SUMMARY

Imperforate anus:.

The term imperforate anus is applied to the whole range of anorectal malformations.

The usual reported incidence of anorectal malformations is about one per 5000 live births, there is a slight preponderance of males

In general. The male-to-female ratio of patients with high or intermediate anorectal anomalies is 2:1, in patients with low anorectal anomalies, the ratio is 1:1.

The anorectal malformations classified according to the patient's Sex and the level at which arrest of rectal descent occured.

These anomalies can be grouped according to weather the end of the rectum is supralevator (high), partially translevator (intermediate), or fully translevator (low).

Imperforate anus requires rapid evaluation and possibly early surgical interference in the newborn infants, this appropriate surgical interference depends upon the position of the distal rectal pouch and its relationship to the puborectalis portion of the levator sling.

To assess the diagnosis of anorectal malformations, the radiological examination and the ultrasonography can be used.

Also these anomalies can be evaluated by Computed tomography (CT.) scanning.

For the treatment of these anorectal anomalies, two points must be born in mind, first is immediate neonatal Surgery and the second is preservation of the external sphincter musculature during operation, because the aim of operation is a continent child.

Congenital Megacolon:.

Congenital megacolon or Hirschsprung's disease is one of the classic problems pervading all pediatric surgical practice. It enters into the differential diagnosis of newborn infants with intestinal obstruction as well as the perplexing problem of an older child with recalcitrant constipation.

Congenital megacolon is the congenital absence of parasympathetic ganglion cells in the wall of the distal intestine classically the rectum and the rectosigmoid or occasionally to a longer segment.

Total aganglionosis of the colon with or without involvement of the small intestine occurs in 10 to 15 per cent of children with Hirschsprung's disease, several different operations have been used with varying success for such instances of long segmental disease.

Although Hirschsprung's disease is most common cause of colonic obstruction in the newborn, presentation may include complete obstruction, intermittent obstruction, paradoxic diarrhoea, or intermittent chronic constipation. There may be a period of normal defecation for months or years after mild faecal dyskinesia in the neonatel period, and clinicians occasionally are faced with a young adult with undiagnosed megacolon or megarectum.

The diagnosis of Hirschsprung's disease is at times difficult, particularly in the young patient. Rectal suction biopsy is used as a screening technique in neonates and infants with failure to pass meconium or evidence of obstruction . In addition , it is used to confirm the diagnosis of Hirschsprung's disease when suspected by barium enema study. Also, anorectal manometry is a valuable method of examination in the diagnosis of Hirschsprung's disease in infants. Furthermore, it is an easy procedure without risk or discomfort for the patient.

The treatment is essentially surgical. The medical treatment is

only preparatory for surgery. The Swenson's pull-through abdominoanal anastomosis is a radical but definitive operation. It needs skill of the surgeon otherwise complications may develop. Duhamel's retro-rectal transanal pull-through operation is more simple and suits young infants, long segment aganglionosis, adult Hirschsprung's disease and in case of failed swenson's.

Soave's operation is an easy one but the need for postoperative dilatation is troublesome. For short segment aganglionosis, there is a very simple procedure called posterior excisional anorectal myotomy which is both diagnostic and curative.