VESTIBULAR ANUS

(A Report of 3 Case)

by

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Introduction

Congenital anomalies of gynaecological perineum is not very uncommon to a gynaecologist in his daily practice in a busy Hospital. But ectopic anus in the form of vestibular anus is not always met with. Here the author noted 3 cases of vestibular anus to new born within two months in Lalbag S.D. Hospital, Murshidabad and all the 3 cases were operated at different times depending on the severity of symptoms and to note other operative facilities.

Case 1

MH. 3 months, Md, operation done at 5th months.

Case 2

AH. 3 months, H, operated at 7th months.

Case 3

GC. 4 months, H, operated at 9 months.

Clinical features and management were more less same in all three cases and so this has been described in a common form.

(a) History:

(i) Continuous passage of stool through vulval opening since birth. Stool had to be kept soft by giving mild laxative as there would be extreme restlessness, crying, constipation and abdominal distention if stool would become hard.

(ii) Absence of anal opening at its normal position.

(iii) There was nothing significant in obstetrical, personal, family and past histories of the mothers of these babies.

(b) Clinical Examinations:

(i) Weight—all between 5 to 7 lbs.

(ii) General exam. and P/A—N.A.D.

(iii) Perineal examination—Continuous discharge of faecal matter through a small opening at vestibule just inside the furchette, particularly when the baby would cry. Urethral and vaginal openings were there in normal position with no other abnormality in vulva.

No anal opening was there in its normal position but cutaneous rugosities were present with apparently functioning external sphincteric mechanism on crying and external stimulation.

(c) Investigations:

(i) Routine blood, urine and stool—N.A.D.

(ii) Probe test under sedation done to define anorectal canal, vaginal canal and urethral meatus separately.

(iii) Radiology—

(a) Ba-Enema through vestibular anus.

(b) Vaginogram.

(c) Combined Ba-enema and vaginogram (to show both vagina and anal canal are opening at vestibule and no other abnormality like diverticula present).

(d) Management—All babies had received three doses of triple antigen and were admitted to the hospital 7 days prior to operation.

Pre-operative schedule—

Bowel antiseptic orally for 7 days.

Non-residual diet (S.G. and E, Neomycin) and mild laxative for 3 days before operation.

Bowel wash through ectopic anus with sterile saline twice on pre-operative day and once on

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the day of operation and institution of 10 c.c. of 24 Neomycin solution.

Operation—Premedication—Inj. Fortwin and Inj. Atropine ¼ amp. each. G.A. (open ether).

Lithotomy position and A.S.D. as usual (held by two assistants).

A probe was placed inside the anorectal canal and a vertical incision was made from the vestibular anus in midline upto the centre of the cutaneous rugae after dividing the anterior margin of the ring. The incision was deepened and perianal skin was undermined. From the anterior end of original incision, an encircling incision was made around the vestibular anus taking special care anteriorly not to injure the posterior vaginal wall and furchette Bleeding points were caught by mosquito forceps and haemostasis was done by deep lateral stitches. The anus with anal canal was dissected free all around so that it could be easily implanted at its normal position without kinking. Posterior margin of anal canal was fixed to the posterior end of cutaneous rugosity by interrupted No:O atraumatic chromic catgut so that perfect anatomical mucocutaneous junction forms. Similarly lateral fixation stitches were placed. Previously cut circle of cutaneous rugosity was united again by an anterior fixation stitch of anal canal. Subcutaneous tissue in front of anal canal was sutuerd in the mid line to form the base of the perineum. Perineal wound was closed from post commisure to anterior anal margin by interrupted stitches. Urethral, vaginal and new anal openings were defined again and the probe removed. Small gauze piece soaked in glycerin acriflavin solution was left in anal canal for 6 hours.

Post operatively, Inj. Gentamycin 20 mg I.M. stat and B.D. x 7 days; Syrup paracetamol 125 mg. t.d.s. x 5 days Tab. Gardinal 15 mg S.O.S.; Tab. Neomycin ½ tab. q.d.s. x 7 days; Non residual diet for 5 days; Mild Laxative from 4th P.O. day for 5 days; Daily perineal dressing with Ung. Furacine for 7 days.

(d) Follow Up—In 2 cases, there was uneventful recovery and in 1 case there was mild wound infection and regular dressing resulted in complete recovery. Examination at 3rd month revealed complete anatomical and functional normalacy.

Summary

Three cases of vestibular anus were treated within one year of age. To avoid complications and to get better result early treatment may be of value.