

# ATRESIA ANI OF UNUSUAL DURATION WITH TAILLESSNESS IN A PUP

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A forty five days old female pup brought to the clinics with the history of absence of anus and tail since birth. The clinical examination revealed frequent vomition, impacted colon and very hard fecal matter on digital pressure over the absent anal area. An anal opening was constructed surgically under lumbo-sacral epidural analgesia. Rectum and colon was very hard and filled up with sand and mud which was removed with artery forceps and enema. Post-operatively, Novamox® drops were administered orally for few days. The constructed anal area healed within 15 days.

**Key words:** Atresia ani, pup, taillessness

## Introduction

Congenital anomalies of rectum and anus are very common in calves, lambs and kids but rare in puppies. Most frequently reported anomaly of rectum and anus is atresia ani (Vianna and Tobias, 2005). Cases of atresia ani are normally presented within a week after birth, but the present paper describes a case of atresia ani with taillessness in a 45 days old female pup.

## History and Observations

A female pup of forty five days old was presented to clinic with the history of absence

of anal opening and tail since birth. Although, anal opening was absent since birth but owner observed the condition 5 days back. Sibling of the pup was normal in height and weight. The pup was frequently vomiting after eating solid food. The water and milk intake reduced gradually from last few days. Clinical examination revealed absence of anal opening and tail (Fig. 1). Upon digital pressure over anal area, hard faecal matter was felt in the pelvic cavity. Colon was full of hard faecal matter and could be felt upon abdominal palpation.



**Fig. 1:** A female pup without anus and tail **Fig. 2:** Pup after construction of anus

## Surgical Treatment and Discussion

Anal area was shaved and scrubbed with 2% cetrimide solution for surgery. Lumbo-sacral epidural analgesia was achieved by injecting 0.20 ml lignocaine hydrochloride after

dilution in 0.3 ml distilled water (0.50 ml). Few drops of midazolam were instilled in nostrils for tranquilization. The pup was restrained by holding all four limbs together by an assistant. A plus (+) shaped incision was made just below

the remnant of base of tail. The four triangular flaps were excised to make it circular shaped. Removal of flaps is mandatory to prevent post-operative stenosis or even closure. The fascia and subcutaneous tissue were separated carefully. Blind sac of rectum was lying close to subcutaneous tissue; which was cut through and edges were held by Allis tissue forceps. But, surprisingly no faecal matters came out spontaneously and even after abdominal compression. This might be due to very hard faeces in rectum and colon which could be due to long standing case, low water intake, eating of mud and sand, and persistent vomiting. The cut edge of rectum was anchored with skin at four places by fine nylon suture in simple interrupted pattern. To give the enema, space was created by removing hard faeces by artery forceps. Practo-clysis® enema was made in stages to evacuate the bowel. Four more sutures were placed between the already placed sutures (Fig. 2). 100 ml normal saline solution was administered intravenously. Novamox® drops @ 8-10 drops bid was advised orally for 5 days. The case was followed up through telephonic conversation. Sutures were removed on 12<sup>th</sup> day of operation. Pup was able to pass faeces from constructed anal opening without any straining.

Atresia ani is the major form of congenital defect of rectum and anus and it is rarely seen in pup (Vianna and Tobias, 2005). The condition is more observed in lambs, kids

and calves (Singh, 1989). In dog, most of the atresia ani is associated with rectovaginal fistula or stenosis of anus (Rahal *et al.*, 2007; Prassinos *et al.*, 2003; Vianna and Tobias, 2005). In the present report, despite 45 days old case, pup was able to survive. The possible reason of survival without operation could be vomiting after eating and impaction of intestinal contents. This could lead to stunted growth in contrast to her sibling which grew normally. The enema was given to remove the hard and impacted faeces and relief from abdominal distention.

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