SAR Journal of Surgery

Abbreviated Key Title: *SAR J Surg*
Home page: https://sarpublication.com/journal/sarjs/home
DOI: 10.36346/sarjs.2022.v03i04.003

ISSN 2707-7748 (P)
ISSN 2709-6912 (O)

Case Report

Difficulties in the Management of High-Form Anal Imperforations with Recto-Vaginal Communication in Countries with Limited Resources Apropos of a Case in the Pediatric Surgery Department: Fousseyni Daou Hospital in Kayes, Mali

Mamaye Kouyate[1,2*], Traore L[3,2], Diakité A.S[4,2], Sangaré S[3,2], Magassa M[4,2], Kane M[3], Haidara M[1]

[1]Service de Chirurgie Pédiatrique de l'Hôpital Fousseyni Daou, Kayes, Mali
[2]Centre National de Recherche Scientifique et de Technologie (CNRST), Bamako, Mali
[3]Unité de Chirurgie Générale de l'Hôpital Fousseyni Daou, Kayes, Mali
[4]Unité d'Urologie de l'Hôpital Fousseyni Daou, Kayes, Mali

***Corresponding Author:** Mamaye Kouyate
Service de Chirurgie Pédiatrique de l'Hôpital Fousseyni Daou, Kayes, Mali

Article History: | Received: 17.09.2022 | Accepted: 24.10.2022 | Published: 29.10.2022 |

Abstract: Anal imperforation or anorectal malformations (ARM) are malformations concerning the rectum. ARMs are a spectrum of various birth defects that vary from fairly minor lesions to complex anomalies. There are three types: the high form, the intermediate form and the low form. They are more and more frequent in our undeveloping countries where resources are limited. Their management is expensive and complex, especially the high form. We report a case of anal imperforation with rectovaginal communication which was referred to us from another region of Mali more than 1000 KM, for care.

Keywords: High form anal imperforation, difficulties, Kayes.

INTRODUCTION

It is a congenital malformation curable by surgery consisting of the absence of a natural orifice by the persistence of the anal membrane, stenosis or atresia of the anorectal canal. The absence of a cutaneous orifice may or may not be accompanied by the absence of a muscular sphincter. In this study we are interested in a complex form which is the high form imperforation with rectovaginal communication, often confused with rectovestibular communication. It can be associated with other malformations such as vactel syndrome but whose detection is difficult to because of limited means of diagnosis. The diagnosis is especially postnatal in our context. Ultrasound and invertogram can help determine the type of imperforate. The treatment is surgical regardless of the type, but the high forms require a bypass colostomy first.

PATIENT OBSERVATION

This was a 20-month-old girl who was referred to us for better care. The child is from a farmer father and a housewife mother. She is the 5th child of the siblings. At birth she weighed 2kg800 without any other particularities except that the meconium came out through the vagina according to the parents. On physical examination, the child showed signs of malnutrition. On examination of the anovulvar area there was no anus and the stools came out through the vagina, a standard assessment was carried out which revealed a hemoglobin level of 9g / dl. The child was entrusted to the nutrition service for correction of malnutrition. This is how the child presented with acute constipation with considerable bloating, which led us to quickly perform a bypass colostomy. Two months after the child's condition improved, we performed a barium enema to determine the course of the rectovaginal fistula. By laparotomy we had separated the rectum from the vagina fig. 1 and performed rectal lowering and anoplasty followed by anal dilations with a hegar candle for 30 days from 10 days after anoplasty. During the laparotomy the child received a bag of blood. Then we proceeded to restore continuity. 10 days after

continuity was restored, the child presented with a fever of up to 39 degrees 5. The malaria test was positive despite rapid treatment with artesunate, the child unfortunately died.

