Congenital funnel anus (FA) was first described in 1970 as an anorectal junction stenosis, in which the perianal skin extends as a funnel up to a stenotic ring, consisting of a fibrotic internal sphincter, where it joins the rectal mucosa without an intervening zone of transitional epithelium. FA is associated with severe constipation refractory to conservative treatment often resulting in development of megarectum requiring surgical intervention. We report a case of the FA associated with duplicate anal canal.

An 8-month girl presented with a history of severe constipation. It was noticed an anal stenosis associated with a fistula in the anal lower part. The rectal examination showed to be not able to insert the fifth finger. The abdominal X-rays showed significant feces impaction of the left colon primarily. The fistulography showed a fistula of 20 mm in length, and no communication between rectum and fistula. Surgical referral for an examination under general anesthesia and rectal biopsy showed a funnel anus and excluded Hirschsprung's disease. MRI excluded spinal cord problems or Currarino triad.

The radical operation underwent after having done transverse colostomy. The anal sphincter mechanism showed an intact levator ani sling and external sphincter. The anal sphincter muscle surrounded a stenotic anal canal and the fistula. We divided the anterior wall of the duplicate anal canal and released stenosis of the rectal wall and anastomosed.

The postoperative course is uneventful. FA associated anomalies are common and diverse in children with FA. Pelvic MRI, sacral radiography, evaluation of the urinary tract and rectal biopsies are recommended as routine investigations in cases of FA. Surgical treatment of these patients is essential.