

Case # 4

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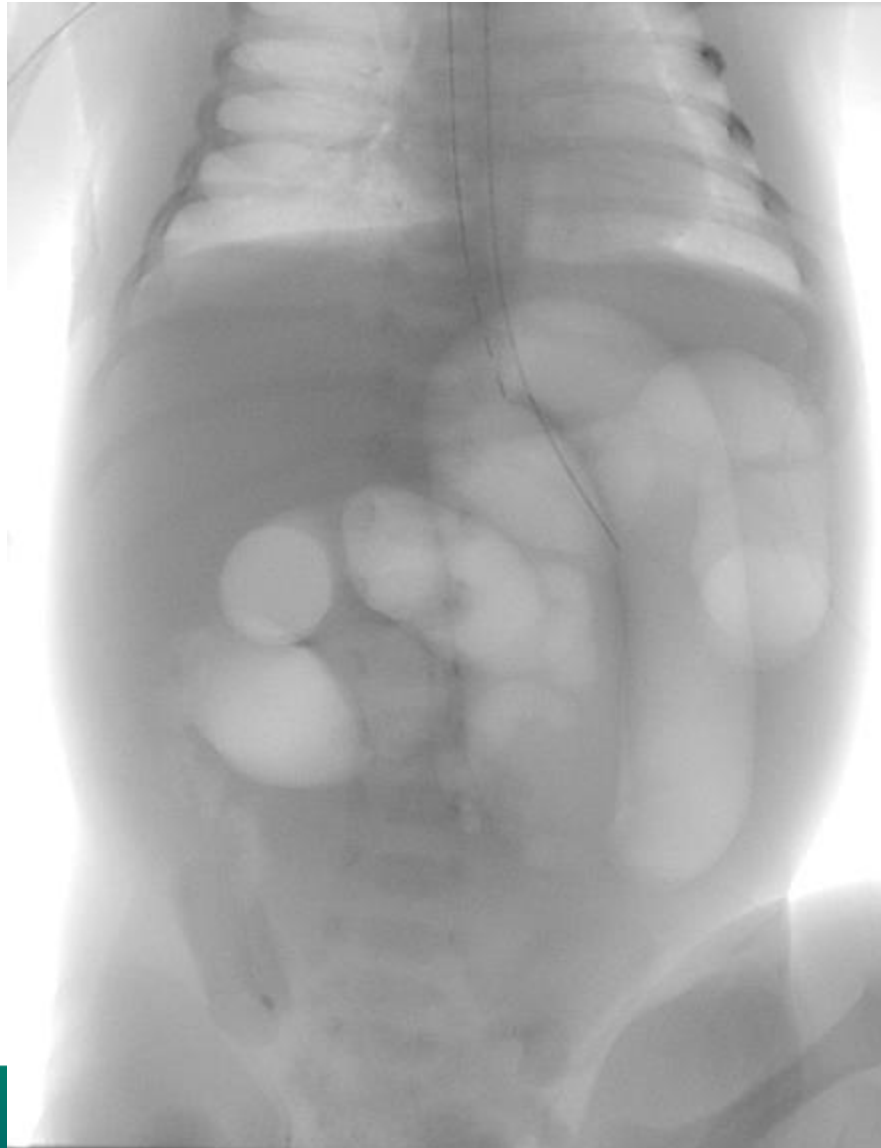


