Fistulotomy in recto-labial fistula: A rare variant of anorectal malformation

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Introduction

Rare variants of anorectal malformation such as perineal canal and H-type fistula have been described in literatures. From our literature review, there is no case report on recto-labial fistula. Here, we present our patient with recto-labial fistula on its diagnostic approach and management.

Case summary

A term baby girl weight 3.24kg with uneventful antenatal period, presented to our centre at day 2 of life with left labial abscess (figure 1). She was otherwise well, tolerating feeding and passing meconium within day 1 of life.

Clinically she was not in sepsis, abdomen was soft and not distended. Anus was patent. There was left labial swelling measuring 2x2cm which was ruptured during examination. We managed her conservatively with wound dressing and intravenous antibiotics for 5 days.

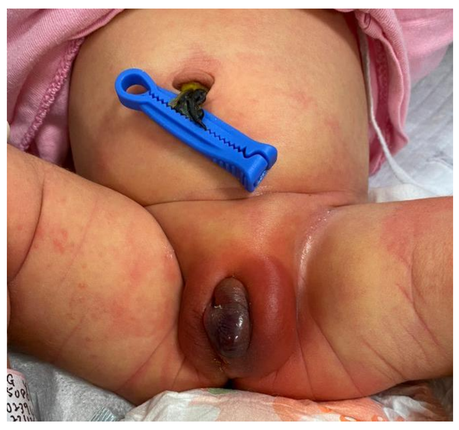
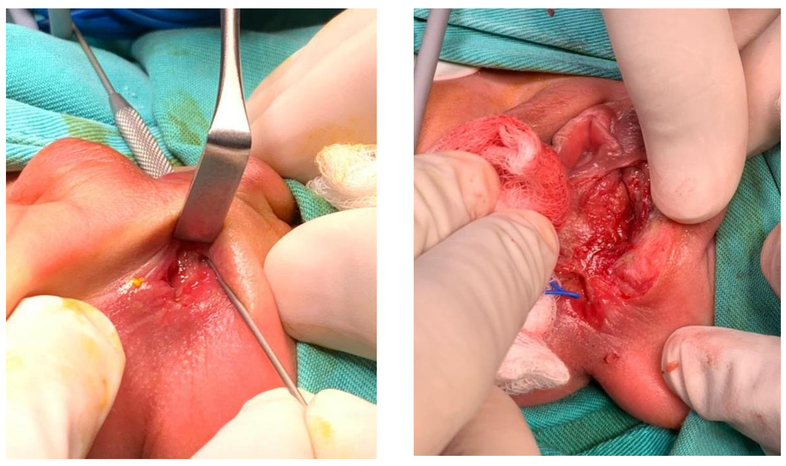


Figure 1. Left labial abscess

However, at day 6 of life, mother noticed meconium coming out from the left labial wound.

Examination under anaesthesia was done and revealed internal opening at 1 o'clock 0.5cm above the anal verge upon inserting probe through left labial wound. Fistulotomy performed and wound laid open. (figure 2)



(a) (b)

Figure 2.
Examination under anaesthesia showed insertion of lacrimal probe (a). Fistulotomy done (b).

Daily wound dressing was done with normal saline. Patient was given clinic follow up every month to review the wound.

Our patient was successfully treated with fistulotomy and secondary wound healing. Wound healed after 3 months post fistulotomy. There was no complication seen. (figure 3)

Figure 3
Wound healed after 3 months post fistulotomy.

Discussion

Definition of anorectal malformation is important as it allow us to classify and anticipate the outcomes. Krickenbeck classification composed of two groups of anorectal malformations; major clinical group and rare or regional variants. Rare variants include H-type fistula and perineal canal. We define a recto-labial fistula as a connection between the rectum and the labia minora with a normal patent anus. Labial abscess in neonate has been reported as a presentation of anorectal malformation with fistula. However, it can also be a presentation of fistula in ano. Two basic techniques in all fistula repair are fistulotomy and fistulectomy. Fistulotomy is laying open the fistula tract, leaving smaller unepithelized wounds for faster wound healing. Fistulectomy involves complete excision of fistulous tract. Concern raised in cases of post fistulotomy includes non-healing wound, delayed wound healing, recurrent fistula, infected wound and re-operation. In our case, secondary healing post fistulotomy is promising with daily wound dressing.

Conclusion

Rare variant of anorectal malformation should be considered in a female neonate who presents with labial abscess. Recto-labial fistula can be treated with fistulotomy and the outcome is satisfactory.

References:

1. Makrufradi et al 2020 Anorectal malformation patients' outcomes after definitive surgery using Krickenbeck classification: A cross-sectional study J.heliyon
2. Shilpa Sharma et al 2017. Diversities of H-type anorectal malformation: a systematic review on a rare variant of the Krickenbeck classification. Paediatric Surgery International
3. Samir et al. 2020 Understanding H-type anorectal malformation in females for a suitable surgical approach – A single center experience from central India. Indian Journal of Child Health
4. S. Manjiri et al. 2020. Perineal canal repair using modified Tsuchida's technique . Annals of Paediatric Surgery