

INTESTINAL STENOSIS: SUCCESS STORY 900 GRAMS TO 13 KG

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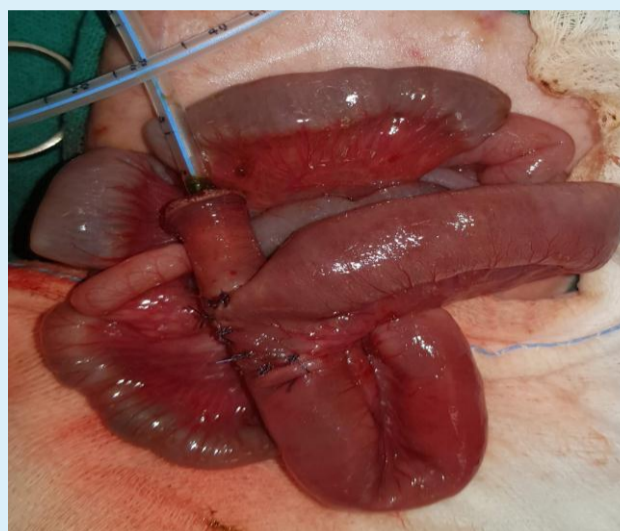


INTRODUCTION

- Jejunioileal atresia (95%) and stenosis (5%) are the most common congenital anomaly of small intestine.
- Major cause of intestinal obstruction in neonates.
- Aetiology is related to late intrauterine mesenteric vascular occlusion.
- Placental vascular anomalies association was conducted by KOMURO and colleagues (2004), correlates well with low birth weight in these newborns.
- Clinical Presentation: Maternal polyhydramnios(24%), bilious emesis(84%), abdominal distension (ileal atresia-98%), failure to pass meconium, association with jaundice (24%)
- Definitive preoperative diagnosis is often intricate because of potential coexistence with other anomalies.
- Differential Diagnosis includes: Malrotation (10-18%), Meconium Peritonitis (12%), Meconium ileus(9-12%), Total colonic aganglionosis.



Distal ileum good in calibre with intact and patent ileocaecal valve. Atretic small bowel around 2 cm length resected, proximal Decompression done and patency of distal bowel checked.

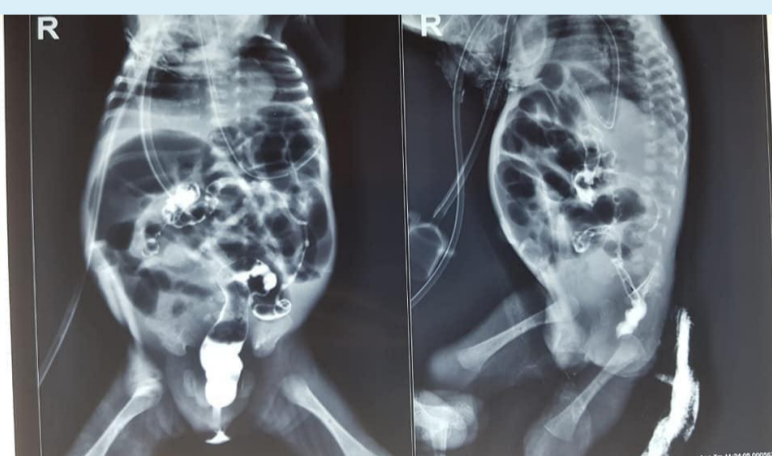


INDEX CASE

- Premature male 28 weeks of gestation with 900 gram birth weight born by LSCS on Mechanical Ventilation support presented with abdominal distension following birth with bilious Nasogastric aspirate.
- History of scant meconium passage since birth.



Xray Abdomen and pelvis done on Day 2, suggested hugely dilated bowel loops with gross bowel oedema and scant pelvic gas.



A lower water soluble dye study: suggestive of Microcolon.

END TO SIDE ILEO-ILEAL ANASTOMOSIS FASHIONED with a chimney distal enterostomy: BISHOP KOOP PROCEDURE



DISCUSSION

Overall survival rate amongst newborns suffering from intestinal atresia has improved from 10% in 1952 to 90% at present. Understanding the pathogenesis and adapting to good surgical procedure leads to reduced bowel loss and better postoperative bowel adaptation. Varied presentation of intestinal atresia makes the tailored approach ideal depending on the clinical scenario.

TAKE HOME MESSAGE

The case is rare as ILEAL STENOSIS accounts for only 5% of intestinal atresia. The atresia was proximal and the severe prematurity with birth asphyxia altogether posed high risk of sepsis with anticipated delaying of intestinal motility in the postoperative period. This swayed the decision towards a CHIMNEY STOMA rather than an end to end ileo-ileal anastomosis.

OPERATIVE DETAILS

Hugely dilated meconium and air filled small bowel loops with an adynamic segment, 1.5 cm in length around 40 cm from ileo-caecal junction, suggestive of ILEAL STENOSIS. Total small bowel length around 100cm.



A DISMAL CASE WITH GOOD OUTCOME



Baby is almost 2.5 years and weighs 13 kg catching good milestones. Positive Demeanour and relentless Faith does WONDER and HOPE is the gateway.

