

PREDICTING THE NEED FOR ACE IN ARM: AT THE EXTREMES

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Aim of the Study: The Malone antegrade continence enema (ACE) procedure effectively manages intractable constipation and faecal incontinence in children. Data regarding the need for ACE relative to anorectal malformation (ARM) type is scarce. This paper aims to investigate the relationship between ACE and type of ARM.

Methods: A retrospective case review of patients older than 5 years of age (1996 to 2010), with ARM and ACE was performed. Data regarding gender, type of ARM, current age/follow up and presence of ACE was collected.

Results: Over the study period, 129 patients were identified; 86 were eligible for inclusion. 39/86 (45%) were female. Median age and follow up was 11.2 years (range 5.4 to 19.6). Types of ARM were: perineal fistula (11 patients), imperforate anus without fistula (7), anterior stenotic anus (13), vestibular fistula (22), rectourethral (bulbar) fistula (12), rectourethral (prostatic) fistula (14), rectovesical fistula (3), and cloaca (4).

20/86 (23%) had an ACE. The group was divided according to gender; 10 were male. The percentages of children requiring ACE in each subtype of ARM are shown in Table 1.

Conclusion: This paper demonstrates that there is an association between the severity of ARM and the need for an ACE. It appears that an ACE is more commonly used in the both genders at the extremes of severity of ARM – for constipation and faecal incontinence. This data highlights the children with ARM who are more likely to require an ACE and has value in counselling patients/families. It may enable more timely institution of effective bowel management with the potential of reducing morbidity.

