cleft is also common, frequently associated with sacral agenesis. **B,** Imperforate anus in a girl, commonly associated with cloaca anomaly, which manifests as a single perineal opening on the perineum. (From Zitelli BJ, McIntire SC, Nowalk AJ: *Zitelli and Davis' atlas of pediatric physical diagnosis,* ed 6, St Louis 2012, Saunders/Elsevier.)

Imperforate anus includes several forms of malformation without an obvious opening (see Fig. 22-8, *B*). Frequently, a fistula (an abnormal communication) leads from the distal rectum to the perineum or GU system (Fig. 22-9). The fistula may be evidenced when meconium is evacuated through the vaginal opening, the perineum below the vagina, the male urethra, or the perineum under the scrotum. The presence of meconium on the perineum does not indicate anal patency. A fistula may not be apparent at birth, but as peristalsis increases, meconium is forced through the fistula into the urethra or onto the newborn's perineum. Anorectal anomalies are classified according to gender and abnormal anatomic features, including GU and associated pelvic anomalies (Box 22-11).

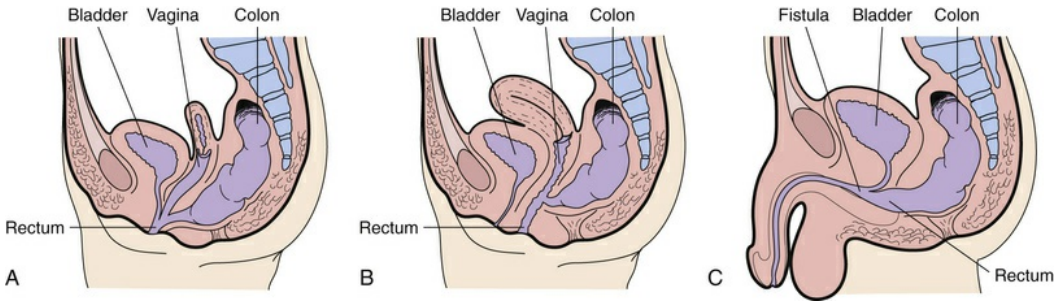

FIG 22-9 Anorectal malformations. **A,** Typical cloaca (female). **B,** Low rectovaginal fistula (female). **C,** Rectourethral bulbar fistula (male).

Box 22-11

Classification of Anorectal Malformations

Male Defects

Perineal fistula