International Journal of Medical and Health Research
ISSN: 2454-9142
www.medicalsciencejournal.com
Volume 4; Issue 5; May 2018; Page No. 61-62

Observation of congenital anorectal anomalies in infant & children

Dr. Manoj Kumar[1], Dr. Rekha Sinha[2], Dr. AR Choudhary[3]
[1, 2] Tutor, Department of Anatomy, Patna Medical College, Patna, Bihar, India
[3] Assistant Professor, Dept. of Anatomy, Patna Medical College, Patna, Bihar, India

Abstract
Present work "Observation on Congenital anorectal anomalies in infant and children was done in the department of Obstaterics and Gynaecology at Patna Medical College, Patna. For this work 20 cases of anorectal anomalies were observed in infant and children. The anomalies were more common in male (male: female = 3: 1). There was no definite relation to the number of pregnancies of mother, although a decrease in incidence was found with increased number of pregnancies. All cases have been divided in Low type and High type, which helps in diagnosis, treatment and prognosis. High type anomalies were found to be more common than low type. Anorectal fistula was 36.33%, which were more in high type of cases than in low type. Recto-vaginal fistula was the commonest type in female child were as recto-vesical and recto-urethral fistulas were common in male.
For diagnosis invertogram, fistulogram and barium enema were helpful. Low types of cases were treated by repeated dilatation of anus or by simple operation. 10 cases were treated by proctoplasty without any mortality. Overall mortality rate was 7.14 people. The high type cases were treated as surgical emergency. In 25 cases of high type with mortality rate of 25.92%. Observation of these cases have reemphasized the fact that there should be a routine practice of examinee of anal opening at birth which might help in defecation.

Keywords: congenital anorectal anomalies, anal stenosis, children

Introduction
Anorectal anomalies is the agenesis or imperfect fusion of post allantois part of the gut with the proctodeum resulting in anorectal anomaly ranging from mild congenital stenosis of anus to complex deformities endangering lives of new born babies. Congenital anorectal anomalies are said to occur 1:5000 births and varies between 1:3000 to 1:5000 births. (Amytrik ET 1945). Imperforate anus is the most common presentation among anorectal anomalies, 1:4500 live births. (Love & Bailey)
Bodenham was first to make a scientific classification of anoectal anomalies and subsequently different classification have been come up. Goss (1934), Ladd & Gross (1934) have classified anomalies in 4 different groups.

Methods & Materials
For this work of developmental anorectal anomalies in the new born delivered in the labor room of Patna Medical College & Hospital, Patna, were carried out and the studies of anomalies were done on the cases admitted in the department. The study was done under following heading by taking the history from the mother of the new born.
1. Presence or absence of anal opening.
2. History of meconium passed if any.
3. Discharge of meconium or stool from abnormal fistulous exit ike urethra or vulva.
4. Constipation o pain or crying during defecation.
5. Passage of ribbon like stool.
6. Refusal of feeds.
7. Abnormal distention.
8. Vomiting.

In addition to this history was also taken on following points.
1. History of similar congenial anomalies in family.
2. Mode of delivery of child- normal vaginal, premature or caesarian section.
3. Number of pregnancy of mother.
4. Control of bowel function- continent or incontinent.

The general examination, abdominal examination, local examination and examination of other system were also done.

Aim & Objective of the study
The main aim of this work is to diagnose the congenital anorectal anomalies and its incidence varying from 1:3000 to 1: 5000 live births. My aim of observation is to focus a new light on old and new classification of various types of anomalies produced by various authors and earliest possible detectation of anorectal anomalies and current trends of diagnosis and management.

Observation
Observation of anorectal anomalies were done in new born babies seen in labor room as well as admitted in paediatric surgical and general surgical unit, P.M.C.H., Patna. It has been found that in 1:207.48 in paediatric surgical outdoor and paediatric surgical emergency admission and 1: 6027 in labor room deliveries. It has been also found that majority of cases of anorectal malformation present within 5 days of birth.

Table 1

Year	No. of outdoor cases	No. of emergency cases	No. of cases of anorectal anomalies	Incidence
Oct 2013 to Dec 2013	299	62	2	1 in 180.5
Jan 2014 to Dec 2014	6235	1559	35	1 in 222.69
Jan 2015 to Dec 2015	3435	859	23	1 in 186.7
Total	9969	2480	60	1 in 207.48

(Figures noted from Paediatric unit admission register, P.M.C.H., Patna)

Table 2

Year	Total no. of cases of delivery	Total no. of cases of anorectal anomalies	Incidence
Oct 2013 to Dec 2013	1148	0	
Jan 2014 to Dec 2014	13776	2	
Jan 2015 to Dec 2015	9184	2	
Total	24108	4	1: 6027

(Congenital anorectal anomalies observed in Obst & Gyne Dept., P.M.C.H., Patna)

Fig 1: Anal stenosis

Fig 2: Recto-vaginal fistula

Summary & Conclusion

Observation of his series study have re-emphasized the fact that there should be routine practice of examining of anal opening after birth at earliest possible, as early detectation and treatment has better prognosis and ensures better quality of life.

References

1. Mallard P, Marechal JM, Beaujeu DE.MJ. Journal of Paediatc surgery. 1978; 13:499.
2. Moore CB. The Journal of Urology. 1950; 64:156.
3. Nixon HH. Post-graduate medical Journal. 1959; 35:80
4. Bodenhamer WH, quoted by Ladd WE, Gross RE. The American journal of Surgery. 1954; 23:167.