ECTOPIC ANUS

(A Case Report)

by

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Congenital anorectal anomalies are believed to occur about once in 5000 births. According to the International Classification of Congenital Anorectal anomalies, ectopic anus is one of the low variety of congenital malformation. Among females, the common types of ectopic anus are vulval, vestibular and perineal. This paper presents a case report of vestibular ectopic anus.

CASE REPORT

Miss S. S. age 15 years, was admitted in St. George's Hospital on 20-3-78 with complaints of incontinence of stools since childhood. There was no difficulty in passing urine. Patient had menarche 6 months back, and she was getting regular menstruation, every 28-30 days interval with bleeding lasting for 4 days. The patient was unmarried.

Her general condition was good and systemic examination revealed no abnormality. Local examination showed that the anus was opening just below the hymen, while the original anus site was seen merely as a dimple. The speculum examination showed that the posterior vaginal wall was intact. On vaginal examination uterus was anteverted, of normal size and fornices were clear.

In addition to routine blood, urine and stool examinations, barium enema was done to get a better idea of the underlying situation. Considering the present condition and the future obstetric career of the patient, a decision for anal transplantation was made.

The diagram shows the congenital condition as it existed. The rectum opens into the vaginal vestibule and is without any sphincter musculature. The rectum and the vagina are separated by a thin septum above the congenital opening. The perineum was firm formed by the union of the levator ani muscles in the midline.

During preoperative period the patient was given intestinal antibiotics and bowel washes twice a day for 2 days prior to operation.

The steps of operation were as follows

1. The ectopic anus was circumcised.
2. The rectum was mobilised for a distence of about 5 cms. to permit it to be drawn down to its normal site.
3. A transverse incision was made in the perineal region through the skin and the fat in the position of the normal anus.
4. A midline incision of about 1" was made between the levator muscles and was stretched with a artery forceps.
5. The edge of the rectal mucosa was grasped with allis forceps and the rectum was withdrawn through the new opening.
6. As the rectum was held in its new position by means of stay satures, the vaginal vestibule wound was closed, first with interrupted sutures of No. 0 chromic catgut approximating the deeper tissues including levator ani muscles, then with similar sutures approximating the skin.
7. Finally, the rectal mucosa was sutured to the skin edges of the newly formed anus with interrupted sutures of fine monofilamentous nylon.

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Postoperative care

No rectal examination or dilatation was carried out for 14 days. The patient was kept on low residue diet for 2 days, followed by full diet. Mild laxative was given every night for 10 days. Oral streptomycin and neomycin were continued for 5 days. The patient passed the first stool on the 3rd postoperative day. She had no pain and had good sphincter control. On 10th day the stitches were removed and on 14th day, gentle rectal examination was done to see the final result. There was no evidence of stenosis. Patient was discharged on 15th day of operation. The patient was called back after 1 month for postoperative check up, she had no complaints and was happy with having good control on defaecation.

Discussion

Te Linde (1970) favours waiting until the child has reached puberty before attempting reconstructive operation. Before that time the parts are so small, and the vaginal mucosa is so delicate that the dissection is difficult, and the operation is likely to fail. A second operation is always done with greater difficulty due to scar tissue resulting from the first. Dilatation and cut back operations are the other methods of treating an ectopic anus. But among them, transplantation is likely to give the best results.

Summary

A case of vestibular anus in a 15 years old girl presenting with incontinence of stools, is reported. Transplantation operation was performed and gave satisfactory result.

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See Figs. on Art Paper VII