# Anal and rectal atresia

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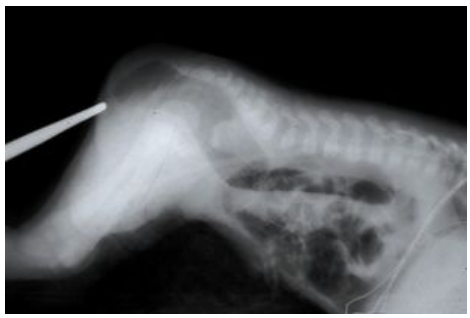
**Anal and rectal atrasia** are congenital closures or narrowings of the distal intestine that result from failure to separate the lower intestine from the ventral urogenital system during embryonic development. They are often associated with other congenital malformations, such as esophageal atresia, malformations of urogenital system, lumbal a sacral spine. Congenital malformations of the heart (ventricular septal defect) are also common.


Anal atresia

- Occurence 1:1500[1].
- There are 2 forms:
  - ***high atresia*** - the blind end is above the levator ani muscle (40% of cases);
  - ***low atresia*** - the blind end is under the levator ani muscle (60% of cases).

## Clinical course

- The anus is absent, the transverse rectal valves are extinct;
- this defect is usually detected in the delivery room when the body temperature of the newborn is measured per rectum;
- if the defect is not treated or not recognized, ileus develops;
- due to fistulas in the urogenital tract and gastrointestinal tract, stool may go through the vagina or urethra, causing severe uropoietic infections.

## Diagnostics

- Postnatally: ultrasound through the perineum;
- fistulas can be imaged by spraying with a water contrast agent under sciascopic control.[1]

## Therapy

- High atresia - colostomy, then corrective surgery at the age of 3-5 months;
- low atresia - transanal anoproctal plastic surgery (as soon as possible);
- the long-term consequence is incontinence . [1]

# Sources

## Related articles

- Congenital atresia and stenosis of the gastrointestinal tract
  - Esophageal atresia
  - Congenital hypertrophic pyloric stenosis
  - Atresia and stenosis of the small intestine
- Superior mesenteric artery syndrome
- Bowel malrotation and volvulus
- Meconium ileus
- Megacolon congenitum

## References


1. MUNTAU, Ania Carolina. *Pediatrie.* 4. edition. Grada, 2009. pp. 365. ISBN 978-80-247-2525-3.