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Evaluation of anorectal manometry in patients with spina bifida: a preliminary report

Ibrahim Alatas¹, Kerem Ozel¹, Huseyin Canaz², Serhat Baydin³, Akın Gokcedag³, Bulent Ozdemir⁴, Osman Akdemir⁵

¹ *Florance Nightingale Science University, Spina Bifida Research Center, Istanbul, Turkey*

² *Department of Neurosurgery, Kahramanmaraş State Hospital, Kahramanmaraş, Turkey*

³ *Department of Neurosurgery, Kanuni Sultan Süleyman Research and Training Hospital, Istanbul, Turkey*

⁴ *Department of Neurosurgery, Rize Tayyip Erdogan Faculty of Medicine, Rize, Turkey*

⁵ *Department of Neurosurgery, GOP Taksim Research and Training Hospital, Istanbul, Turkey*

Introduction: Anorectal manometry criteria are still lacking in neuropathic gastrointestinal dysfunction in spina bifida in children. The aim of this study was to identify the anorectal manometry findings in patients with suspected neuropathic gastrointestinal dysfunction.

Patients and Methods: The anorectal manometry reports of patients for whom these studies were done with the suspicion of neuropathic gastrointestinal dysfunction due to spina bifida. Urodynamic studies were taken as reference for the interpretation of manometry results. Age, sex, sensation, resting pressures, rectoanal inhibitory reflex and manometric diagnosis of the patients were evaluated, prospectively.

Results: A total of 511 urodynamic study was done with the indication of spinal dysraphisms in our unit in a two years period. Anorectal manometry together with urodynamic study was done in four patients. The age of the patients were mean 9 ± 4.8 years. They were all males. Rectal sensation was mean $40\pm 40,8$ cmH₂O, resting pressure was mean $40\pm 20,4$ cmH₂O. All patients had rectoanal inhibitory reflex and some degree of voluntary rectal sphincter activity. Two patients had normal urodynamic results whereas one patient had detrusor sphincter dyssynergia and the other detrusor sphincter dyssynergia with underactive detrusor activity.

Conclusion: With the limited experience in this patient group, it is difficult to draw a reference correlation between urodynamic studies and anorectal manometry studies in patients with spina bifida. Patients with abnormal urodynamic studies may show some form of rectal activity. Spina bifida may give a spectrum of findings when voiding and gastrointestinal functions are considered even though they are both accepted to have same source of innervation. Larger patient groups are necessary to get more accurate evaluations.