Mid-term outcomes of corrective surgery for anorectal malformations at Komfo Anokye Teaching Hospital, Ghana

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Background

Anorectal malformations (ARM) are a spectrum of congenital defects of the distal gastrointestinal tract. Although faecal continence and the absence of constipation are recognised measures of outcome of curative surgery for ARM, evaluation of these measures can be challenging particularly in resource-poor countries. The difficulty of long-term follow-up in such settings and the other plausible causes of faecal incontinence other than the surgical procedure performed are the usual reasons. The Krickenbeck score for faecal incontinence is one objective way of measuring the surgical outcome following the surgical correction of ARM. We present the medium-term outcomes of the patients who had ARM surgically corrected at our hospital.

Methods

The folders of all patients who had curative surgery for ARM at our hospital (Komfo Anokye Teaching Hospital, Kumasi) from 2012-2016 were retrieved from the records department. Those who had had colostomy closure after curative surgery were identified. Data on age, sex, diagnosis and type of corrective surgery for these patients were documented. Telephone interviews of their mothers were then conducted and the incidence of faecal soiling and constipation recorded.

Results

A total of 46 interviews were concluded out of the 53 patients identified. The ages ranged from 8 - 107 months with an interquartile range of 9-24 months (SD 16.93) and a male-female ratio of 1:1. Most patients (61%, n=28) had voluntary bowel movements without faecal soiling (Krickenbeck grade 1) and 1 had persistent constipation. Urinary disturbances were experienced by 4 patients (incontinence-3, straining at micturition-1).

Conclusion

Our study reveals acceptable medium-term outcomes for most patients who had corrective surgery for ARM at our centre. Long term follow-up and further evaluation of patients with faecal incontinence is necessary.