



## **TREATMENT OF ANORECTAL PARAKS IN NEWBORNS AND PREVENTION OF COMPLICATIONS**

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### **Abstract:**

Anorectal malformations are one of the most common birth defects in pediatric coloproctology, "occurring on average in one in every 5,000 newborns". The coverage of anatomical types of this defect is characterized by a wide and varied nature, in which they can range from imperceptible deviations to complex anomalies, as well as require treatment in a modern way. More than half of children with anorectal malformations may also have other developmental disabilities, making it difficult to choose the optimal treatment tactics as well as affecting a significant increase in the number of risk factors leading to negative outcomes.

**Keywords:** internal hernias, neonatal surgery, transabdominal ultrasound examination, newborn child, pyoinflammatory complications.

**RELEVANCE.** The study of epidemiological aspects of anorectal malformations has shown in dynamics that, despite the achievements of modern tibbièt, this defect is still frequent, lagging in its diagnosis is common in many countries and remains a fatal condition. The unavailability of timely verification of anorectal malformations, especially its complex forms requiring urgent operative treatment, the inconsistency of efforts to choose the optimal tactics of treatment can reach up to 50% of the share of complications after chirurgical amaliètès è very high levels, that is, 35% can lead to death. In this regard, at present, the issues of early diagnostics for improving the results of the treatment of anorectal malformations, as well as improving the tactical and technical aspects of surgical treatment of this defect, are considered priority areas. At the moment in World amalièti, the study of the pathogenetic mechanisms of the development of anorectal malformations and the identification of genetic risk factors and the expansion of the possibilities of intranatal detection of this defect remain among the most relevant scientific studies. Taking into account the early embryonic formation of this anomaly, active research is underway to identify genes that are considered étalones for anorectal malformations, as well as to study the mutational effects of Risk Factors in critical embryonic development cycles. Embryological, experimental and clinical studies are continuing to determine the peculiarities of the formation of various variants of the arm, taking into account the complexity of the defect, the level of hypoplasia of the muscle and neuroreceptor apparatus in this zone. With the morphofunctional justification of some technical aspects of treatment, the issues of improving the methods of

surgical correction of the defect are considered especially relevant. Currently, large-scale work is being carried out on the social protection of the population and the improvement of the health system. In this direction, in particular, certain positive results have been achieved in improving the surgical treatment of children with anorectal malformations.

**THE PURPOSE OF THE STUDY.** It consists in improving the Diagnostic and tactical-technical aspects of surgical interventions, as well as improving the results of the treatment of anorectal defects by optimizing the rehabilitation program.

**MATERIAL AND METHODS OF RESEARCH.** 179 children with anorectal malformations served as the object of the study, of which 101 were treated in the Department of surgery of the children's Hospital of Andijan region from 2001 to 2019, and the remaining 78 were treated in the Department of surgery of the children's Hospital of Fergana, Fergana region.

Taking into account the neurogistological state of the distal end of the rectum, the subject is a comprehensive examination of children with anorectal malformations and an analysis of the results of surgical treatment using differential treatment when choosing surgical treatment.

The following methods have been used to achieve the objective of the study and to solve the issues posed: general-clinical, biochemical, instrumental, morphological and statistical methods.

**RESEARCH RESULTS.** Practical results of the study include: ultrasound sonography in the antenatal period



with gestation èsh of the 20th-22nd week was considered an informational diagnostic method for determining the development of a defect in the anorectal area, which made it possible to optimize the tactics of introduction from the first minutes of newborns; tactical-technical aspects of early surgical treatment of re-anorectal malformation in newborns with; the score assessment scale of the functional state of the rectum sphincter apparatus has been improved, taking into account various clinical symptoms that made it possible to optimize the correction system for the results of surgical treatment of anorectal malformations; the main reasons for the re-occurrence of anorectal malformations are clarified, which allow 10 optimizations of the tactical and technical aspects of reconstructive; an algorithm for choosing the optimal tactics of treatment of the first and re-forms of anorectal malformations has been developed, which allows you to reduce the frequency of symptoms after amalièt and improve the remote results of surgical interventions in the proposed rehabilitation program complex.