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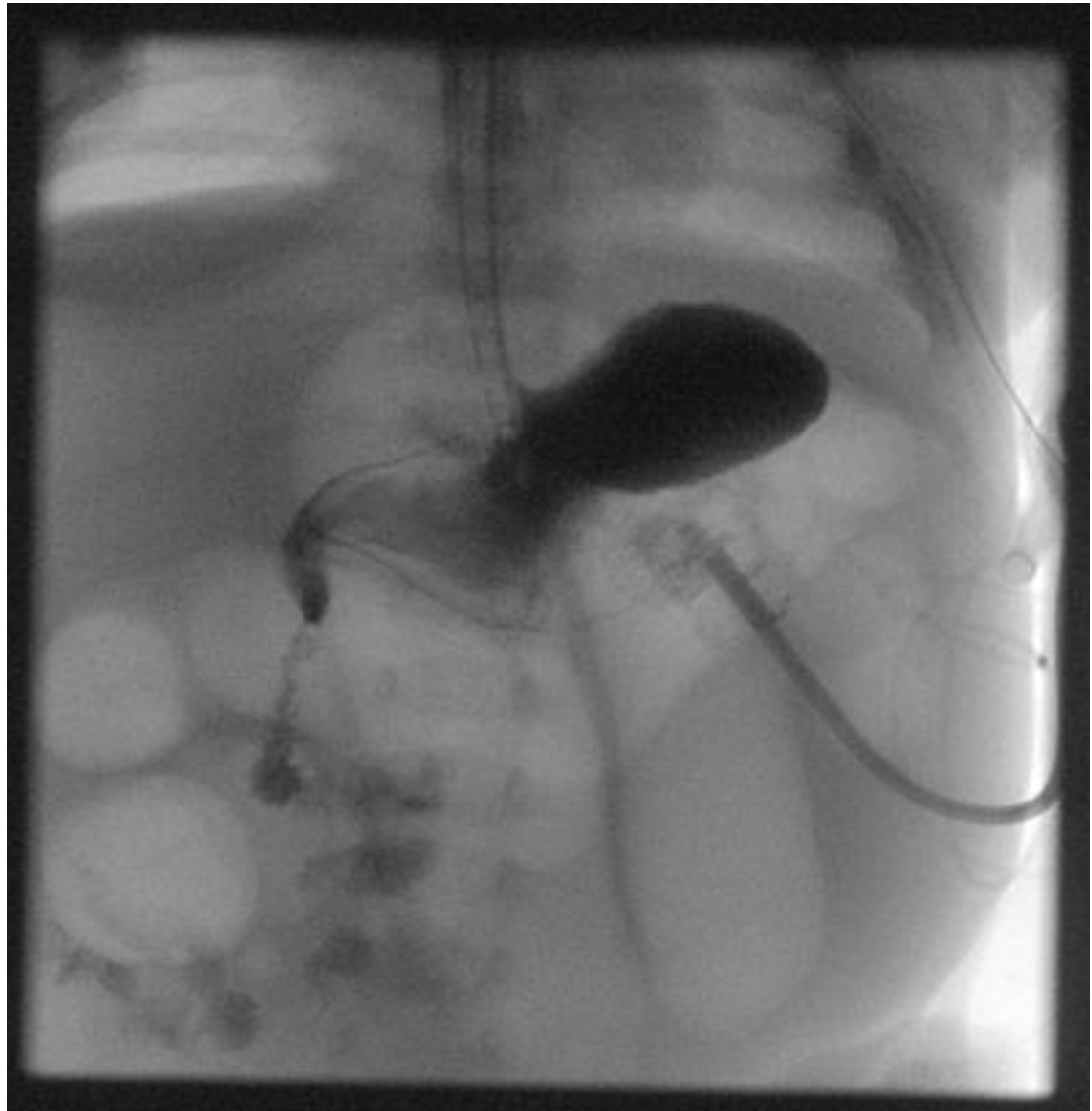


