

Hirschsprung Disease: Where does the future lie for the continent?

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Introduction

Over the past 20 years, the treatment of Hirschsprung disease (HSD) has experienced a shift toward one or two-stage procedures instead of a traditional three-stage treatment algorithm (leveling colostomy, pull-through procedure, colostomy closure). Such a shift has resulted in fewer operations, shorter hospital stay, lower cost and improved cosmetics, while achieving good outcomes. Late presentation is common in the Sub-Saharan African context and poses a challenge to the new trend.

The purpose of this study was to do an institutional audit and compare results of such minimalistic approaches of the treatment of HSD to the multistage classic approach.

Results

Data was collected from 35 patients, 21 males and 14 females, all delivered in health care facilities. Mean age of presentation was 68 months (median = 2 years). The oldest patient was 22 years old. The main presenting symptoms were constipation, in all 35(100%) patients, delayed passage of meconium in 19(54%), and failure to thrive in 8(22%). 85percent had rectosigmoid disease. 11 (34percent) had a single stage operation while 38percent had the classic three stage approach. Minimally invasive techniques i.e. fully transanal or laparoscopic approaches were utilized in 44percent of patients. Total number of complications were 4, 7, 11 for the one, two and three stage operations respectively. Cost was KSH 70000 for the one stage compared to KSH 160000 for the three stage operations.

Conclusion

The overall complication rate per patient was higher, the more procedures they had. While appreciating the necessity for staged operations, with approach modifications and careful patient selection we contend that minimalism to reduce number of operations and attendant complications, give a better result while reducing cost is possible and practical in the African context.