Clinical study of anorectal malformations

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Main content

Abstract:

BACKGROUND: Anorectal malformations are relatively encountered anomalies. Presentations may vary from mild to severe and bowel control is the main concern. AIM: To study the modes of presentation, types of anomalies, associated anomalies, reliability of clinical signs and radiological investigations in the diagnosis and the prognosis and continence in the post-operative in relation to type of anomaly and associated anomaly(s). MATERIAL AND METHODS: 50 cases of anorectal malformations admitted to Department of Paediatric Surgery, in Medical College and Research Institute, were included in the study. Data related to the objectives of the study were collected. RESULTS: Commonest mode of presentation was failure to pass meconium 50%. 59% of males had high anomalies, while 53% females had intermediate anomalies. The diagnosis of low anomaly was made clinically, while high and intermediate anomalies needed further investigations. Associated anomalies were noted in 46.6% of the cases. 71.42% of these patients had either a high or intermediate ARM. All patients with high anomalies underwent a 3 stage procedure, while low anomalies underwent a single stage procedure followed by anal dilatations. Rectal mucosal prolapse (2 cases), wound infection (4 cases), stenosis (3 cases), retraction of neo anus (1 case) was seen. All the patients with low anomalies had a good functional result post operatively, while 57% and 28% of patients with intermediate and high anomalies had good results. CONCLUSION: Anorectal malformations are common congenital anomalies. Males are more commonly affected (1.3:1). Low anomalies are the commonest lesions noted in both the sexes (36.67%). High anomalies are more frequent in males. Invertogram offer an accurate diagnosis for planning management in patients with anorectal malformations. Low anomalies have a better outcome following surgery. For intermediate and high anomalies a staged repair offers better results. The situation would improve further if MRI Imaging is more readily available and these children are brought for appropriate treatment at the earliest. KEYWORDS: Anorectal malformation; Invertogram; Anorectal stenosis, Functional outcome.

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Anorectal Malformations in Children. Alexander M. Holschneider · John M. Hutson Editors. Anorectal Malformations in Children. Embryology, Diagnosis, Surgical Treatment, Follow-up. With 387 Figures. from the original studies of one of us (FDS). This basic anatomical knowledge and clinical recognition is required reading for any pediatric surgeon caring for affected children, and there can be no excuse from not acquiring a thorough grasp of the many complexities of the pathological anatomy of the bowel, fistulas, and surrounding sphincters, including familiarity with the assessment of the muscle integrity and the varieties of sacral nerve outflow. Anorectal Malformation, aka Imperforate Anus, is a spectrum of abnormalities of the rectum and anus. There are many possible abnormalities as follows: The absence of an anal opening. The study helps to determine the distance from the blind end of the rectum to the skin and if there is a fistula. If a fistula is found to the urogenital system, it will be closed at the time of the second operation. The stoma will be left intact, and not closed, to allow the new anus to heal. Conditions: Anorectal Malformations; Transition; Quality of Life; Hirschsprung Disease. NCT00883571. Completed. Comparative Study of the House Advancement Flap, Rhomboid Flap, and Y-V Anoplasty. Conditions: Anal Stenosis. NCT03185637. Completed. Children's Surgery in Sub-Saharan Africa. Conditions: Gastroschisis; Anorectal Malformation; Appendicitis; Intussusception; Inguinal Hernia. NCT03666767. Completed. Management and Outcomes of Congenital Anomalies in Low-, Middle- and High-Income Countries. Conditions: Oesophageal Atresia; Congenital Diaphragmatic Hernia; Intestinal Atresia; Gastroschisis; Exomphalos; Anorectal Malformation; Hirschsprung Disease. NCT02296008. Completed.