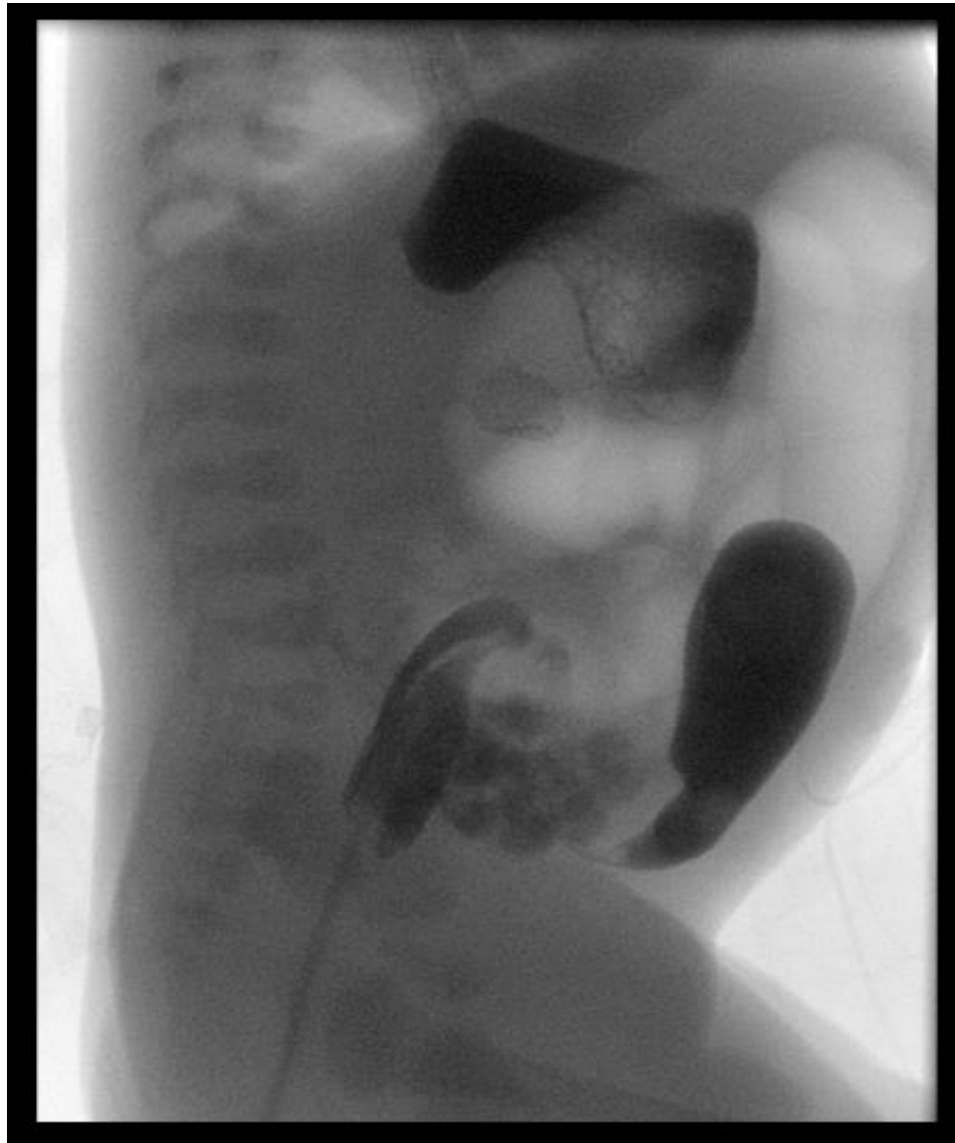
2 days old male patient
transferred to the NICU
for concerns of bowel
obstruction



