

Rectourethral bulbar fistula

Rectourethral prostatic fistula

Rectovesicular (bladder neck) fistula

Imperforate anus without fistula

Rectal atresia and stenosis

Female Defects

Perineal fistula

Retrovestibular fistula

Imperforate anus without fistula

Rectal atresia and stenosis

Cloaca

From Peña A, Hong A: Advances in the management of anorectal malformations, *Am J Surg* 180(5):370–376, 2000.

Diagnostic Evaluation

The diagnosis of an anorectal malformation is based on the physical finding of an absent anal opening. Other symptoms may include abdominal distention, vomiting, absence of meconium passage, or presence of meconium in the urine. Additional physical findings with an anorectal malformation are a flat perineum and the absence of a midline intergluteal groove. The appearance of the perineum alone does not accurately predict the extent of the defect and associated anomalies. GU and spinal-vertebral anomalies associated with anorectal malformations should be considered when an anomaly is noted. EA with or without TEF, cardiac defects, and neural tube defects or vertebral anomalies may occur in association with anorectal malformations, and the infant should be carefully evaluated for the presence of these and other anomalies. Although rare, some anorectal malformations may not be diagnosed until later in infancy or early childhood.