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Rectovestibular fistula: Is treatment always required?

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ABSTRACT

The traditional teaching in the management of rectovestibular fistula involves corrective surgery, either in single or multiple stages. Usually, female children operated for the same are advised cesarean section during childbirth to prevent damage to the neoanus. Herein, we report a story of a 68-year-old woman with untreated rectovestibular fistula and has given birth to five children without any sequalae.

Key words: *Anal incontinence, Rectovestibular fistula, Vaginal delivery*

Rectovestibular fistula is the common variety of anorectal malformation in a female child. When diagnosed in the neonatal period, it is usually treated with corrective surgery either in single or staged procedures depending on the various parameters. Children operated for the same are advised cesarean section during childbirth to prevent damage to the neoanus.

Herein, we present a report of a 68-year-old woman who has given birth to five children per vaginally without any complications and till date has no problems related to her bowel and is not diagnosed until this presentation to us.

CASE REPORT

A 68-year-old woman presented to the outpatient department with history of intermittent episodes of pain abdomen for 1-2 weeks. There was no history of vomiting, fever, or loose stools. The patient was taking meals normally and was passing stools daily. On examination, she was moderately built and nourished. Mild tenderness was present in the epigastric region. Perineal examination revealed rectovestibular fistula with a good sized anus (Fig. 1). Retrospectively, after examining the perineum, when the patient was asked about her bowel habits, she was passing stools daily once/twice, fully continent for flatus and stools. On further probing, she did not have any sex-related problems.

She had attained menarche at the age of 12 years and married at the age of 13 years. Obstetric score was G6 P5 A1 L4. First child was delivered at the age of 18 years by normal vaginal delivery at home. Child succumbed immediately after delivery due to respiratory distress. The second child was spontaneously aborted at the age of 3 months. Third, fourth, fifth, and sixth children are presently 45, 40, 35, and 32 years of age, respectively, and are healthy. All were delivered by normal vaginal delivery. She was tubectomized at the age of 35 years. She attained menopause at the age of 45 years. She is a known diabetic since 20 years and on oral anti diabetic drugs.

The patient was counseled about the condition and was asked to get ultrasonographic examination of the Kidney, urinary bladder and to get a two-dimensional-echo done to rule out associated abnormalities. All the investigations were within normal limits.

DISCUSSION

Vestibular fistula is the most common variety of anorectal malformation seen in female children. Spectrum of anorectal malformation in girls include: (a) Rectoperineal fistula, (b) rectovestibular fistula, (c) cloaca with short common channel (<3 cm), (d) cloaca with long common channel (>3 cm), and (e) imperforate anus without fistula [1]. It is usually corrected in the infantile period by definitive procedures such as posterior sagittal anorectoplasty or anterior sagittal anorectoplasty either in single or staged procedures. Since the fistulous opening is situated outside the muscle complex, it leads to chronic constipation, fecal incontinence if left untreated.

Parents of these children are usually advised regarding the need for the cesarean section during the child's future childbirth to prevent damage to the neoanus. This elderly woman who presented to us with intermittent pain abdomen was incidentally found to have a low variety of anorectal malformation (vestibular fistula) which she was not aware of. She was very well adapted to it and did not have incontinence related to flatus or feces. She had given birth to five children per vaginally without any sequalae. Whether this anorectal anomaly was not picked up or the patient did not receive any treatment in spite of explaining regarding the anomaly is not known.

Numerous reports are available in the literature when rectovestibular fistulas are detected in the second or third decade

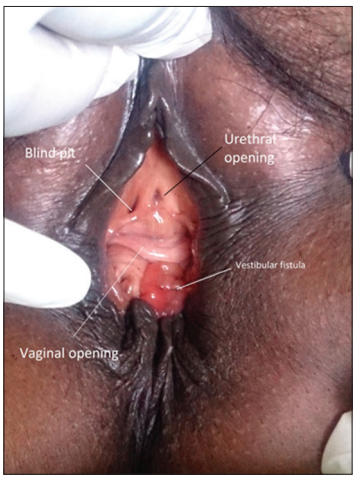

Figure 1: Perineal examination showing rectovestibular fistula

and successfully managed [2-4]. The majority of such patients are detected before marriage when they seek medical attention either for cosmetic reasons or incontinence of flatus or feces. Sham et al. [5] described the management of 15 patients with anorectal malformation in the age group between 15 and 32 years and concluded that the prospect of fecal continence is good when the definitive repair is carried out by an expert even in the adolescent age group and beyond.

However, we did not find any article where the anomaly was detected in the elderly age group and the patient being asymptomatic. Our patient, an elderly lady had given birth to five children per vaginally without any complications. She does not have any problems related to her bowel habits. Whether this is just a matter of adaptation to the problem is debatable.

CONCLUSION

Vestibular fistulas traditionally warrant corrective surgery. However, many such children who did not receive treatment in the neonatal or infantile period grow up as adults with or without bowel related symptoms. Whether corrective surgery for such asymptomatic patients is required or not is debatable.

REFERENCES

1. Levitt MA, Peña A. Anorectal malformations. Orphanet J Rare Dis. 2007;2:33.
2. Bokhari I, Ali SU, Farooq AR, Khan A. Late presentation of a patient with anorectal malformation. J Coll Physicians Surg Pak. 2010;20(12):825-27.
3. Chavan RN, Chikkala B, Das C, Biswas S, Sarkar DK, Pandey SK. Anorectal malformation: Paediatric problem presenting in adult. Case Rep Surg. 2015;2015:625474.
4. Albal M, Kundra D, Zaki MB. Anorectal malformation: Presentation beyond adolescence. J Case Rep. 2014;4:196-8.
5. Sham M, Singh D, Phadke D. Anorectal malformations: Definitive management during and beyond adolescence. J Indian Assoc Pediatr Surg. 2012;17(3):120-3.

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