

Publication Date

May 31, 2020

INSAC

Natural and Health Sciences (INHS-2020)

May 22-23, 2020
Turkey



Oral Presentations

ISBN: 978-625-7884-36-5

insac

Proceedings Book

INSAC Natural and Health Sciences
(INHS-2020)

The Controversy of Surgical Intervention for Anal Canal
Duplication in Children (Fatih Akova , Serdar Altinay , Emrah Aydin)

The Controversy of Surgical Intervention for Anal Canal Duplication in Children

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Abstract

Aim

Since the first anatomical definition of the anal canal little has been discovered about the etiology of this rare condition. We aim to present four asymptomatic cases of anal canal duplication with diverse clinical and surgical findings.

Methods

A retrospective chart review was performed on four infants presenting with asymptomatic anal canal duplication, born between 2014 and 2016. All patients diagnosed with anal canal duplication were included in the study without any exclusion criteria. Clinical characteristics, preoperative diagnosis, and pathologic findings if resection was performed were evaluated by ultrasound, and in most cases magnetic resonance imaging. The primary outcome measure was any complication those seen in these group of patients.

Results

All patients were followed-up with physical examination and ultrasound for a mean of 3.5 ± 1.0 years, lastly seen at the beginning of 2018. The female to male ratio was 3:1. Duplicate anal canal length varied between 12-20mm, and two of the four patients had a presacral cystic mass confirmed as a tailgut cyst following surgery. At follow-up, none of the patients had developed symptoms related to anal canal duplication, regardless of whether they had surgical intervention.

Conclusion

Though surgical management is the preferred treatment for anal canal duplication, it seems that patients who do not undergo surgery might remain free of symptoms, suggesting that surgical intervention may be unnecessary.

Keywords

Anal canal duplication; anorectal disease; presacral cystic mass; tailgut cyst.



KATILIM BELGESİ / CERTIFICATE OF ATTENDANCE



ICNHS-2020-174

Fatih Akova

“The Controversy of Surgical Intervention for Anal Canal Duplication in Children”

INSAC Doğa ve Sağlık Bilimleri (ICNHS-2020)

22-23 Mayıs 2020 tarihlerinde düzenlenen INSAC
Uluslararası Doğa ve Sağlık Bilimleri Kongresine
(ICNHS-2020) Sözlü Bildiri ile katılmıştır.

22-23 Mayıs 2020
Türkiye

INSAC Natural and Health Sciences (ICNHS-2020)

has attended the INSAC International Congress on
Natural and Health Sciences (ICNHS-2020) held on
May 22-23, 2020 with an Oral Presentation.

May 22-23, 2020
Turkey


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