

# Supernumerary Rectum In Anorectal Agnesis (Dec,1997). Case Report

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**Rectal duplication in a case of imperforate anus of high variety is excised and posterior sagittal anorectoplasty is performed. Excised tissue in addition to rectal histology atypically showed salivary glands tissue.**

**Key Words: Anorectal malformation. Imperforate anus (high). Duplication of gut. Histopathology. Salivary tissue.**

Anorectal malformation has association with a large number of congenital anomalies of various systems as described by an acronym GLUTEAL-PCV but rectal duplication in anorectal agnesis (Imperforate anus high variety) in a male baby is reported first time. Histopathology of these duplications show only GIT mucosa and respiratory mucosa but Salivary mucosa in a duplication is observed first time.

## Case Report

Divided sigmoid colostomy was performed in male baby of Anorectal agnesis. At age of two years after initial evaluation including IVU and colostogram, Posterior Sagittal Anorectoplasty was planned. After dividing Levator ani and endoplevic fascia a distended gut like structure was found. When it was opened barium like milky material came out. It was blind at it's both ends. It was a supernumerary rectum. When it was reflected to one side, lower end of colon was found. Supernumerary rectum had one wall common with rectum and a fistula with it. This fistula is demonstrated by preoperative colostogram.

It was resected. Duplication was tubular 2cmx4cm, smooth inner and outer lining, both equally pink. PSARP was completed uneventfully. Histopathological examination revealed rectal characteristics and an unusual finding, presence of Salivary ascini in rectal duplication.



Fig .1 Colostogram showing distal colonic loop and passage of contrast into rectal duplication.

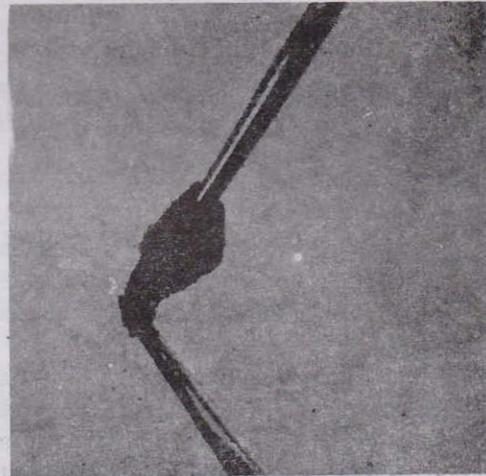


Fig. 2 Excised specimen of supernumerary rectum in anorectal agnesis.

## Discussion

Common presacral swellings are teratomas, dermoids and enteric cysts (Middeldrofp's tumour). Among gut duplications, found in this area, Colonic duplication is commonest, as this is found to be placed very low and loosely attached<sup>1</sup>. Rectal duplication in association with Imperforate anus, high variety, in a male child is not reported any where. Longitudinal rectal duplication in association with Anal agnesis and rectovaginal fistula, presenting as pelvic hernia in a female infant is reported by a German Surgeon<sup>2</sup>. Imperforate anus (low variety) with clonic duplication is also reported by German Paediatric Surgeons<sup>3</sup>. Stockman has reported an unique case of rectal duplication in the form of anterior diverticulum, within finger's reach and causing bleeding per rectum due to ectopic gastric mucosa<sup>4</sup>. Communicating rectal duplications are observed in 20% cases.

histopathology of such duplications show a wide range of ectopic mucosa including those of gastric, small intestinal, colonic and rectal and pancreatic tissue<sup>5</sup>. These all ectopic tissues belong to gut and it's accessory glands. Our pathologist has reported the presence of salivary glands tissue in rectal duplication , once again a tissue of a gland associated with gut. S-Styliano and associates has described respiratory mucosa in rectal duplication<sup>3</sup>.

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