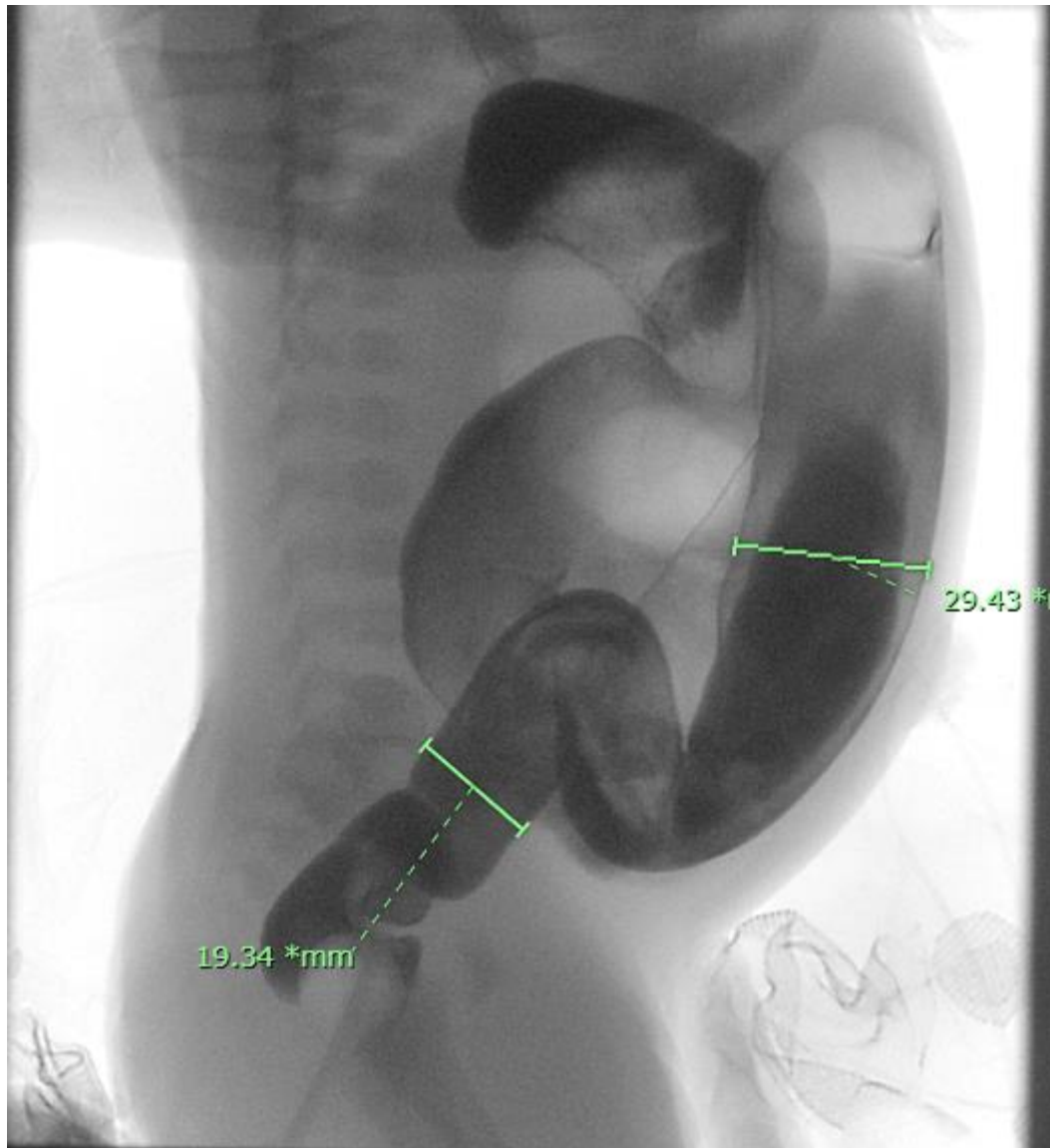
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- Upper GI read as inconclusive











With these studies what do you suspect? 

1. Midgut volvulus
2. Hirschsprung disease
3. Meconium plug
4. I don't know



- Patient underwent exploratory laparotomy, creation of ileostomy with mucous fistula and transanal suction biopsy.
 - Normal position of ligament of Treiz
 - No evidence of intestinal atresia
 - No evidence of meconium disease
 - No clean transition zone

Biopsy results



No ganglion cells

Hypertrophic nerves present



- Laparoscopic assisted Soave pullthrough at 7 months of age.
 - Ressected 29 cm of colon (recto-sigmoid)



