A STANDARDIZED APPROACH FOR ASSESSING INTERNATIONALLY ADOPTED CHILDREN WITH A PREVIOUSLY REPAIRED ANORECTAL MALFORMATION (ARM)

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Background: Many internationally adopted children with previously repaired ARM have limited information available regarding previous medical and surgical history. We have therefore developed a standardized approach for assessing these children to identify associated anomalies and determine the need for further medical intervention.

Methods: The Center has a prospective data registry. All internationally adopted children with the diagnosis of ARM referred and assessed at our Center from April 2014 to September 2015 were identified. All children are routinely screened for associated renal, spinal and sacral anomalies. In addition, males undergo pelvic MRI to check for a remnant of the original fistula (R.O.O.F). All patients are examined in the outpatient clinic. When indicated patients undergo examination under anesthesia and cystoscopy/vaginoscopy to assess for anal mislocation in relation to the sphincter complex, anal stricture, rectal prolapse, and urethral and vaginal anomalies.

Results: Seventy-seven adopted children were identified. Thirty-seven were excluded (14 previous redo surgery in the U.S.A, 20 awaiting assessment, 3 awaiting primary repair). Forty children were included (21 males and 19 females). All children had an MRI spine; 23/40 (57.5%) were found to have occult spinal dysraphism. All children had a renal ultrasound; 15/40 (37.5%) had an abnormality (2 horseshoe kidney, 3 renal agenesis, 8 hydronephrosis, 2 other). 32/40 children had a VCUG; 20/32 (62.5%) patients had one or more abnormality identified (9 vesicouretic reflux, 5 large post void residual, 7 urethral abnormality, 5 other). 19/40 (47.5%) had sacral anomalies. Twenty-nine patients (72.5%) underwent re-operative surgery for the following indications: anal mislocation(16), rectal prolapse(7), anal stricture(3), redo cloaca(4), rectovaginal fistula(2), retained vaginal septum(3), R.O.O.F (1).

Conclusions: A standardized approach for evaluating adopted children who have had previous surgery for ARM reveals a high number of associated anomalies that require either intervention or monitoring to prevent future morbidity.