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Surgical Correction of Atresia Ani in a Kitten

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Abstract: Atresia ani is a congenital defect of the anorectum resulting in death in cases with delayed surgical correction. Surgical correction was performed in a 30 day old male kitten with Atresia ani and post operatively kitten was recovered uneventfully.

Keywords: Atresia ani, Kitten

INTRODUCTION

Atresia ani more commonly called as imperforate anus is the failure of the anal membrane to breakdown and remain persistent. Atresia ani is more frequently encountered in calves and pigs [1]. But very few reports of feline congenital abnormalities of the lower gastro intestinal tract were available because many newborn animals with deformities are euthanized [2]. The present report describes a case of atresia ani and its successful surgical correction in a kitten.

CASE HISTORY

A 30 days old, male kitten weighting 1 kg was presented to the Teaching Veterinary Clinical Complex, N.T.R College of Veterinary Science, Gannavaram with a complaint of absence of anal opening. On physical examination, kitten appeared alert with distended abdomen. Clinical examination revealed a bulge at the anal region, without anal opening and discomfort on abdominal palpation (Fig-1). The present case was diagnosed as atresia ani and prepared for surgical correction.



Fig-1: Photograph showing a bulge at the anal region, without anal opening

TREATMENT

Kitten was aseptically prepared for surgery and was pre anaesthetized with atropine sulphate @ 0.04mg/kg b wt SC and general anaesthesia was induced and maintained with Ketamine hydrochloride @22mg/kg b wt IV.

A cruciate incision was made over the bulge. The blind rectal sac was carefully located without any injury to the anal sacs and anal sphincter. The tip of blind rectal sac was resected, the rectal mucosa was brought caudally and fixed to the skin with simple interrupted sutures using Nylon No. 1-0 (Fig-2). Impacted fecal material was removed manually after which the kitten was started to defecate normally after surgery. Post operatively the kitten was administered Inj. Ampicillin@ 11mg/kg bwt, IM, OD for 5 days and Meloxicam @ 0.4mg/kgbwt IM, OD for 3 days. The kitten recovered eventfully. Sutures were removed on 12^{th} post-operative day.



Fig-2: Photograph showing surgical reconstruction of anal opening

DISCUSSION

Congenital deformities of the anorectum are rarely encountered in small animals and developed from abnormal embryonic development within the cloacal region [3].Surgical correction is the only treatment of choice for atresia ani and the prognosis is between guarded and poor for the complete return of normal rectal function for any type of atresia ani [4]. The kitten was recovered normally without post-operative complications like tenesmus, fecal incontinence, wound dehiscence, stricture of anoplasty, colonic atony or mega colon and rectal prolapse as reported in earlier studies [2, 5]. Pre operatively, the kitten was active even after 40 days of presentation with atresia ani and lack of defecation, similar findings were also reported by Vallefuoco et al, in a 3 months old kitten [6].

REFERENCES

- 1. Noden MD, Lahuta AD; The embryology of domestic animals developmental mechanisms and malformations, Williams & wilkins, 1985; 307.
- Suess Jr RP, Martin RA, Moon ML, Dallman MJ; Rectovaginal fistula with atresia ani in three kittens. The Cornell veterinarian, 1992; 82(2):141-53.
- 3. Salari SH, Jamshidi SH, Rajabioun M, Massoudifard M; Rectovaginal fistula and atresia ani in a kitten: A case report. Int. J. Vet. Res., 2010; 2:87-88.

- Ettinger SJ, Feldman EC; Text book of Veterinary Internal Medicine, 6th edition, Elsevier Saunders, 2005; 1416.
- Rahal SC, Vicente CS, Mortari AC, Maprim MJ, Caporalli EH; Rectovaginal fistula with anal atresia in 5 dogs. Can.Vet. J., 2007; 48: 827-830.
- 6. Vallefuoco R, Allaume C, Jardel N, Maenhoud C, Cordonnier N; Type II atresia ani associated with rectovaginal fistula in a hermaphrodite kitten, Can.Vet. J., 2013; 54: 475-477.