ATRESIA ANI ET-RECTI IN A LAMB OF SHEEP: A CASE REPORT

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Introduction
Atresia ani et-recti a common genetic defect in animals. It is a failure of development of the anal opening. It is fatal unless surgical correction is carried out to provide anal opening. Surgical treatment of atresia et-recti is indicated to save the animal life. It is a congenital abnormality, manifested clinically by absence of passes faeces, dullness, anorexia with abdominal distention, discomfort and straining at an attempt to defaecate. Surgical treatment is the only course of action. The anus just below the normal tail was prepared as per surgical procedure. Animal recovered uneventfully.

History and observation
A male lamb of 3 days old was presented to clinics with a history of difficulty in passing faeces but urine passes normally. On clinical examination anus was absent. The blind end does not bulged out on applying abdominal pressure and protrusion was not noticed in the perineal region of the lamb during straining for defaecation. Clinical parameters of the lamb were in normal range.

Treatment
Low epidural anaesthesia with 2% lignocaine hydrochloride was given. Aseptic preparation of surgical site was done. A cruciat incision was made over the skin, further cutting the flaps to make circular incision. Rectal cul-de-sac was palpated and held by a forceps and brought in level to skin. Stay suture with silk retained the cul-de-sac in position with anal opening. Opened the rectum, remove the meconium, douched the surgical site and vagina with povidine iodine taking care to prevent entry of faecal matter in to peritoneum. Rectal opening was sutured with skin flaps and muscles in horizontal mattress suturing pattern (Fig.1). It is in agreement with Aroda et al. (2013) and Bharti et al. (2012). Post-operatively the lamb was given gentamicin @ 4 mg/kg b.wt. for 3 days, vitamin B-complex 0.5 ml for 3 days and meloxicam @ 1 mg/kg b.wt. for 3 days followed by regular dressing with 5% povidine iodine. The sutures were removed 15th days post-operatively.

Discussion
Atresia ani or recti has been associated with abnormal chromosomes (Singh et al. 1989). Developmental anomalies of foetal life example of failure of the anal membrane to become perforated, failure of bowel to become canalised and intruption of the foetal blood supply to the anus may lead to atresia ani or atresia et recti. Atresia ani is associated with abnormalities of other body system which includes recto-vaginal fistula, inguinal hernia, taillessness, hypospadias and cleft scrotum. Animal are affected with atresia ani at a sex ratio of 3 males to one female (Singh et al., 1989).

References