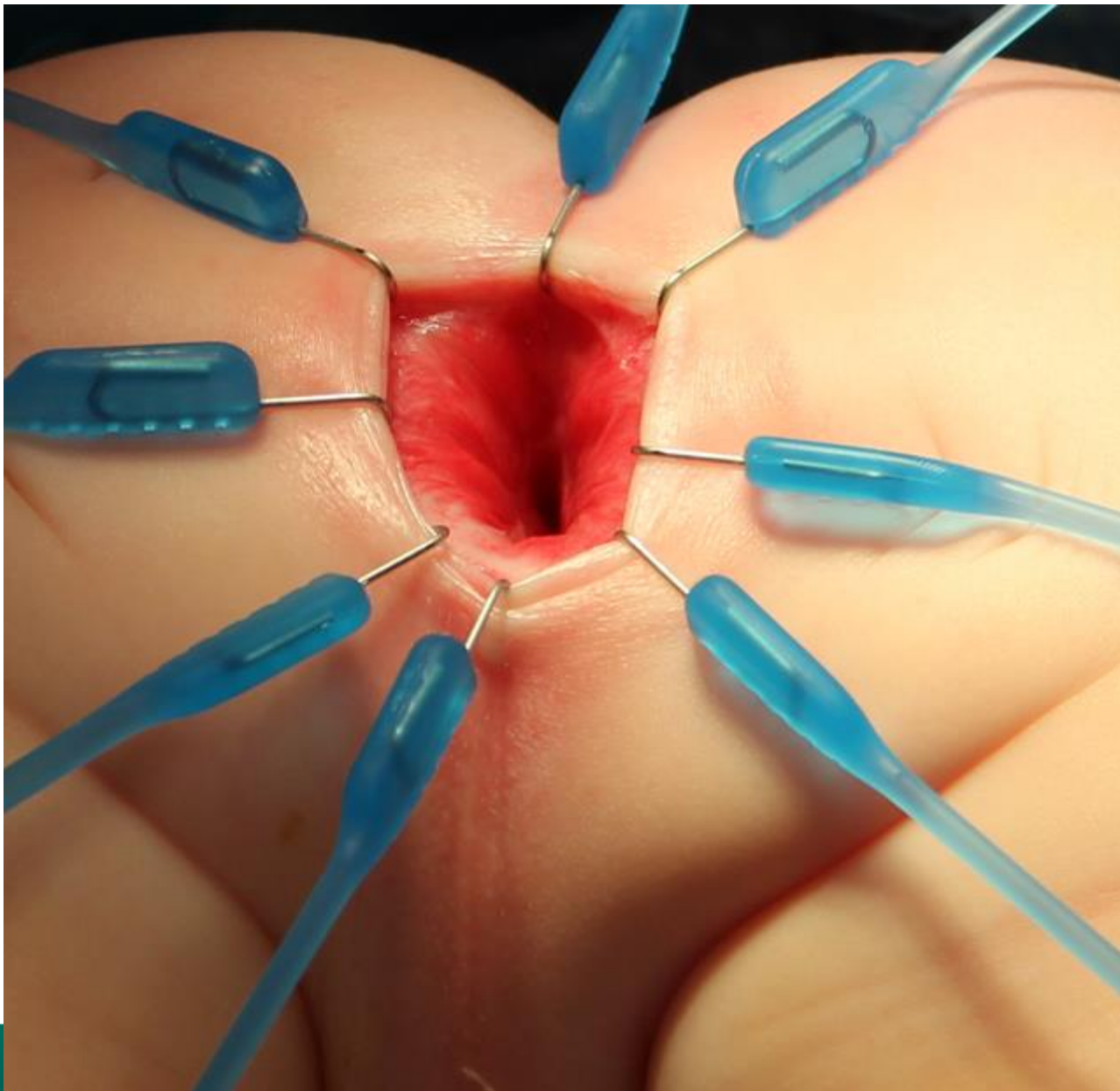
Planned ileostomy closure at 8 months of age, during rectal examination found a severe stricture. What would you do now?