In patients who have been observed over a long period of time, an assessment of individual results on a score scale was carried out in our clinic. The proposed scale for assessing the functional state of the rectum sphincter apparatus covers the use of 10 main clinical signs, which describe the proprioceptive properties of the anorectal zone (number and recurrence of defecation, stool consistency, call sensation of defecation movement, anal reflex, posterior discharge perforationininganatomic-topographic assessment, degree of development of the distal section of the spine and the will tone of the sphincter). Each clinical sign is assessed on a 2-point scale, respectively, the maximum score on the 10 signs shown above is 20 units in total. The sum of points of surgical correction of the arm as well as the qièsing of individual results made it possible to form 3 levels of forecasting the course of the disease: 14-20 points-the prognosis for the storage of garbage is good, the result is good, no further treatment is required, it must be under the control of the dispensary; 7-13 points - the prognosis for garbage storage is moderately good, the result is satisfactory, complex recovery (electrical stimulation of the sphincter apparatus, bujlash, curative physical education) is required; 0-6 points-the prognosis for garbage storage is èmon, the result is unsatisfactory, it can only be treated surgically. Individual results of surgical treatment of arm in general were studied in 258 children with ARM between 1 èsh and 25 èsh (57.0% of patients), including 65 patients of Group 1A (61.3%), 93 patients of Group 1 (50.5%), and 100 patients of Group 2 (61.3%). Thus the incidence of good

anatomical-functional results reached 71.0% ( $r < 0.05$ ) and 77.0% ( $R < 0.01$ ) in groups 1b and 2, respectively, from 49.2% in Group 1A. The frequency of satisfactory results decreased by more than 2 times (from 30.8% to 15.1 and 15.0%). The re-excitation of anorectal malformations as well as the unsatisfactory function of the rectum sphincter apparatus were detected in 8% of children in 2 groups, and in 1A and 1B groups this indicator was 20% and 14% respectively in Tavish.

Studies conducted have made it possible to propose an algorithm for choosing the optimal method of arm correction. All patients with anorectal malformations should be given complex rehabilitation work in the post-amalièt period, these works should consist of schematic bujection, rectum and sphincter electrical stimulation, as well as treatments that increase the capacity of the sphincter apparatus, along with general rehabilitation methods. The rehabilitation course can be started two weeks after the patient is discharged.

Since 2009, in order to temporarily stop the ingestion of excrement substances into the rectum, we have been using the method of placing preventative colostoma, and it has been placed in 47 (36.2%) children to undergo such technically complex reconstructive-restorative amaliètes as posterior sagittal resanorectoplasty (33 individuals (70.2%)), sphincterolevatoroplasty (9; 19.1%), as well as anal canal reimplantation (5; 10.6%). During the administration of preventative colostoma, we mainly used sigmostoma – such èndashuv was used in 44 (93.6%) patients. The remaining 3 (6.4%) patients arrived with the stomas that had been placed before. The method of surgically re-correcting the sphincter apparatus of the posterior excretory orifice varied in mating groups and depended on the nature of ARM re-excitation.

In 23 (17.7%) children (comparison group) in the first years of mastering surgical treatments for re-excitabile forms of anorectal malformations, we used abdominal choti reanorectoplasty (BPRARP) with the democratization of the rectum. Defects in these children belonged to low and intermediate forms. In particular, cases of inability to hold garbage due to the correction of the vestibular scar opening were found in 4 children, cases of perianal scar causal – 6, cases of rectovestibular scarring in the bulbar ureter – 5, cases of N-fistula rectovestibular re – excitation – 1, cases of cloaca causal with total canal less than 4 cm – 2, cases of inability to catch garbage due After 10-14 days, the tin was removed, and the mucous membrane was strengthened to the border of the skin scar. The peculiarity of repeated amaliètes is that in the main



group, the modification of proctoplasty was carried out without the use of democratization, that is, the reduction of the pre-rectum mucous membrane to the newly formed neoanus area was carried out.

