Volume : 4 | Issue : 1 | January 2015 • ISSN No 2277 - 8179

Research Paper

# Ectopic Vaginal Anus - A Rare Clinical Entity.

Medical Science

**KEYWORDS :** Vaginal anus. Imperforate anus. Anal transposition.

| | |
|---|---|
| **Dr.P.HARI HARA SASTRY** | PROFESSOR AND H.O.D OF SURGERY, Department of surgery, ALLURISITARAMARAJU ACADEMY OF MEDICAL SCIENCES, ELURU, WEST GODAVARI(Dt), ANDHRAPRADESH |
| **Dr.S.VIJAYAMOHAN RAO** | Assistant Professor, Department of Social Work, CMS College of Science and Commerce, Coimbatore , Department of surgery, ALLURISITARAMARAJU ACADEMY OF MEDICAL SCIENCES, ELURU, WEST GODAVARI(Dt), ANDHRAPRADESH |
| **Dr.AYYAR SRINIVAS MAHESH** | SENIOR RESIDENT, Department of surgery, ALLURISITARAMARAJU ACADEMY OF MEDICAL SCIENCES, ELURU, WEST GODAVARI(Dt), ANDHRAPRADESH |

## ABSTRACT

*A case of recto vestibular fistula in a 23 year old female from a near by village is presented here. Patient and her mother complained of passing fecal matter through her vagina since birth. She is not constipated and continent. Examination revealed imperforate anus with recto-vestibular fistula. This anomaly was corrected by single stage anal transposition to its original place. Posterior vaginal wall repair is done in layers. No protective loop colostomy was done. Patient's recovery was uneventful and she was continent with out any constipation during the follow up period of three months.*

**INTRODUCTION.**

Different kinds of anorectal malformations (ARM) are reported in the literature and they include isolated imperforate anus (low & high) and imperforate anus associated with recto urethral, recto vaginal, recto perineal and recto vestibular fistulae. Associations with this condition include (10 – 20%) anal agenesis, rectal duplication, pseudo tail, anal atresia with Klein – Waardenburg syndrome, anterior ectopic anus and vaginal anus.

The term vaginal anus is applied to describe a congenital anorectal malformation(ARM), associated with imperforate anus and intestinal opening in vulva with normal continence.

Usually this sort of anomaly is seen in neonates and to see such an anomaly in an young girl is rare. This delay in seeking surgical advice may be due to ignorance about the condition, illiteracy, residing in remote rural area and the age of the girl is nearing to get married.

Imperforate anus associated with vaginal anus is the most common form of imperforate anus and it is an intermediate type . In this disease, there will be imperforate anus associated with intestinal opening in to vulva with normal continence. Ectopic anorectum is situated below the puborectalis muscle, while the opening is present above it.

**CASE REPORT.**

A 23 years old girl came from a rural area with a complaint of passing stools from vagina. Her mother stated that, the girl doesn't have normal anal opening since birth and she is passing motion from vagina.

Physical examination revealed a healthy, young girl, weighing 53 Kg. Abdominal examination is normal. Perineal examination revealed absent anal opening and that area is represented by a dimple. Posterior vaginal wall showed the anal opening (Fig.1 &2).

**Following investigations were done :**

Hb: 13.6/dl; Blood sugar : 99mg/dl; Blood urea: 40mg/dl; Serum creatinine: 0.6mg/dl; Negative for Hbs Ag ,HCV and Retroviral anti bodies; Blood grouping: B+ve; X- Ray chest and ECG are normal.

Discussion about the diagnosis and procedure that will be followed to correct the anomaly was done with patient and her mother. Likelihood of immediate and delayed complications were intimated. Bowel preparation was done by mechanical cleansing and keeping the patient on low residue diet.

To begin with, perineum was pricked with a pin to identify the underlying sphincter muscle, which appears as puckered, dark skin. Future site of anal canal was marked midway between vulval opening anteriorly and tip of the coccyx posteriorly. Anal canal is dissected out from the vagina, by giving a circular incision around it(Fig 3). Anal transposition (trans – sphincteric ano-rectoplasty – TSARP) procedure was selected, since postoperative constipation is less with good continence, in comparison to PSARP & ASARP. Dissected out anal canal is pulled to the selected site of anal opening, which was created by giving an "inverted V shaped" incision (Fig.3). Gap in the vulva is closed in two layers. No protective loop colostomy was done. Post operative recovery was smooth, without constipation or incontinence (Fig.4).

Patient was followed up to 3 months. Anus and vagina were examined and all the wounds healed well, with no history of constipation and good continence. No perineal soiling was observed and her Wexner score is "Zero".

**DISCUSSION.**

Anorectal malformations represents a wide spectrum of congenital anomalies, accounting for 1/5000. Usually male preponderance is observed, with the exception of present condition with a female preponderance. Norma Ceciliano –Romero et. all stated that, vestibular fistulas have a good muscular component and in most cases they are not associated with any other malformations. Leape et all. stated that the usual position of anus is midway between base of the scrotum or vaginal fourchette and coccyx. Anal position index (API) was devised by Reisner et all. In1984, to describe the normal position of anus. When anus is placed more anteriorly, it is termed as anterior ectopic anus.

Patients with this type anomaly are born with good bowel control, and every effort should be made to perform a successful reconstruction with a single operation. I n this patient we tried to pull down the rectum and create a new anus within the sphincter. Selected procedure was "Trans- sphincteric ano-rectoplasty" (TSARP), as it is a better procedure in terms of - Voluntary bowel control(100%), no prolapse and peri anal scarring (Jamal S.