1. Close the ileostomy and recommend anal dilations
2. Abort the ileostomy closure and recommend anal dilations
3. Study the patient and plan for reoperation

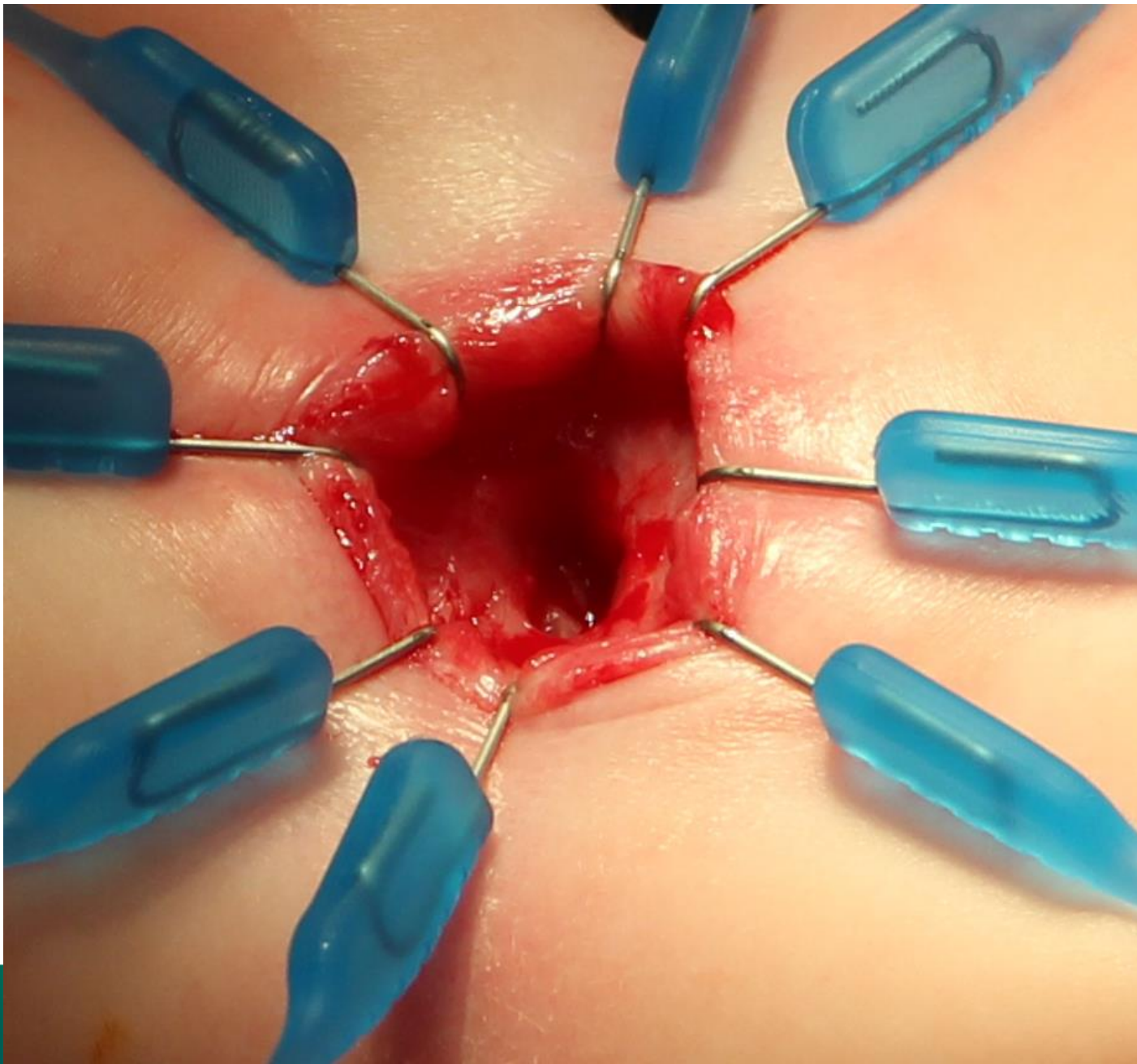


- Patient was referred to us, we confirmed the severe stricture and ordered a distal ileostogram to evaluate the colon.





