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Permanent stoma in the outcome of treatment of Hirschsprung's disease in children – analysis of results and literature review

Dekhqonboev A.A.,[1] Akhmadjonov A.M.,[1] Kholostova V.V.[2,3]

Republican specialized scientific practical-medical center of pediatrics, Tashkent, Uzbekistan[1]

N.I. Pirogov Russian National Research Medical University[2]

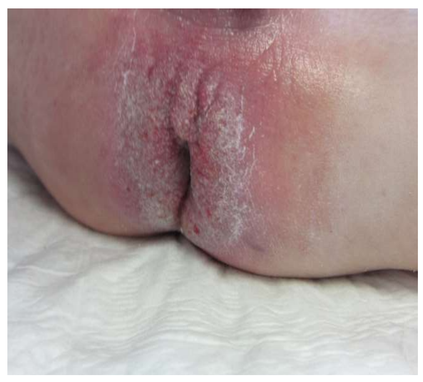
Children's City Clinical Hospital named after N.F. Filatov, Moscow Health Department[3]

The purpose of the study. To analyze the results of treatment of patients with HD who underwent a treatment method in the form of a permanent intestinal stoma.

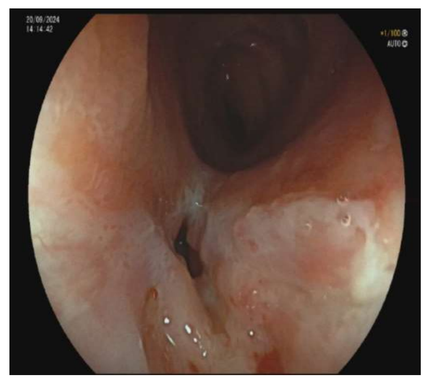
Study designs and Methods.

- Retrospective review
- 367 Children with HD
- Study period – 2016-2024

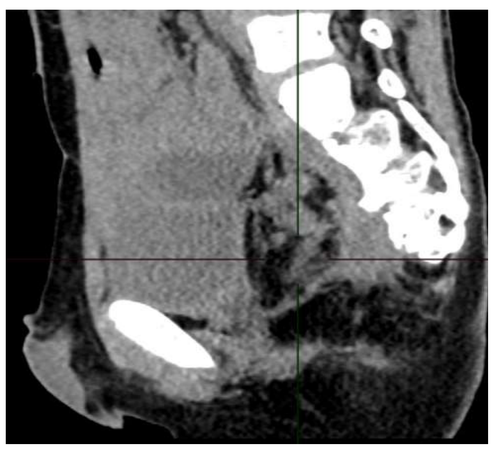
Characteristics of complications that cause the imposi- tion of a permanent stoma	n	%	95% CI
Rectoperineal fistula as a result of a perineal abscess	5	62,5	24,5-91,5
Rectorectal abscess	7	87,5	47,3-99,7
Rectal stenosis	2	25,0	3,2-65,1
Fecal incontinence	6	75,0	34,9-96,8



Perianal dermatitis



Chronic fistula



Chronic abscess

Results

Indicators	Permanent stoma	Non stoma	95% CI	P - value
Failure of colorectal anastomosis No, %	8 (100%)	32 8,7%	17,5 (7,5-25,5)	<0,001
Timing of diagnosis of failure of colorectal anastomosis, days	12	5,6	2,6 (0,5-5,7)	0,023
Syndromic forms of HD No,%	37,5%	3,8%	5,2 (3,2-7,9)	<0,001
Total agangliosis No,%	62,5%	5%	7,7 (4,6-16,9)	0,002

Conclusion. The study highlights the need for individualized surgical approaches, improved anastomotic techniques, and dynamic postoperative monitoring to minimize PS risk. Reducing the frequency of stoma formation may be achievable through optimized timing of surgical interventions, especially in total forms of HD, and proactive prevention of postoperative complications.