IMPERFORATE ANUS AND RECTO-URINARY FISTULA. (Analysis of 59 patients)

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Among a series of 300 patients with anorectal malformations, 59 males with imperforate anus and rectal-urinary fistula were analyzed. Associated anomalies, sacrum integrity and sphincteric muscle development were assessed. Thirty-three patients had a recto-prostatic urethra fistula (RPF), 21 a recto-bulbar urethra fistula (RBF) and 5 a rectal fistula to the bladder neck (BNF). Posterior sagittal approach was used for anorectal reconstruction and laparotomy was also necessary in 5 BNF and in 9 RPF. Those patients older than 3 years of age and after 6 months since colostomy closure, were considered valuables in terms of fecal continence.

Ten patients with RBF were evaluated at an average age of 5 years. Voluntary bowel movements (VBM) were present in 9 and in 6 of them normal continence was observed, while in the remaining 3 some deficit was present. Only one patient was incontinent. Constipation was observed in 6 among 20 patients operated on for a RBF whose colostomy has been taken down.

Sixteen patients with RPF were evaluated at an average age of 7 years and 8 months and 10 patients showed VBM, with normal continence in only 3 while 7 patients had fecal soiling. The remaining 6 patients were incontinent. Among the 6 patients with RPF and abnormal sacrum with a flat perineum, only 3 of them had VBM. Constipation was observed in 30% of the patients with RPF.

Among 5 patients with a BNF, all of them had a flat perineum and 3 an abnormal sacrum too. Two patients were evaluated and only one had VBM with sporadic soiling and the other was incontinent.

Posterior sagittal anorectoplasty enables a better anatomical reconstruction of the entire spectrum of anorectal anomalies. It also renders a better functional prognosis on those patients with RBF, Vestibular fistulas and favorable primary conditions.

Those patients with BNF and RPF associated with abnormal sacrum, had still sub optimal functional results. Continence depends on a mutifactorial mechanism, besides striated muscle sphincter action, sensibility and colonic motility play an important roll as well. We still cannot influence on motility and we don't understand deeply the complex mechanism involved in a normal continence.

Average age of this series is still low to consider these as definitive results.

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