Volume : 4 | Issue : 1 | January 2015 • ISSN No 2277 - 8179

Kamal - 2012). Ruiz Moreno et al. reported two cases , Mukhtar Mehboob et al. reported one case of ectopic vaginal anus. In our study , we reported a case of " vaginal anus" in a 23 year old female. The patient was followed up to three months postoperatively and was doing all right, in terms of continence and constipation.

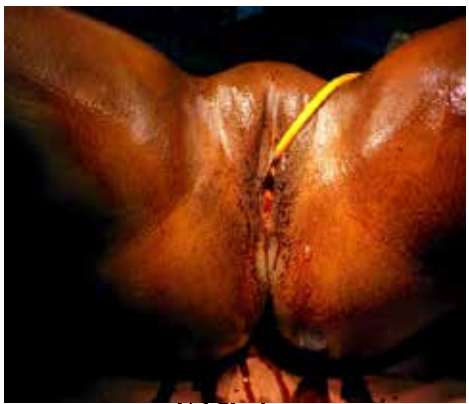

Fig. 1

**Fig.1**

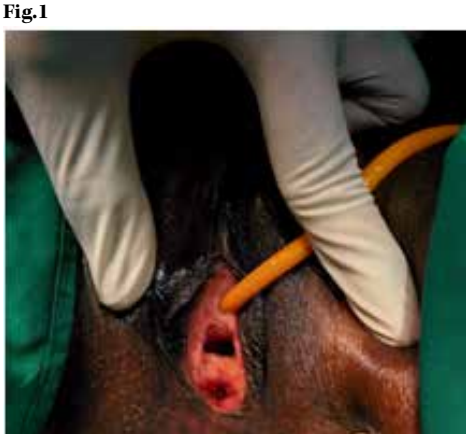

**Fig.2**

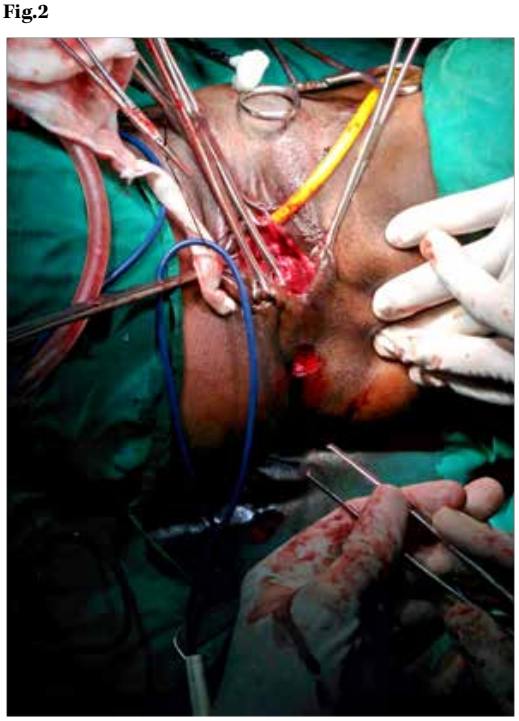

**Fig.3**

**Fig.4**

## REFERENCE

1.Raines MD, Wills ML, Jackson GP. Imperforated anus with a rectovestibular fistula and pseudo tail: a case report. J Med case Report 2010; 4:317. | 2.Stozan M. Zivkovic, Zoran D. Krstic, and V. Vukanic. Vestibular fistula: the operative dilemma – cutback, fistula transplantation or posterior sagittal anorectoplasty?.Pediatric surgery international 1991; 6:111 – 113. | 3.Norma Ceciliano –Romero, Debora Beauchamp- Carvajal , Laura Chavez-Fernandez, Jaime Cortes-Ojeda. Analysis of 200 cases with Pediatric Anorectal malformations. Acta Medica Costarricense,©2010 Colegio de Medicos y Cirujanos. 2010; 52(2):109-117. | 4.Chaudary RP, Thapa B, Thana S, Singh PB . Single stage anorectoplasty (ASARP) for anorectal malformations with vestibular fistula and perineal ectopic anus in females: Anew approach. Journal of Nepal pediatric society. 2010; Volume 30/Issue1: 37-43. | 5. Bilal Mirza, Lubna Ijaz, Muhammad Saleem, Muhammad Sharif, Afzal Sheikh. Anorectal malformations in neonates. Africal journal of pediatric surgery. 2011; Vol 8/Issue 2:151-154. | 6. Jamal S. Kamal. Anal transposition(trans-sphincteric ano-rectoplasty) for recto vestibular fistula. Soudi journal for Health Sciences. 2012; Vol 1/Issue 2:89-91. | 7.Mukthar Mehboob, Samina Naz, Sahina Tabussum and Jamil Ahmed Khan. Afunctional ectopic vaginal anus : A rare clinical entity. Journal of College of physicians and surgeons Pakistan. 2012; Vol 22(10): 661-662. | 8.Ruiz –Moreno F, Gerdo – ceballo A, Lozano –Saldivar G. Vaginal anus. Dis Colon Rectum. 1980; 23:306-7. | 9.Ozkan H, Aziz P. Incidence of anterior displacement of the anus and it's relationship to constipation in children. Surg today 2004;34:190-2. |