BECAUSE BUMS MATTER!

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Aim: Late diagnosis of anorectal malformation (ARM) is a recognised problem. We aim to re-audit in two UK centres the extent of the problem following recommendations at regional Neonatal meetings.

Methods: We retrospectively reviewed all cases of ARM referred to two tertiary referral centres in two different regions. Missed ARM was defined as diagnosis following discharge home from the birth centre. Data on the missed diagnosis population were compared to the two original audits using Fisher's exact test.

Results: 40 and 55 cases of ARM were referred to centre A and B respectively in the last three years. In 9 (22.5%, 6F & 3M) and 13 (23.6%, 9F & 4M) cases from centre A and B respectively the diagnosis was missed at birth. Median age at first surgery was 107 (range 4-489) and 81 days (range 2-502). All cases had a fistula to the perineal area, however due to late diagnosis more than half had to undergo at least one extra surgical procedure. Compared to the last audits, there has been an 81.5% and 47.5% rise in the rate of missed ARM referred to centre A and B respectively and between the two centres a significant increase (14% vs 23%, p=0.035) in the rate of missed ARM referred in recent years is noted.

Conclusion: Despite our best effort to highlight this problem previously we are still experiencing an unacceptable rate of missed ARM. This seems to be a pan-regional problem. The presence of meconium in the perineum seems to give false assurance of normal anal anatomy at time of baby check. A national initiative is required to define the extent of the problem and start implementing more vigorous approaches. NICE guidelines on postnatal care need to clearly state improving the quality of training provided to health care professionals performing baby checks.