Surgical Repair of Ectopic Rectum and Atresia ani in a Kid

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Received: 8 December 2013 Accepted: 4 January 2014 Published: 15 January 2014

Abstract

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 common in young ones. (Nixon,1972. Drey fuss and Tulleners. 1989 and Parrah et al., 2004 2005). Various surgical techniques have been used to correct atresia ani and ectopic rectum in domestic animals (Singh, 1989 and Jubb et al., 1993). This report communicates a case of atresia ani and ectopic rectum in a male kid, which was treated successfully by surgical intervention.

Index terms—

1 Introduction

ntestinal 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 common in young ones. **??**Nixon,1972. Drey fuss and Tulleners. 1989 and Parrah et al., 2004 & 2005). Various surgical techniques have been used to correct atresia ani and ectopic rectum in domestic animals (Singh, 1989 and Jubb et al., 1993). This report communicates a case of atresia ani and ectopic rectum in a male kid, which was treated successfully by surgical intervention.

2 II.

3 History and Clinical Examination

A 2 day old male kid was presented with history of restlessness, slight abdominal distension and partial anorxia. Clinical examination revealed imperforate anus, increased heart and respiratory rate. Temperature was normal. Case was diagnosed as atresia ani condition and planned for surgery.

4 a) Surgical Management

Anal opening was created as per routine procedure (Sing et al., 1993). Rectum was found missing. Further and father dissection towards pelvic inlet was of no use. Exploratory laprotomy was decided to be undertaken. After preparing the animal for aseptic surgery, abdominal cavity was entered through right flank. After thorough search, rectum was found terminating into the body of urinary bladder at its right lateral side. Recto-vesical tract was double ligated. Rectum was resected free from the urinary bladder in between the two ligatures. Rectum was exteriorized through already made anal opening. Rectal mucosa was fixed to the skin with interrupted catgut sutures. The ligature proximal to the suture on the rectum was removed. Abdominal wound in the right flank region was closed as per the routine procedure. Postoperatively the animal was given antibiotic cover and pain killers for a 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.

5 III.

6 Results and Discussion

The animal showed marked improvement in defecation and general behavior within 3rd day of surgery. Skin sutures were removed on 11 th post operative day. Animal recovered uneventfully.

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 sign of condition was restlessness, slight abdominal distension and partial anorexia. 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 choice for the treatment in such acute abdominal discomfort and it was attempted successfully in this present case.

During early embryonic life the rectum and bladder are one cavity. As development proceeds it becomes divided into two compartments, the lower forming the bladder and urethra, while the upper one forms the rectum **??**O'conner, 1985). If the separation is in complete and development of rectum is arrested, an ectopic rectum may result. [1]

[Parrah et al. ()] ‘) surgical repair of rectovesical fistula and Atresia aniet-recti in a calf’. J D Parrah , B A Moulvi , B A Buchoo . *Oriental Science* 2005. 10 p. .

[Sing et al. ()] ‘) the Digestive System’. J Sing , A P Sing , D B Patil . *Jain Bhawan Bhola Nath Nager* Ruminant Surgery. Ed. R. P. S. Tyagi and Jit Singh (ed.) 1993. CBS Publishers and Distributors. 485 p. 110021.

[Nixon ()] ‘Anorectal anomalies with an international proposed classification’. M M Nixon . *Post grad Med* 1972. 10 p. .

[Parrah et al. ()] ‘Atresia ani-et-recti in association with rectovaginal fistula in a lamb’. J D Parrah , B A Buchoo , B A Moulvi , M Z Khan . *SKUAST J. Research* 2004. 8 p. .

[O’connor ()] *Dollars Veterinary surgery. Indian Edition. CBS Pubilishers and distributors*, J J O’connor . 1985. Shadar, Delhi: Jain Bhawa Bhola Nath Narer. 485 p. 110031. (India)

[Van Der Gass and Tibboel ()] ‘Intestinal atresia and stenosis in animals: a report of 34 cases’. I Van Der Gass , D Tibboel . *Vet. Pathol* 1980. 17 p. .

[Dreyfuss and Tulleners ()] ‘Intestinal atresia in calves: 22 cases (1978-1988)’. D J Dreyfuss , E P Tulleners . *J. Am. Vet. Med. Assoc* 1989. 171 p. .

[Jubb et al. ()] *Pathology of domestic animals*, K V F Jubb , P C Kennedy , N Palmer . 1993. London: Academic press.