Anal imperforation in a Congo village: a challenge for treatment

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DESCRIPTION

Most anorectal malformations are identified in the examination of the newborn or are manifested in the first 24 hours by abdominal distension, absence of dejections and bilious vomiting.¹ The type of surgery is variable, but immediate evaluation is urgent to avoid serious complications such as intestinal perforation and sepsis.^{2,3} We report a case of a male newborn, transported by plane on the third day of life from a rural area to a level II hospital in Kinshasa, due to anal imperforation noted at birth, with bilious vomiting in the first 24 hours of life. On examination, he showed signs of moderate dehydration, abdominal distention and absence of anal orifice ([figure 1](#)). Meconium emission through the urinary meatus was observed, with no visible fistulas. A nasogastric tube was placed immediately to decompress the abdomen and prevent intestinal perforation. The analytical study was normal and abdominal ultrasound revealed anorectal malformation with a suspected urinary fistula. He was submitted to surgery with terminal colostomy and

Learning points

- ▶ This case highlights the importance of early diagnosis of a malformation whose diagnosis is clinical and easy to perform.
- ▶ Surgical intervention, fluid therapy and antibiotics are essential in the treatment, but they are not always available, which made this case a real challenge.

started antibiotherapy with cefotaxime. He had a fever in the first day after surgery, so metronidazole and amikacin were added. He started breastfeeding with good tolerance, with progressive reduction in fluid therapy. He was discharged after 7 days with reconstructive surgery already scheduled.

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Figure 1 Anal imperforation on examination.

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