

EDITORIAL

SURGERY OF THE IMPERFORATE ANUS IN NINETIES.

Imperforate anus though a common anomaly is still a testy problem for those who operate upon it. The many variations in males and females is a challenge for those who would classify the different types of this malformation. Despite two international seminars one at Melbourne, Australia in 1970 and another at Ann Arbour, U.S.A. in 1980 held specifically for the purpose of developing a classification that incorporates all varieties without being cumbersome, there has been no consensus of opinion till today.

Paulus Aegineta is credited to have performed the first successful operation in the 7th century A.D. by simply making an incision in the perineum and advancing a bistoury to enter the blind pouch of the lower colon, thus establishing communication with the exterior. In the present day there are many modern investigative techniques including ultrasound and computerized tomography to help surgeons decide how to tackle this complex malformation. There have been many developments, since 1934 when Ladd and Gross¹ advocated a two stage operation for imperforate anus. Pipes and Randell² in 1948, Stephen³ in 1953 and recently Pena and deVries⁴ in 1982, have significantly contributed to the development of current

surgical technique. The latter two, after extensive dissection demonstrated the formation of a muscle complex around the anus which is responsible for anal continence. Their technique not only resulted in a normal looking anus but also one with better control. Even with posterior sagittal anorectoplasty the success rate of achieving full continence is 40%. Associated neurological, urological, skeletal and cardiac anomalies also contribute to the poor end result despite meticulous surgery.

REFERENCES :

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