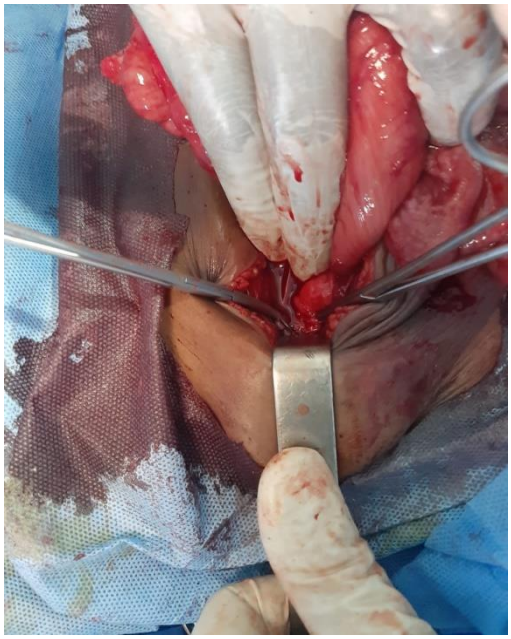

Figure 1: Closure of vagina

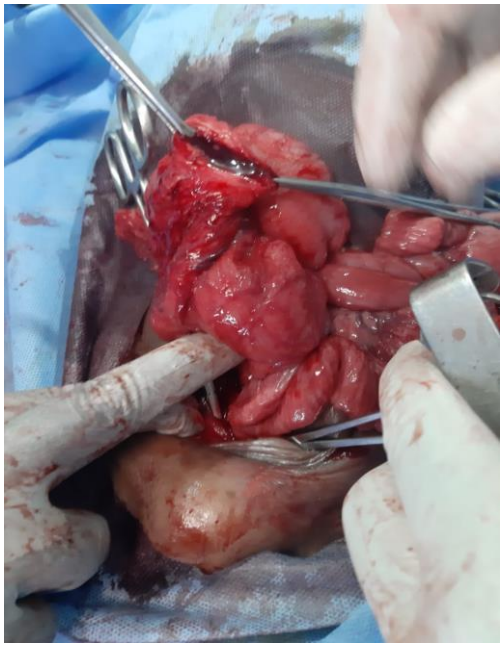

Figure 2: Rectal ampulla separated from vagina

DISCUSSION

Malformations of the anus and rectum are among the most frequent congenital surgical anomalies of the intestine [1-4]. Their incidence varies according to the series between 1 in 3500 to 5000 live births, with an unbalanced sex ratio in favor of girls [5-7, 11]. Their anatomical presentation depends on the stage of embryonic development at which the anomaly of establishment of the terminal intestine occurred [8-10]. All the forms exist, from the in situ fistula (which can impose some for a true anus) until the total absence of anus, with or without urinary or genital fistula. Our study concerns a case of imperforation of the anus with rectovaginal communication, a rare case but especially unknown by the population which constitutes a first difficulty, because very often the child is presented to the hospital late. Because of the poor living conditions, the child may present with a malnutrition syndrome and other pathologies which would make his treatment very difficult, as in our case. The difficulties are also at the level of postoperative care because of the lack of resuscitation service adapted to children but also of specialist in pediatric surgery in our country.

CONCLUSION

Anorectal malformations are congenital pathologies that are more and more frequent in our countries, but whose management remains difficult because of their ignorance by the population, the lack of pediatric surgeons and adequate intensive care services for children.

REFERENCES

1. Mollard, P. (1992). Traitement des imperforations anales. *EMC, traité de techniques chirurgicales–Appareil digestif*, *40*, 715-744.
2. Peña, A., & Levitt, A. (2006). Anorectal malformations. Pediatric Surgery. Philadelphie: *Mosby Elsevier*, pp. 1566-89.
3. Alumeti, M. D. (2009). Les malformations anorectales du grand enfant: A propos de 16 cas. *Mémoire de Spécialisation en Chirurgie Pédiatrique, Dakar*, 221, p61.
4. Pena, A. (1986). Posterior sagittal approach for the correction of anorectal malformations. *Adv Surg*, 19, 69-100.
5. Pena, A., & Hong, A. (2000). Advances in the management of anorecta malformations. *Am J Surg*, 180(5), 370-76.
6. Pena, A. (2005). Anorectal Malformations: Operative Pediatric Surgery Edited by: Ziegler, Azizkhan. *Gauderer & Weber. Boston: Appleton & Lange.*
7. Politi, P., Aigrain, Y., & Martin, T. (1986). Malformations anorectales. *Encycl. Med. Chir (Paris, France), Pédiatrie*, 4017 F10, 7p.
8. Rouviere, H. Périnée Anatomie humaine Tome II : Tronc. p. 1062-87.
9. Gregoire, R., & Oberlin, S. Rectum Précis d'anatomie Tome II. P.372.
10. Bouchet, A., & Cuillert, J. Le rectum périnéal ou canal anal Anatomie: to pographique, descriptive et fonctionnelle. Tome IV. p2319-28.
11. Ben Merieme, A. (2012). Les malformations anorectales. *Thése Doctorat Médecine, marrakech.*