived Cells Immunoselected from	
		and Migrate to the Bowel Along			the Fetal Bowel Are Different from	
		Defined Pathways in the Embryo	25		those of Laminin-1 on Cells Isolated	
	3.6	Enteric Neurons are Derived from More			from the Crest Itself	37
		Than One Progenitor Lineage	25	3.19	Premature Neuronal Differentiation May	
	3.7	Dependence of Enteric Neuronal Subsets			Result When Inadequately Resistant	
		on Different Microenvironmental			Progenitors Encounter an Excessively	
		Signals (Growth/Differentiation Factors)			Permissive Extracellular Matrix	38
		Defines Sublineages of Precursor Cells:		3.20	Both Crest-Derived and Non-Neuronal	
		RET and Glial Cell Line-Derived			Cells of the Colon Probably Respond	
		Neurotrophic Factor	27		to EDN3	38
		1				

	3.21	Interstitial Cells of Cajal are Present, but Abnormal, in the Aganglionic Bowel of Hirschsprung's Disease	39		7.4 7.5 7.6	The Gut in Hirschsprung's Disease Gut motility in Hirschsprung's Disease Final Remarks	100 102 103
	3.23	with Many Different Genetic Abnormalities: Conclusion From Animal Models Summary	40 40	8		chsprung's Disease: Clinical Features ri and S. Montedonico	107
	3.23	Summary	10		8.1	Introduction	107
					8.2	Incidence	
4	Anim	nal Models of Aganglionosis	51		8.3	Classification	
	A.M.	Alzahem and D.T. Cass			8.4	Sex	107
					8.5	Race	108
	4.1	Introduction	51		8.6	Heredity	108
	4.2	History	51		8.7	Clinical Presentation	110
	4.3	Histologic Anatomy	52				
	4.4	Physiology	53	9	Conc	ronital Anomalias and Canatic	
	4.5	Embryologic Studies on Rodent Models of Aganglionosis	54	9	_	genital Anomalies and Genetic ciations in Hirschsprung's Disease	115
	4.6 4.7	Molecular Genetics	55			Moore	113
	1./	to Theories as to the Cause			9.1	Introduction	115
		of Aganglionosis	57		9.2	Etiology of HSCR	115
	4.8	Summary	58		9.3	Overview of Associated Anomalies in HSCR	116
					9.4	Gene-related Associations of HSCR	
5	The N	Molecular Genetics			9.5	Significant Clinical Associations	110
5		rschsprung's Disease	63		7.5	of HSCR	119
	F. Lar	ntieri, P. Griseri, J. Amiel, G. Martucciello, scherini, G. Romeo and S. Lyonnet			9.6	Other Less Common Associations with HSCR	
	1. 000	enermi, d. Romeo una o. Lyonnei				with Hook	121
	5.1	Epidemiology and Genetics of HSCR	63				
	5.2 The <i>RET</i> Protooncogene5.3 Other Genes Involved in HSCR			10	Enterocolitis Complicating		
						chsprung's Disease	133
	5.4	Pathogenesis	65		F. Mı	urphy, M. Menezes and P. Puri	
		HSCR Loci	71		10.1	Introduction	133
	5.5	Additional Contribution of the <i>RET</i>			10.2	C	
		Gene: SNPs and Haplotypes			10.3	e e e e e e e e e e e e e e e e e e e	
	5.6	Genetic Counseling	73			Microbiology	
					10.5	Pathology	
_	Mana	al Calania Matan Frantian			10.6	Risk Factors for Enterocolitis	137
6		nal Colonic Motor Function Relevant Structure	70		10.7	Clinical Presentation and Diagnosis	138
	J. Christensen		79		10.8 10.9	Treatment	140 141
	j. Citi	isteriseri			10.9	r Toghosis	141
	6.1	Introduction	79				
	6.2	Morphology	80	11	Diag	nosis of Hirschsprung's Disease	
	6.3	Motor Functions of the Large Intestine	86			Allied Disordersleher and N. Blake	145
7	Pathophysiology of Hirschsprung's Disease				11.1	Radiological Diagnosis	145
•		ri and S. Montedonico	95		11.2	Initial Radiographs	145
					11.3	Differential Diagnosis	146
	7.1	Introduction	95		11.4	_	146
	7.2	Organization of the Gut	95		11.5	Enema Findings	148
	7.3	Motility of the Gut	98		116	Enterocolitis	149

