CR31_PO / 13:45 – 13:50

ILEAL ATRESIA AND TOTAL COLONIC HIRSCHSPRUNG DISEASE IN A 36-WEEK NEONATE: A CASE REPORT

Khashayar Atqiaee[1], Mehran Hiradfar[1], Mehdi Parvizi Mashhadi[1], Ali Samady Khanghah[2]
[1]Department of Pediatric Surgery, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran, Islamic Republic of. [2]Department of Surgery, Ardabil University of Medical Sciences, Ardabil, Iran, Islamic Republic of

Abstract

Aim of the Study: Introduction of a rare concurrency in a case of Ileal atresia with poor bowel function after the corrective operation

Case description: This report delineates a 36-week newborn with ileal atresia and total colonic Hirschsprung. A newborn male (birth weight,2500 grams) was referred to our unit because of failure of meconium passage during the first 48 hours after birth, abdominal distension, and bilious vomiting. Physical examination revealed a prominent abdomen and an empty rectum in digital rectal examination. Initial abdominopelvic radiography revealed Thumb-sized intestinal loops with no gas in the rectum. Intraoperative findings were Ileal atresia with a proximal dilated, blind-ending 1cm distal bud attached to the ileocecal region (Type IIIa). All parts of the large bowel were unused (Figure 1). Surgery was followed by an end-to-end ileo-ascending colonic anastomosis. Permanent Hematoxylin & Eosin pathological examination revealed the absence of ganglion cells in the cecum, the appendix, and the rectum and the abundance of ganglia in the ileum. The patient was a candidate for an ileostomy and colonic mucus fistula bypass because of the persistence of abdominal distention and no defecation on postoperative days, the final permanent pathology studies by calretinin test disclosed total aganglionic colon Hirschsprung. Swenson pull-through surgery with removal of the total colon and ileoanal anastomosis was performed on a three-month-old. The case tolerated oral feeding after five days.

Conclusions: Colonic aganglionosis should be in mind in any operated infant with a small intestinal atresia repair who continues to exhibit poor bowel function after corrective surgery