Atresia ani with scrotal anomaly in a Goat

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Introduction

Atresia ani (imperforate anus) is the failure of the anal membranes to break down. This falls under the genre of congenital abnormalities which has been reported in all domestic animals. Affected animals may survive for up to 10 days and can be identified by their depression, anorexia, colic, marked abdominal distension and lack of faeces, faeces being replaced by thick white mucus, Radostitis *et al* 2000.The present paper reports an unusual case of atresia ani with scrotal anomalies in a non-descript kid.

History and Observation

A five day old male non-descript kid was presented at Clinical complex, Ranchi Veterinary College, with a history of inability to defaecate due to absence of anal opening (resulting in non-passage of muconium) along with scrotal anomaly.

The kid was subjected to detailed clinical examination which revealed marked bulging of the anal region upon straining (suggestive of atresia ani).The kid had not voided urine since last 2 days and revealed a very tense urinary bladder. The case was tentatively diagnosed as atresia ani. One remarkable finding was noticed that the kid's scrotal raphae was abnormally prominent, dividing the scrotal sac into two halves, each one with a testicle.

Treatment and Discussion

The perineal reconstruction was undertaken surgically under local anaesthesia as described by Frank (1964). *Atresia ani* was treated by excision of a circular piece of anal skin. The rectum was exposed after due dissection of the perineal muscles therein. The blind end of the rectum was brought to the level of anal sphincter and fixed to the perineum after duly snipping the tip of the blind end of rectum meant for evacuation of the contents. This was done by putting four stitches (dorsally, ventrally and laterally on both sides). Post-operatively, Ceftriaxone @250mg for 5 days and Meloxicam@2ml for 2 days were administered intramuscularly, followed by routine dressing and application of fly repellent ointment at the operative site to prevent cicatrisation. The sutures were taken off on 8th day post-operatively. Congenital anomalies (of digestive system) frequently occur due to genetic or environmental forces, or a combination of both, during the process of embryogenesis (Oehme and Prier,1974;Mishra and Angelo,1980).

Prominent scrotal raphae was noticed surprisingly as a scrotal anomaly in the present case which might be responsible for lowering the reproductive status of the kid by the time it attains sexual maturity. Catheterization was done with a motto to relieve the pressure of the distended urinary bladder, which in turn facilitated easy expulsion of muconium by reducing undue pressure in the terminal portion of the colon.

References

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