	11.7 11.8	Postoperative Examinations Intestinal Neuronal Dysplasia	149 151		14.3 14.4	Tissue Preparation for NADPH- Diaphorase Histochemistry Whole-Mount Preparation Technique	200 200		
					14.5	NADPH-Diaphorase Histochemistry	200		
12		ional Diagnosis	153						
	<i>A.M.</i> .	Holschneider and I. Steinwegs		15	T	an abiata abamical Studios	207		
	12.1	Anorectal Motility	153	13		nohistochemical Studieslle and P. Puri	207		
	12.2	Physiology of the Internal Anal							
	12.2	Sphincter	155		15.1	Introduction	207		
	12.3	Comparison of the Internal Anal Sphincter and the Rectum	156		15.2 15.3	General Markers			
	12.4	Electromanometry	157		15.4	(Nor)Adrenergic markers	212		
	12.5	Pathological Electromanometric				(Tyrosine Hydroxylase/Dopamine			
		Criteria	166			β-Hydroxylase)	213		
	12.6	Potential Electromanometric Errors	171		15.5	Non-adrenergic Non-cholinergic			
	12.7	Accuracy of Electromanometry	173 174		15.6	Markers Neuropeptides	213		
	12.8 12.9	Anorectal Manovolumetry Electromyography	174		15.6 15.7	Markers of Neuron-supporting Cells	214 215		
		Endosonography	175		15.8	Synaptic Markers	215		
		Transit-time studies	175		15.9	Specific Staining of Hypertrophic Nerve			
	12.12	Conclusions	180			Fibers in HD	216		
					15.10	Diagnostic and Clinical Use:			
12	II: at a	and alonial Diagraph				Recommendations for Diagnosis	216		
13		pathological Diagnosis Pifferential Diagnosis							
	of Hirschsprung's Disease		185	16	16 Electron Microscopic Studies				
	W. Me	eier-Ruge and E. Bruder			of Hi	eschsprung's Diseasedel, HJ. Krammer and A.M. Holschneider	221		
	13.1	Introduction	185		1. ****	uci, 11. j. Krammer and 11.141. 11015emetaer			
	13.2	Hirschsprung's Disease	185		16.1	Introduction	221		
	13.3	Ultrashort Hirschsprung's Disease	187		16.2	Ultrastructural Features of Intestinal	221		
	13.4	(UHD) Total Aganglionosis of the Colon	187		16.3	Aganglionosis			
	13.5	Hypoganglionosis of the Colon	188		10.5	Tuningenetie implications	220		
	13.6	Immaturity of the Submucous			_				
	127	and Myenteric Plexus	188	17	17 Intestinal Neuronal Malformations (IND):				
	13.7	Intestinal Neuronal Dysplasia Type B (IND B)	189			cal Experience and Treatment Holschneider, P. Puri,	229		
	13.8	Intestinal Neuronal Dysplasia	10)			Homrighausen, and W. Meier-Ruge			
		Type A (IND A)	191						
	13.9	Hypoplasia of Nerve Cells			17.1	Introduction	229		
		in the Submucous and Myenteric			17.2	Genetic Observations	229		
		Plexus (Hypoplastic Dysganglionic	101		17.3	Occurrence	230		
	13 10	Oligoneuronal Hypoganglionosis) Desmosis of the Colon	191 193		17.4 17.5	Classification	231 232		
		Pathogenesis of Hirschsprung's Disease	175		17.6	Incidence	233		
		and Related Disorders	194		17.7	Biopsy Technique	234		
	13.12	Artifacts and Pitfalls in the Enzyme			17.8	Diagnostic Criteria	235		
		Histochemical Technique	194		17.9	Newer Staining Techniques	236		
					17.10	e	237		
11	NADI	PH-Diaphorase Histochemistry	199		1/.11	Correlation Between Histological Findings and Clinical Symptoms	237		
14		le and P. Puri	177		17.12	Maturation and Apoptosis	237		
						Association Between IND and HD	238		
	14.1	Introduction	199			Management	244		
	14.2	Nitric Oxide and NADPH-Diaphorase	199		17.15	Conclusion: Is IND a Real Disease?	247		