The technical light method, which consists in moving this rectum mucosa from the normal area limit to 05-07cm in a proximal direction, allows for a strong protection of the suture line and, through it, ensures the Prevention of recurrence of stenosis

**CONCLUSION.** An analysis of the diagnostic significance of antenatal ultrasound examination in the examination of sonographic signs of anorectal malformations in the fetus during pregnancy at 20-22 weeks showed that the average sensitivity of the method was very high for specificity at 57.1% - 98.8% and overall accuracy - 96.5%.

Improving the protocol for perioperative management of children with anorectal malformations reduced postoperative complications from 50% in Sub-Group 1A ( $p < 0.001$ ) and 38% in sub-group 1B ( $p < 0.01$ ) to 25% in the main group, with mortality rates ranging from 26.4 % ( $p < 0.01$ ) and 16.7% ( $p > 0.05$ ) to 11.4%. In turn, in the long run, eJng achieved good results from 49.2% (subgroup 1A) and 71% (subgroup 1B) to 77% (core group), with the recurrence share of the disease declining from 20% to 14% to 8.0%.

## REFERENCES

1. Ashcraft, K. W. Pediatric surgery / K. W. Ashcraft, T. M. Holder. - T. 2.- SPb., 1997.
2. Organizational principles of treatment of children with anorectal pathology / Yu. G. Dekterev, V.I. Averin, O.V. Pribushenya, S.K. Novitskaya // Healthcare. - 2016. - No. 5. - P. 25-32.
3. Staged treatment of anorectal defects in children / P.V.Ivanov, I.V.Kirgizov, K.N.Baranov, I.A.Shishkin // Medical Bulletin of the North Caucasus. - 2010. - No. 3. - P. 88-89.
4. The structure of postoperative complications in children with malformations of the colon and anorectal region / A.L.Ionov, O. V. Shcherbakova, V. A. Luka et al. // Children's Hospital. - 2010. - No. 2. - P. 19-27.
5. Albitsky V.Yu., Shaikhutdinova L.N., Nikolskaya L.A., Abrosimova M.Yu. Implementation of a regional model for the prevention of congenital pathology in children in Tatarstan. Russian ped. magazine. 2003; 1: 59-61.
6. Ivanov P.V., Kirgizov I.V., Baranov K.N., Shishkin I.A. Staged treatment of anorectal defects in children // Medical Bulletin of the Northern Caucasus. 2010. No.3. S. 88-89.
7. Nikolaev V.N., Savvina V.A., Varfolomeev A.R., Okhlopkov M.E. The results of proctological operations in children based on the materials of the surgical department of the pediatric center of Yakutsk // Children's surgery 2010. №4. S. 15-18.
8. Daher P, Daher R, Riachy E, Zeidan S. Do low-type anorectal malformations have a better prognosis than the intermediate and high types? A preliminary report using the Krickenbeck score. Eur J Pediatr Surg. 2007 Oct; 17(5): 340-3.
9. Digray N.C., Mengi Y., Goswamy H.L., et al. Colorectal perforations in neonates with anorectal malformations // PediatrSurg Int. - 2001. - Vol. 1. - No 1.-P. 42-44.
10. Yazbeck S., Luks F., St-Vil D. Anterior perineal approach and three-flap anoplasty for imperforate anus: optimal reconstruction with minimal destruction, J. Pediatric Surg., 1992, Vol. 27, p. 190-195.
11. Yuan P., Okazaki I., Kuroki Y. Anal atresia: effect of smoking and drinking habits during pregnancy, Jpn J Human Genet. 1995; 40: 327-32.