INTRODUCTION

Anorectal anomalies have a reported incidence of 1/4000 to 1/5000 newborns. The most frequent in males is imperforate anus with rectourethral fistula, and the most frequent defect in female patients is rectovestibular fistula (Pena, 2003).

Anorectal anomalies are frequently associated with other anomalies especially of the spinal cord, spine, and urogenital system (Nievelstein et al., 2002; Morimoto et al., 2003; Levitt & Pena, 2006).

Accurate evaluation of children with ARM involves correct assessment of the level and type of malformation, the existence of a fistula, the developmental state of the sphincter muscle complex, and the presence of associated anomalies. This information is essential in planning initial management, as well as predicting morbidity, quality of life and prognosis of survival (Nievelstein et al., 2002).

Imaging examinations play a key role in establishing and defining multiple aspects of these complicated anomalies. Magnetic resonance imaging is a valuable diagnostic investigation capable of multiplanar imaging with excellent soft tissue contrast resolution; it does not use ionizing radiation making it an ideal imaging modality for children (Sato et al., 1988; Aslam et al., 1998).