

DIAGNOSTIC ERRORS IN ANORECTAL ANOMALIES IN GIRLS AND THEIR CLINICAL CONSEQUENCES***Khoshimov D. B.****Fergana Public Medical Institute*

Introduction. Diagnosis of anorectal anomalies is one of the most responsible stages in pediatric surgery. Due to the variety of anatomical forms of congenital defects, errors in diagnosis can be made [5,7]. Rectovestibular, rectovaginal swishes and persistent cloaca forms, especially in girls, are clinically similar and are more likely to be misdiagnosed [8]. Diagnostic errors negatively affect the choice of surgical tactics and worsen treatment outcomes [6].

Purpose of the study. To identify the main errors in the diagnosis of anorectal anomalies in girls and analyze their clinical consequences [6,7].

Materials and methods. The analysis included clinical data from patients treated for anorectal anomalies. The primary diagnosis, diagnostic methods used, and the final anatomical diagnosis were compared. The results of clinical examination, radiographic contrast studies, and instrumental methods were evaluated [7,10]. In complex diverticulitis, the anatomical features of the intestine and perineal area were given special attention [2,9].

Results and discussion. The main cause of diagnostic errors is insufficient assessment of the perineal area. The presence of an external anal opening in newborns can be misinterpreted and hidden diverticulitis can be overlooked [2,5]. This leads to malformation of the intestinal contents and infectious complications [4]. In some cases, a single-stage surgical intervention is performed without a complete definition of the form of the anorectal anomaly. This causes severe tension during bowel descent. As a result, the blood supply is impaired and functional deficits develop in the late period [6,9]. Insufficient use of X-ray contrast examinations is also one of the important diagnostic errors. Contrast irrigation allows you to determine the actual length and degree of dilatation of the intestine. Drawing up a surgical plan without this information leads to incorrect decisions [7,10]. Diagnostic errors lead to the selection of the wrong surgical tactics. In some patients, radical surgery is performed when colostomy is necessary. On the contrary, there are cases where an excessive colostomy is performed in relatively mild cases. This is an additional psychological and social burden for the patient and parents [6,8]. Also, failure to timely identify concomitant developmental defects leads to aggravation of the general condition. In cases accompanied by defects of the kidneys, heart, and skeletal system, an integrated approach is required. In such cases, an incorrect diagnosis further worsens the results of treatment [1,4].

Conclusion. Misdiagnosis of anorectal anomalies in girls has a direct impact on the outcome of surgical treatment [6,8]. A thorough clinical examination, mandatory radiographic examinations, and accurate determination of the anatomical shape allow for the selection of the correct surgical strategy [7,10]. Diagnostic accuracy is essential for reducing complications and improving long-term functional outcomes [1,3,4,9].

List of references.

1. Dusaliyev, F. M., & Sh, B. M. (2026). CLINICAL COURSE AND DIAGNOSTIC APPROACHES OF ANORECTAL MALFORMATIONS ASSOCIATED WITH RECTOURETHRAL FISTULAS IN BOYS.Shokh Articles Library, 1(1).
2. Ergashev, N. S. 43-1 (25/2) 2019—N. Sh. Ergashev, FM Dusaliyev,—ANATOMIC CHARACTERISTICS OF THE RECTOURETHRAL FISTULAS WITH ANORECTAL MALFORMATIONS IN BOYS.
3. KHAMIDOV, B., KHURRAMOV, F., NAZAROV, N., & NAZIROVA, M. (2020). Comprehensive diagnosis and treatment of urinary incontinence in children.DOCTOR'S HERALD Published by: Samarkand State Medical Institute, 93(1), 83-85.
4. Dusaliyev, F. M. (2024). KOMPLEKSNOE LECHENIE REKTOURETRALNYX SVISHCHEY U DETEY.Eurasian Journal of Medical and Natural Sciences, 5(2), 230-239.
5. Ergashev, N. Sh., & Dusaliyev, F. M. (2020). FREQUENCY I KLINIKO-ANATOMICHESKIE OSOBENNOSTI ANORECTALNYX MALFORMATSIY U MALCHIKOV.Russian Journal of Children's Surgery, Anesthesiology and Reanimatology, 10(S), 205-205.
6. Ergashev, N. Sh., Dusaliyev, F. M., & Otamurodov, F. A. (2020). VYBOR KHURURGICHESKOY TAKTIKI PRI REKTOURETRALNYX SVISHCHAX U MALCHIKOV.Pediatric Surgery, 24(S1), 100-100.
7. Ergashev, N. Sh., Dusaliyev, F. M., & Otamurodov, F. A. (2020). DIAGNOSTICS I LECHENIE ANOREKTALNYX MALFORMATSIY U MALCHIKOV.Pediatric Surgery, 24(S1), 101-101.
8. Ergashev, N. Sh., Otamurodov, F. A., Dusaliyev, F. M., Yakubov, E. A., & Markaev, A. Yes. (2012). POKAZANIYA I RESULTATI KOLOSTOMII PRI ANOREKTALNYX ANOMALIYAX U DEVOChEK.Vestnik hirurgii im. II Grekova, 171(4), 63-67.
9. Ergashev, N. Sh., Yakubov, E. A., & Dusaliyev, F. M. (2020). REKTOURETRANLYE SVISHCHI V STRUCTURE ANORECTALNYX MALFORMATSIY U MALCHIKOV.Health of Tajikistan, (2 (345)), 66-71.
10. Yakubov, E. A., Kodirov, A. A., Fattaeva, D. N., & Dusaliyev, F. M. (2022). OSOBENNOSTI DIAGNOSTIKI I LECHENIYA RECTOPERINEALNYX SVISHCHEY PRI ATREZII ANUSA U DETEY. In Innovatsionnye issledovaniya: opyt, problemy vnedreniya izvetliyu i puti ix reshenia (pp. 209-211).