

SURGICAL CORRECTION OF ATRESIA ANI IN A LAMB

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Atresia ani is a congenital defect and may be caused by genetic disorders (chromosomes or transgenes), environmental factors (management technique, infections, toxins or fertilization methods) or combination of both (Cassini *et al.*, 2005). Monsang et al. (2011) reported a case of double vulva with atresia ani in a cross bred calf. The present report records a case of atresia ani in a lamb and corrected surgically.

CASE HISTORY

A two day old male lamb was admitted to TVCC, Lala Lajpat Rai University of veterinary and Animal Sciences, Hissar, with the history of absence of anal opening since birth, inappetence, dullness with abdominal distention, discomfort and straining at an attempt to defecate.

CLINICAL EXAMINATION

On clinical examination a gurgling sound was heard when auscultation was performed in the right ventral abdominal region. The heart rate was 120 beats / min and respiratory rate was 45 breaths/ min. The mucous membrane of the lamb was pink in color and hematological parameters found within normal range. There was a skin remnant of imperforate anus, so case was diagnosed as atresia ani.

TREATMENT

On abdominal compression, the lamb developed a bulge at normal site of the anus. The same site was selected and prepared for the surgery. The animal was operated under local infiltration anesthesia with lignocaine hydrochloride 2% solution. After the circular skin incision, the blind rectum was identified and fixed with sutures to skin edges with silk at 3, 6, 9 and 12 'o' clock positions. Then rectum was opened, which voided faeces and gas on abdominal compression. The rectal walls were sutured with the skin and a 5 ml disposable syringe after cutting its anterior end also temporarily fixed into the rectum for making patency of the rectum. The lamb was alert, active and defecating after the surgery. Post-operatively animal was administered injection Cefotaxim 250mg, IM daily for 5 days and injection melonex 0.5 ml IM for 5 days followed by routine dressing and fly repellent spray at the operative site. The sutures were removed after 10 days of surgery and lamb recovered uneventfully. The cases of atresia ani with normal rectal development are surgically treated with 100% success rate provided the anal sphincter is not damaged. In present case lamb recovered uneventfully after surgical correction.

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