

Is there a relationship between the classification of anorectal malformations and sacral ratio?



G Gercel¹, ES Sarihan¹, Aİ Anadolulu¹, SG Bozbeyoğlu², Ç Ulukaya Durakbaşa¹

Istanbul Medeniyet University, Faculty of Medicine, Department of Pediatric Surgery¹ and Radiology²

AIM: To assess whether the sacral ratio (SR) correlates with the anatomical classification of anorectal malformation (ARM)

METHODS: File records from 2009-2023 were scanned retrospectively Classification: Krickenbeck classification system

Sacral ratio measurement: Pena's criteria for normal sacrum (normal: anteroposterior radiograph ≥ 0.74) (Figure 1)

Statistics: Kruskal-Wallis and independent t-test (p<0.05 significant)

RESULTS:

101 patients (50 were included in the study)

33 males (66%), 17 females (34%)

38 (76%) patients SR: <0.74

Mean SR values of patients according to ARM classification;

* Perineal fistula (n=17, SO: 0.62±0.19)

* Rectourethral fistula (n=15, SO: 0.56±0.19)

* Rectovestibular fistula (n=9, SO: 0.63±0.19)

* ARM without fistula (n=4, SO: 0.68±0.10)

* Rectal atresia (n=1, SO: 0.63)

* Cloaca (n=1, SO: 0.86)

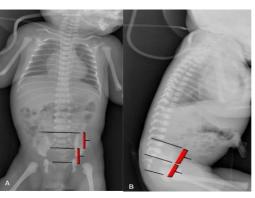


Figure 1: SR measurement (a) Anteroposterior (b) Lateral

* VACTERL association n=18, 36% (VACTERL and others SR rates: p=0.909) * 44 (88%); spinal USG and/or MR

p=0.476

n=3 (6%) tethered cord

(SO: 0.39, 0.63 and 0.84)

CONCLUSION:

- SR did not show a significant correlation with the anatomical classification of ARM and VACTERL association
- The majority of patients had SR values below 0.74
- There was no statistically significant difference in SR values between different ARM groups