CASE REPORT

Surgical Management of Atresia Ani in a Crossbred Calf

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Keywords: Atresia ani, Crossbred calf, Congenital defect, Surgical management.
Ind J of Vet Sci and Biotech (2019): 10.21887/ijvsbt.15.2.23

Atresia ani is a congenital defect that describes the absence of a normal anal opening. It is fatal unless a surgical correction is carried out to provide an anal opening. In female, the rectum may break through the vagina, forming a rectovaginal fistula permitting defecation via the vulva. Surgical treatment of atresia ani is indicated to save the animal's life and to improve body weight gain. Intestinal atresia has been reported as a congenital defect in all species of domestic animals (Gass and Tibboel, 1980). Atresia ani may be caused by genetic disorders (chromosomes or transgenesis), environmental factors, or a combination of both (Cassini *et al*., 2005). Monsang *et al*. (2011) reported a case of double vulva with atresia ani in a crossbred calf. Atresia ani should be treated by a surgical operation to solve the problem, improve body weight gain, and reduce economic loss. The present report records a case of atresia ani in a crossbred cow-calf and its successful surgical correction.

Case history and observations

A 2-day old male cow-calf was admitted to Government Veterinary Hospital, Banawali, Fatehabad with the history of absence of anal opening since birth, inappetence, dullness, abdominal distention, discomfort, and straining as an attempt to defecate. On clinical examination, a gurgling sound was heard when auscultation was performed in the right ventral abdominal region. The mucous membrane of the calf was pink. There was a skin remnant of imperforate anus, so the case was diagnosed as atresia ani.

Treatment and discussion

On abdominal compression, the calf developed a bulge at the 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. A circular incision was made upon the budge of the anus, and muconium came out immediately. After the circular skin incision, the blind rectum was identified and fixed with sutures to skin edges with black braided silk at 3, 6, 9, and 12 'O' clock positions.

The patency of the rectum was maintained by suturing the rectal wall with the skin, and a 5 mL disposable syringe

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How to cite this article: Pal, M., Ram, K., Garhwal, C.P. and Virender (2019). Surgical Management of Atresia Ani in a Crossbred Calf. Ind J Vet Sci and Biotech, 15(2): 81-82.

Source of support: Nil

Conflict of interest: None.

Submitted: 20/09/2019 **Accepted:** 05/10/2019 **Published:** 25/11/2019

Figure A: Showing budging of mass where the incision was given

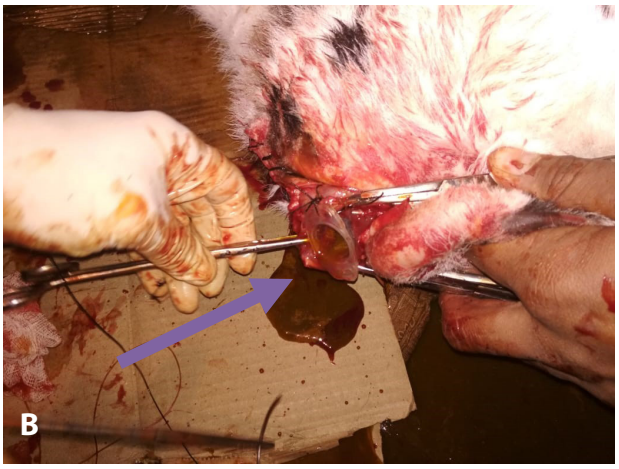

Figure B: Showing patent rectum fitted with a syringe

after cutting its anterior end was also temporarily fixed into the rectum. The calf was alert, active and defecating after the surgery. Post-operatively animal was administered injection Cefotexim 500 mg and injection Melonex 3 mL IM daily 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 calf recovered uneventfully. The cases of atresia ani with normal rectal development are surgically treated with a 100% success rate provided the anal sphincter is not damaged (Casini *et al.,* 2005; Monsang *et al.*, 2011). In the present case, the calf recovered uneventfully after surgical correction.

Figure C and D: Showing uneventful recovery after 7 days of surgery

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