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Case Report

REPAIR OF ACQUIRED RECTO- VAGINAL FISTULA ASSOCIATED WITH ATRESIA ANI IN A LAMB

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ABSTRACT
A 2 month old ewe lamb was presented with atretic anus and passage of pasty, green colored faeces from vagina. The lamb was straining severely to defecate. Bulging of sub ischial region was observed on pressing the abdomen. Reconstruction of the anal orifice was performed and the fistulous tract was identified and closed at their respective openings in the rectum and vaginal wall. The lamb was recovered uneventfully within 5 days.

Keywords: *Ewe Lamb, Recto-Vaginal Fistula, Atresia Ani, Acquired Abnormality, Surgical Correction*

INTRODUCTION
Recto-vaginal fistula is a developmental abnormality of the rectum and anus normally associated with atresia ani (Venugopalan, 2011) which is characterized by the closure of anus and communication between the dorsal wall of vagina and the ventral portion of the rectum, so that the vulva functions as a common opening to the uro-genital tract and Gastro-intestinal tract. It may be associated with atresia ani et recti, atresia ani et coli, recto vaginal fistula, recto cystic fistula, etc. (Singh *et al.*, 2010). Here we report a case of acquired recto-vaginal fistula with atresia ani in a lamb and its successful surgical management.

CASES
Case History & Observations
A 2 month old female lamb was presented to the clinic with a history of closed anus passing faeces through vagina since last 10 days. The history also revealed that the lamb was operated for atresia ani when it was 3 days old but, the vent was closed gradually and now passing faeces through uro-genital tract. On observation the lamb was dull, dehydrated, feeling colicky with distended abdomen and severe tenesmus. The vulva and perineum were pasted with faeces (Figure 1).

Figure 1: Photograph showing faeces at vulva and bulging at sub ischial region

On compression of the abdomen, bulging of perineal region below the base of the tail was observed. Respiratory and heart rates were slightly elevated. It showed signs of cystitis and vaginitis marked by arched back and painful micturition. Because of atretic anus, the faeces were directed through uro genital tract. Hence it was concluded as recto vaginal fistula and surgery was executed.

DISCUSSION

The lamb was rehydrated with 50ml of Ringer's lactate and pre emptive analgesia achieved with 0.2mg Meloxicam. After aseptic preparation of perineal region epidural analgesia was achieved using 0.5 ml of 2% lignocaine hydrochloride and the animal was controlled in ventral recumbency by dragging the hind limbs posteriorly. By making a circular incision below the base of the tail, the skin and the perineal muscles were snipped out and the rectal mucosa was sutured to the perineal skin using interrupted sutures. The fistulous tract was identified which is 2 cm away from the exterior and closed at the respective openings in the rectum and vaginal wall with chromic catgut no.1-0. Then a cut barrel of 5ml syringe was inserted into the anal opening and fixed the wings to the perineal skin using silk to maintain the patency of rectum. Postoperatively, the lamb was administered 50ml of Ringers' lactate, inj. Intamox 250mg, inj. tribivet 1ml and repeated for next 3 days. The sutures along with barrel were removed on 10^{th} post operative day.

Atresia ani et recti, atresia ani et coli, recto vaginal fistula, recto cystic fistula, etc are associated with abnormal chromosomes (Singh *et al.*, 2010). The most common environmental teratogens include toxic plants consumed by the dam and maternal- fetal viral infections during gestation (Bademkiran *et al.*, 2009). Reconstruction of the anus was performed twice in the present case as the earlier reconstructed opening by the local vet was closed by wound healing. Closure of anus and resultant pressure by faeces in rectum due to straining led to formation of recto – vaginal fistula thus permitting defecation via vulva. So post operatively, to avoid the lack of patency, in the present case a cut barrel was inserted in the anal opening and fixed it to the perineal skin. Thus it was concluded that maintaining the patency of the anal opening is important in reconstruction of anus to avoid closure of the opening by wound healing and formation of recto-vaginal fistula.

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