

# Atresia Ani - Congenital Malformation in Non-Descript Buffalo Calf

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## ABSTRACT

A case of perineal congenital defect (atresia ani) has been reported in non-descript buffalo calf and its successful management through surgical intervention.

## INTRODUCTION

**A**tresia ani or imperforate anus is a congenital anomaly defined as the failure of development of anal opening. Such congenital anomalies involving anus and rectum are common in young animal commonly seen in calves, lambs and kids. Merei *et al.* reported most congenital malformations was atresia ani and most frequently encountered in male calves and pigs.

It was also found with other congenital defects reported by various authors like anus vaginalis (Modi *et al.*), atresia aniet recti, atresia ani with vaginal-urinary bladder agenesis (Merei *et al.*),

atresia ani with scrotal anomaly (Kumar *et al.*) and congenital recto-vaginal fistula with atresia ani (Bademkiran *et al.*) But, in our study we observed atresia-ani alone.

There is no medicinal treatment of such cases; surgical intervention is must to save the life of the new born.

### Surgical Procedure

The animal needs to be secured in lateral recumbency. The perineal area (bulging area) below the tail to be prepared for aseptic surgery. Local infiltration with 20 per cent Lignocaine HCL below the base of the tail

should be attained. A circular piece of skin as per normal diameter of anus of animals (*e.g.* lamb and kid 1-2 cm diameter- average 1-5 cm) can be excised over the bulge area about 4-5 cm below the base of the tail. Blunt dissection should be done to reach up to the bulging rectal end, which is to be exteriorized and a circular piece of rectal wall is to be removed. After complete evacuation of rectum, the rectal mucosa anterior to the fistulous opening (in case of *atresia ani* with recto-vaginal fistula) can be pulled gently up to the perineum and the wound is to be closed with simple interrupted sutures. The rectal opening is to be fixed to the skin with horizontal mattress suture or patency of anal opening (reconstituted anus) is to be maintained by the application of interrupted sutures by black braided silk between skin and mucous coat. Painting of the surgical wound can be done with Tincture Iodine.



Fig. 1: Two day old male buffalo calf



Fig. 2: Absence of anal opening



Fig. 3: Positioning on the surgical table



Fig. 4: Cruciate incision over perineal region



Fig. 5: Suturing between rectal mucosa and skin done by simple interrupted pattern



Fig. 6: Passing of meconium after reconstruction of anal opening

## Post-Operative Care and Management

1. Systemic Antibiotic coverage with Inj. Ampicillin and Cloxacillin or Inj. Amoxycillin and Doxycillin @ 250 mg to 500 mg daily by IM route for 5-7 days.
2. NSAIDS *e.g.* Inj. Melonex, Inj. MP3, Inj. Neoprofen etc. 1-2 ml IM daily for 2-3 days.
3. Routine dressing of the surgical wound with Soframycin ointment, Lorexene ointment *etc.*
4. The sutures can be removed on 5th to 10th day post-surgical intervention.

## CONCLUSION

Present case study briefs on successful management of Atresia Ani in non-descript buffalo calf.

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