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# CLINICAL AND SOCIODEMOGRAPHIC CHARACTERISTICS OF CHILDREN WITH ANORRECTAL ANOMALY IN A SCHOOL HOSPITAL IN RECIFE – PE – BRAZIL.

#### Hypothesis / aims of study

The aim of this study was to identify the clinical and sociodemographic characteristics of children with anorrectal anomaly in the pediatric wards of a school hospital in the city of Recife.

# Study design, materials and methods

A cross-sectional descriptive study performed with structured questionnaires and interviews conducted to 12 children aged zero to five years, with or without ostomy. Data collection was conducted from June to September 2013. Data was accessed by the questionnaires that were developed by the author. The statistical analysis reached the frequency results presented. The study was approved by the Ethics Committee under CAE: 09920614.2.00005201.

#### **Results**

	able 1 – Childrens data distribution - Recife, 2013.				
	Imperforate Anus		Hirschsprung disease		
Data	Distribution		Distribution	<b>a</b> (	
	N°	%	N°	%	
Gender					
Female	4	50%	0	0%	
Male	4	50%	4	100%	
Age					
0 – 6 months	2	25%	1	25%	
6 – 1 year	1	12%	1	25%	
1 – 5 years	5	63%	2	50%	
Age diagnosis					
Born	7	87%	1	25%	
28 days to 6 months	1	13%	2	50%	
6 months – 1 year	0	0%	1	25%	
1 - 5 years	0	0%	0	0%	
1 – 5 years	0	0 /0	0	0 78	
Ostomy					
Yes	8	100%	1	25%	
No	0	0%	3	75%	
Ostomy time					
6 months – 1 year	3	37%	1	100%	
1 – 3 years	4	50%	0	0%	
More than 3 years	1	13%	0	0%	
Ostomy tipe					
Incontinent	8	100%	0	0%	
Continent	0	0%	1	100%	
Hospitalization number					
1	1	12%	3	75%	
2 - 3	1 3	38%	3	25%	
	3				
3 - more	4	50%	0	0%	
Surgery number					
1	1	12%	3	75%	
2 - 3	5	63%	1	25%	
3 - more	2	25%	0	0%	
Anorrectal Function					
Constipation	0	0%	4	100%	
Anorretal incompetence	8	100%	0	0%	
Preserved	0	0%	0	0%	

**Table 1 –** Childrens data distribution - Recife, 2013.

## Interpretation of results

Twelve children were investigated, a half male, 08 with imperforate anus and 04 with Hirschsprung disease. Most were male, aged more than one year old, lived on the countryside. All children with imperforate anus and 25 % of children with Hirschsprung disease had an incontinent ostomy about six months to a year. Most of them received this diagnosis since was born until 28 days. Six of them had about two to three surgeries an hospitalization numbers. All of the children with Imperforate Anus had Anorretal incompetence. Children with Hirschsprung disease had constipation.

## Concluding message

It was possible to observe the major clinical and socio- demographic characteristics, which can contribute to improve the quality of nursing planning and care, just as can realize that the making of a colostomy is the main choice to aid in the surgical treatment, and that the early diagnosis can be a key to the success of these cases.

#### **References**

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