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Case Report

SURGICAL REPAIR OF ATRESIA ANI (IMPERFORATE ANUS) IN NEWBORN KID

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Abstract: A case of perineal congenital defect (atresia ani) has been reported in two day old male kid and its successful management through surgical intervension.
Keywords: Atresia ani, congenital defect, kid.

Introduction

Intestinal atresia has been reported as a congenital defect in all species of domestic animals (Van Der Gass and Tibboel, 1980). The congenital abnormalities of the anus and rectum are fairly common in young ones (Suthar et al., 2010). Various surgical techniques have been used to correct atresia ani in domestic animals (Singh, 1989 and Jubb et al., 1993). This report communicates a case of atresia ani in a male kid, which was treated successfully by surgical intervention.

History and clinical observations

A two-day-old male kid was presented to the Dept. Surgery & Radiology, Tirupati with the complaint of non-passage of faeces since birth. On clinical observation, it was found that the kid was not having anal opening (Fig 1). There was soft subcutaneous swelling below the ischial arch with distension of abdomen. The signs of tenesmus and abdominal pain were observed. The case was diagnosed as atresia ani condition and planned for surgery.

Surgical Management

The kid was controlled in dorso-ventral position with its hindquarter raised high on a table and discomfort and restrained. The perineal region below the base of the tail was prepared for aseptic surgery. Local infiltration anaesthesia was performed using injection 2% lignocaine hydrochloride solution at the proposed site of incision. A circular incision was made upon the bulge of the anus and the circular piece of incised skin was removed. Muconium came out immediately (Fig 2). The patency of opening was maintained by placing

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a 5 ml syringe barrel and application of interrupted sutures by black braided silk # 2 between rectal mucosa and skin to make a permanent anal orifice. Postoperatively the animal was given antibiotic cover and pain killers for period of 6 and 2 day respectively. Antiseptic dressing of the skin wound was carried out on alternate days for a period of 10 days. The sutures were removed on the10th post-operative day.

Results and Discussion

The kid showed marked improvement in defecation and general behavior within 3rd day of surgery and uneventful recovery within 10th post-operative day. The present case of atresia ani with its simple form of agenesis (without involving other parts) uneventful recovery after surgical intervention and similar findings in calves were reported by Nagaraja et al., (2003). Most affected kids initially will stand and suckle normally after birth. The time for onset of clinical signs of this condition may vary from 1 to 3 days .On collection of history the owner did not see the kid passing muconium or feces was the main observation. The principal clinical signs of condition were straining, tenesmus, colic, depression and anorexia with abdominal distention. The diagnosis of atresia ani is often presumptive based on the age, history, and physical examinations. Atresia ani can be diagnosed by visual inspection of the perineal region or by limited digital palpation if a vestigial anal opening is present. Surgical intervention is the only technique of position choice for the treatment in such acute abdominal discomfort and it was attempted successfully in this present case.

Summary

A Case of atresia ani in a two day old male kid and its surgical repair is placed on record.

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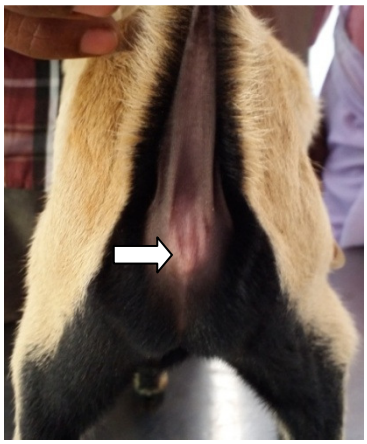

Fig 1. Absence of anal opening

Fig 2. Immediate coming out Muconium