





Congenital Pouch Colon (CPC): Association of Triple Vermiform Appendix and Congenital Autoaugmentation

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Does congenital pouch colon have a developmental association with triple vermiform appendix and congenital bladder autoaugmentation?



Male baby

Gestational weeks: 37 w

Weight: 2150 grams

CS delivery of IVF pregnancy

Clinical diagnosis: ARM



Anorectal malformation

Meconium and urine discharge from the umbilicus

Meconium-stained urine from urethra.



Emergency laparotomy performed at birth center.

Bladder and cecum not clearly identified → suspicion of pouch colon and rectovesical fistula.

Exploration revealed a 15 cm-long pouch colon and three vermiform appendices → diagnosed as Type 2 CPC.

Umbilical fistula was excised.

An ileal diversion stoma was created.

Vesicostomy performed by exteriorizing the bladder superolaterally.



- A structure connected to a blind pouch colon is suspected to be the bladder.
- Definitive surgery was planned at 1 year of age.



The anorectal region was evaluated using a stimulator.

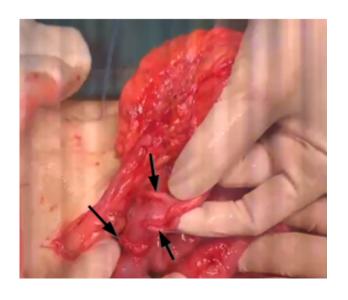
Three identified vermiform appendices and the pouch colon were excised.

The ileostomy was taken down.

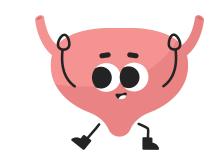
A J-pouch was constructed from the ileum.

Anorectoplasty was performed by directly anastomosing the J-pouch to the native anal site.

After excising the pouch colon, the bladder was repaired.







Ureteral orifices were located in the trigone and appeared normal.



Cases with double appendices have been reported in the literature, and even those are extremely rare. However, to the best of our knowledge, this is the first reported case of the coexistence of triple appendices with congenital pouch colon. This rare case of Type II Congenital Pouch Colon associated with triple vermiform appendices and congenital autoaugmentation highlights the remarkable variability of embryologic malformations involving the hindgut and urinary system.