

Ectopically Placed Anus in Two Patients

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Case 1 vestibular fistula and perineal lipoma

- two-year female child
- simple loop sigmoid colostomy done two days after her birth.
- Normal weight no other comorbidities
- Her initial perineal assessment revealed absent anal orifice with a large perineal soft mass which is extending from the posterior part where the coccyx anteriorly to mildly separated pubic bone covering the anus and the female external genitalia.
- There were two well-developed clitorises with no visible vaginal introitus or urethra opening. There were two well-developed labia majora but widely separated by the perineal mass.



- There were no associated renal abnormalities on abdominal US.
- Examination using genitography and distal loopogram the catheter was inserted through the right introital orifice, There is minimal opacification in rectum, which indicates fistula (rectovestibular fistula), at the same time loopogram scan has verified the presence of it too
- The MRI of Pelvis The vagina, the uterus and ovaries showed normal appearance for the patient's age part of the spine that was examined indicated partial sacral agenesis, in which lower sacral segment is para midline oriented, along with skin covered sacral spina bifida, small intraspinal sacral lipoma, and tethered cord....2 vaginas??

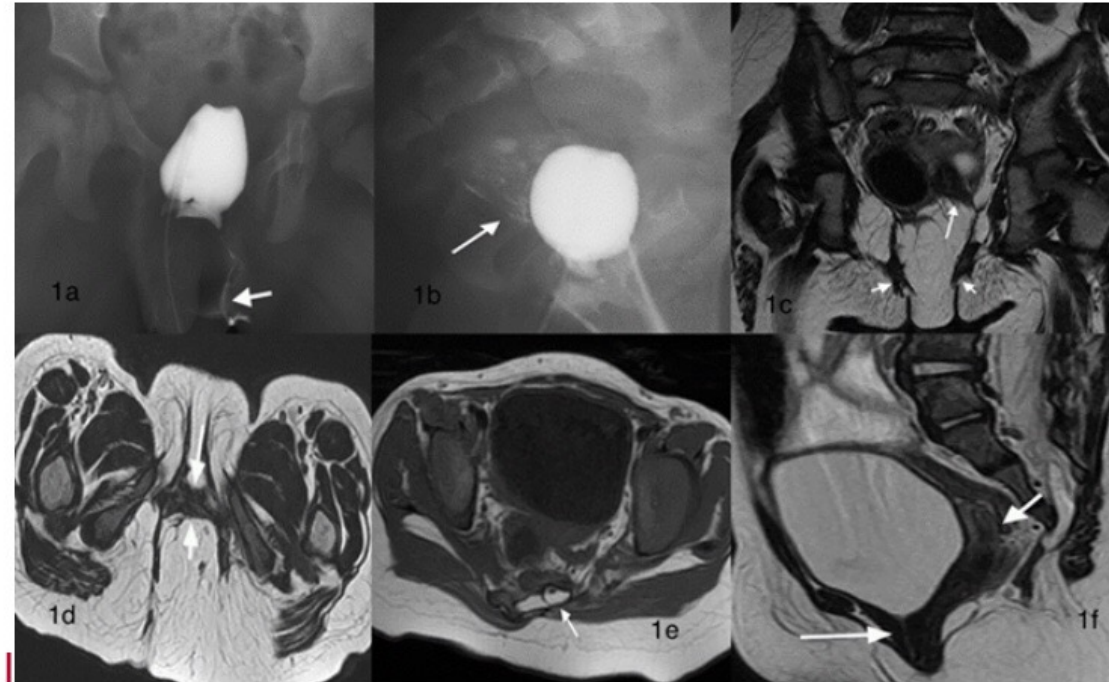


Figure 1 a &1b: Genitography examination and opacification of vagina and uterus

Figure 1c -1f :MRI pelvis

- There was perineal mass divided the single laterally placed labia majora on either side of the introitus duplication, which had two orifices .
- There was a duplicate of the clitoris visible from both sides. As a catheter was inserted through one orifice and left through the other, the two opening on both sides were communicating with each other . The orifices of the vagina and urethra weren't able to be detected externally; although, intermittent void of urine from each opening of the introitus was found. The anal orifice was not present.
- Using muscle stimulator, When the muscle complex was inspected, the right side of the midline showed the point of maximal contraction more clearly.



- midline skin incision.
- mass dissected from both sides followed by transverse incision into the mass in a secure plane over an instrument introduced from the original perineal opening to the other one to elevate the soft tissue mass away from the underlying structure, creating an upper and lower soft tissue flap Under the soft tissue mass there was a normal vaginal introitus with a thin bicuspid hymen and a normal external urethral orifice into which a silicon 8 French urinary catheter .
- excise the lower mass by dissecting through its posterior surface under vision, after elevation of the mass from its bed a tiny orifice of a tubular structure was found at the base of the Hymen, a Nylon catheter was introduced through this orifice which proceeded till it came out from the colostomy.
- continued to excise the mass inferiorly from its bed till we reached normal perineal tissue, then we took multiple stay sutures to the rectal fistula and started to dissect the rectum all around by a needle diathermy followed by uneventful separation of the common wall between rectum and vagina with a good length to reach the previously marked anal site. We excised the upper half of the mass along with the left clitoris and we preserved the right one as it was closer to the middle line





Case 2 ARM cloacal exstrophy

- A Thirteen-year-old male patient presented to the paediatric surgery unit for surgical management of an anorectal malformation with a neglected case of bladder exstrophy.
- Under Examination there were mucosal bridges, so we had to take the patient back to the operation theatre where we decided to excise these mucosal bridges within the area then we closed the skin.





- A series by professor penia et al on perineal masses and ARM
- Another series by Rintala et al.
- Our case more of caudal duplication .
- Shaul DB, Monforte HL, Levitt MA, Hong AR, Peña A. Surgical management of perineal masses in patients with anorectal malformations. J Pediatr Surg. 2005 Jan;40(1):188–91.
- Wester T, Rintala RJ. Perineal lipomas associated with anorectal malformations. Pediatr Surg Int. 2006 Nov 21;22(12):979–81.

- Regardless of proper terms
- Importance of penia stimulator and abiding by patients anatomy put the neorectum where the sphincter lies