18	Neurocristopathies and Particular Associations with Hirschsprung's Disease S. W. Moore			22	Hirso	Anal Sphincter Achalasia and Ultrashort Hirschsprung's Disease	
	18.1	Introduction	253		22.1	Anal Sphincter Achalasia	297
	18.2	Neurocristopathies Associated			22.2	Ultrashort Hirschsprung's Disease	298
		with HSCR	253		22.3	Classification of Anal Sphincter	
						Achalasia	300
					22.4	Symptoms	307
19	Megacystis-Microcolon-Intestinal				22.5	Anal Sphincter Achalasia	
	• •	Hypoperistalsis Syndrome				in Combination with Hirschsprung's	
	P. Pur	·i				Disease	308
	10.1	T	265		22.6	Reinnervation of the Internal	212
	19.1	Introduction	267		22.7	Anal Sphincter	
	19.2	Pathogenesis	267		22.7	Diagnosis	312
	19.3 19.4	Prenatal Diagnosis	268		22.8	Therapy of Anal Sphincter Achalasia Results	314 318
	19.4	Radiological Findings	268 268		22.9	Results	310
	19.5	Surgical or Autopsy Findings	269				
	19.7	Histological Findings	269	23	Lana	roscopically Assisted Anorectal	
	19.8	Outcome		23		Through	323
	19.9	Conclusion				Georgeson and O.J. Muensterer	323
	17.7	Concident	270		II. L.	deorgesen una e.j. namensieren	
					23.1	Introduction	323
20	Dege	nerative Hollow Visceral Myopathy			23.2	Operative Technique	323
	Mimi	cking Hirschsprung's Disease	275		23.3	Results	326
	H. Ro	de, R.A. Brown and A. Numanoglu			23.4	Discussion	326
	20.1	Tutus Locas	275				
	20.1 20.2	Introduction		24	Criron	son's Procedure	329
		Classification		24	P. Pui		329
	20.3 20.4	Etiology Diagnosis	277		P. Pui	n .	
	20.4	Pathology	280		24.1	Swenson's Procedure	329
	20.6	Extraintestinal Lesions	281		24.2	Experience with Swenson's Operation	331
	20.7	Specific Disorders of Smooth Muscle			21.2	Experience with oversoms operation	551
	20.8	Differential Diagnosis	284				
	20.9	Treatment		25	Soave	e's Extramucosal Endorectal	
	20.10	Prognosis				Through Procedure	337
	20.11	Conclusion	285		V. Jas	onni, A. Pini Prato and G. Martucciello	
					25.1	History of the Endorectal	
21	Advn	amic Bowel Syndrome	287		20.1	Pull-Through Procedure	337
	P. J. M	•			25.3	Operative Technique	338
					25.4	Anatomic Postoperative Condition	342
	21.1	Introduction	287		25.5	Modifications of Soave's Technique	344
	21.2	Clinical Presentation	288		25.6	Treatment of Hirschsprung's Disease	344
	21.3	Disorders Causing Pseudo-					
		Hirschsprung's Disease	288				
	21.4	Enteric Nervous System Disease	288	26		ein's Procedure	
	21.5	Disorders Affecting Intestinal				p Anterior Resection)	349
		and Urinary Smooth Muscle	291		A.M.	Holschneider and R. Rassouli	
	21.6	Disorders of the Endocrine					
		Environment	292		26.1	Principles	349
	21.7	Diagnostic Techniques	294		26.2	Age at Operation	349
	21.8	Conclusions	295		26.3	Colostomy: Yes or No?	349

	26.4	Our Modification of Rehbein's			28.6	Duhamel's Technique	
		Technique	350			for Re-Do Pull-Through Procedure	370
	26.5	Mobilization of the Colon and Rectum	350				
	26.6	Anastomosis	350				
	26.7	Differences in Caliber		29		and Late Complications Following	
		of the Rectum and Colon	351			ative Repair of Hirschsprung's Disease	375
	26.8	Procedure for Long Aganglionic			D. C	Little and C. L. Snyder	
		Segments	351				
	26.9	Own Results with Rehbein's Technique	352		29.1	Overview	375
	26.10	Final Considerations	355		29.2	Early Complications	375
					29.3	Late Complications	377
					29.4	Conclusion	383
27		anal Pull-Through					
	for Hi	irschsprung's Disease	359				
	S. Somme and J. C. Langer			30	Long-Term Results and Quality of Life		
						Treatment of Hirschsprung's Disease	
	27.1	Introduction	359		and A	ıllied Disorders	387
	27.2	Primary Pull-Through	359		<i>D.H.</i>	Teitelbaum and A. G. Coran	
	27.3	Development of the Transanal Pull-					
		Through	360		30.1	Introduction	387
	27.4	Surgical Technique	360		30.2	Continence	387
	27.5	Results of the Transanal Pull-Through	361		30.3	Stooling Frequency and Constipation	388
	27.6	Ongoing Controversies	362		30.4	Enterocolitis	390
	27.7	Conclusions	362		30.5	Total Colonic Aganglionosis	391
					30.6	Stricture Formation After Definitive	
						Pull-Through Procedure	392
28	Duha	mel's Procedure	365		30.7	Impotence and Urinary Dysfunction	392
	<i>B. M.</i>	Ure and M. L. Metzelder			30.8	Late Mortality	393
					30.9	Long-term Outcome in Patients	
	28.1	General Aspects	365			With Intestinal Neuronal Dysplasia	393
	28.2	Operative Technique	365		30.10	Overall Quality of Life	393
	28.3	Modifications			30.11	Conclusions	394
		of the Duhamel Procedure	366				
	28.4	Complications and Results					
		of Duhamel's Procedure	369	Sul	bject I	ndex	397
	28.5	Laparoscopic Duhamel's Procedure	370				

List of Contributors

A.M. Alzahem

The Children's Hospital at Westmead Westmead, Sydney Australia

I. Amiel

Département de Génétique Unité INSERM U-393 et Université Paris 5 Hôpital Necker-Enfants Malades, Paris 75724 Paris, Cedex 15 France

R.A. Brown

Department of Paediatric Surgery Red Cross Children's Hospital, Klipfontein Rd. Rondebosch 7700 Cape Town South Africa

E. Bruder

Department of Pathology University of Basel Schönbeinstrasse 40 4003 Basel Switzerland

D.T. Cass

Department of Surgical Research The New Children's Hospital Royal Alexandra Hospital for Children Sydney Australia

I. Ceccherini

Laboratorio di Genetica Molecolare Istituto Giannina Gaslini 16148 Genova Italy

J. Christensen

The University of Iowa College of Medicine Department of Internal Medicine Iowa City, Iowa 52242 USA

A.G. Coran

University of Michigan Medical Center Head Section of Pediatric Surgery F3970 Mott Children's Hospital Ann Arbor, MI 48109-0245 USA

K.E. Georgeson

Division of Pediatric Surgery University of Alabama at Birmingham Birmingham, AL 35294 USA

M.D. Gershon

Department of Anatomy and Cell Biology Columbia University College of Physicians and Surgeons 630 W 168th Street New York, N.Y. 10032 USA

P. Griseri

Laboratorio di Genetica Molecolare Istituto Giannina Gaslini 16148 Genova Italy

I.L. Grosfeld

Department of Pediatric Surgery Riley Children's Hospital 702 Barnhill Drive – Suite 2500 Indianapolis, IN 46202 USA

A.M. Holschneider

Immenzaun 6a 51429 Bergisch Gladbach Germany and The Children's Hospital of Cologne Amsterdamerstr. 59 50735 Cologne Germany

L.H. Homrighausen

Department of Surgery The Children's Hospital of Cologne Amsterdamerstr. 59 50735 Cologne Germany

V. Jasonni

Department of Pediatric Surgery Giannina Gaslini Institute University of Genoa 16148 Genova Italy

J. Kelleher

Department of Radiology Our Lady's Children's Hospital Crumlin, Dublin 12 Republic of Ireland

H.-J. Krammer

University Hospital of Heidelberg at Mannheim Theodor-Kutzer-Ufer 1 68135 Mannheim Germany

M. Kunst

Department of Surgery The Children's Hospital of Cologne Amsterdamerstr. 59 50735 Cologne Germany

J.C. Langer

Department of Pediatric General Surgery Hospital for Sick Children, Toronto Toronto, ON M5G 1X8

F. Lantieri

Laboratorio di Genetica Molecolare Istituto Giannina Gaslini 16148 Genova Italy and

Dipartimento di Scienze della Salute Sezione di Biostatistica, Università di Genova 16148 Genova Italy

D.C. Little

Department of Surgery Children's Mercy Hospital Kansas City, MO 64108 USA

S. Lyonnet

Département de Génétique, Unité INSERM U-393 et Université Paris 5 Hôpital Necker-Enfants Malades 75724 Paris, Cedex 15 France

G. Martucciello

Department of Pediatric Surgery Scientific Institut (IRCCS) Policlinico 'San Matteo' 27100 Pavia Italy

W. Meier-Ruge

Department of Pathology University of Basel Schönbeinstrasse 40 4003 Basel Switzerland

M. Menezes

Children's Research Centre Our Lady's Children's Hospital Crumlin, Dublin 12 Republic of Ireland

M.L. Metzelder

Department of Pediatric Surgery Hannover Medical School 30625 Hannover Germany

P.J. Milla

Gastroenterology Unit Institute of Child Health University College London London, WC1E 6BZ UK

S. Montedonico

Children's Research Centre Our Lady's Children's Hospital Crumlin, Dublin 12 Republic of Ireland