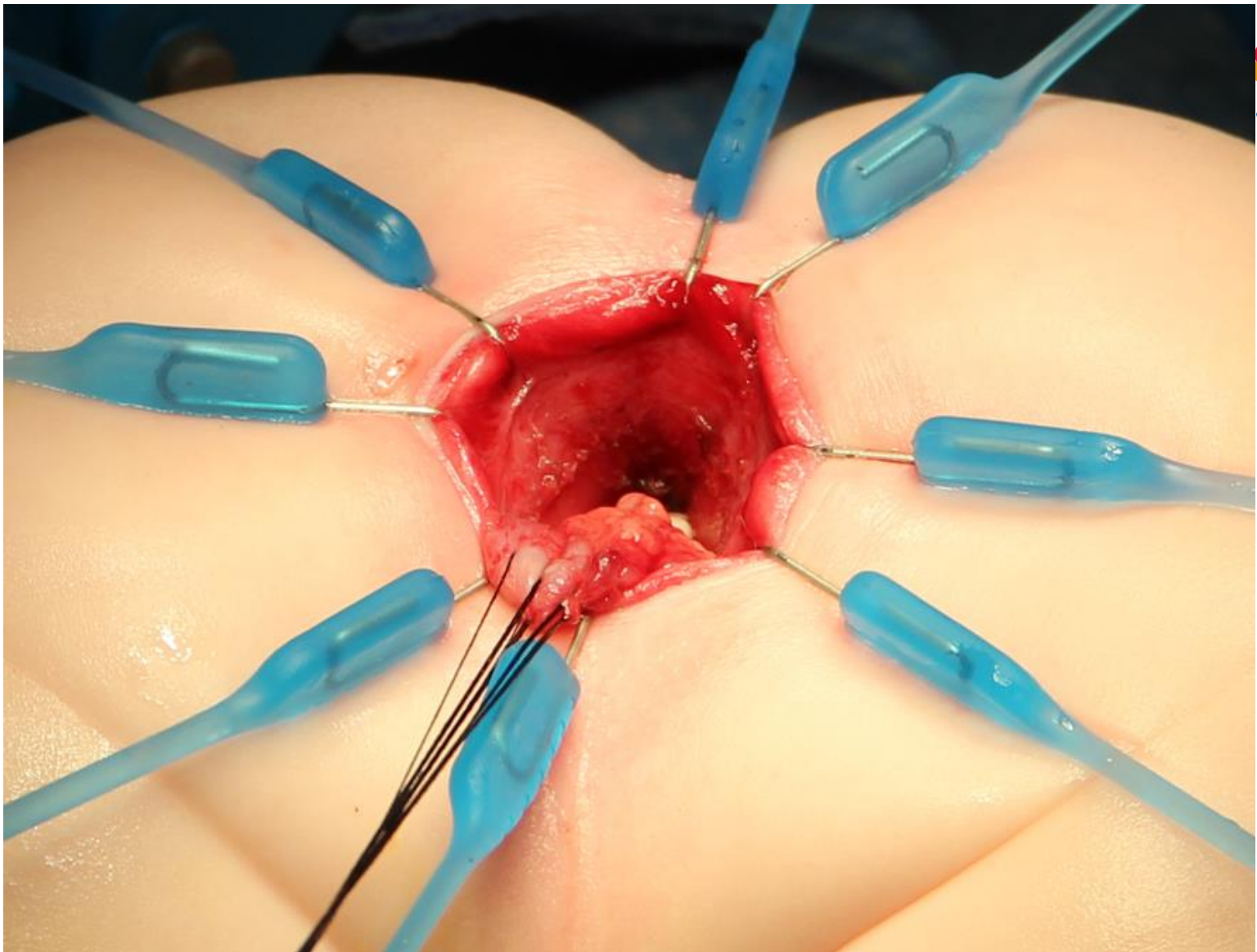
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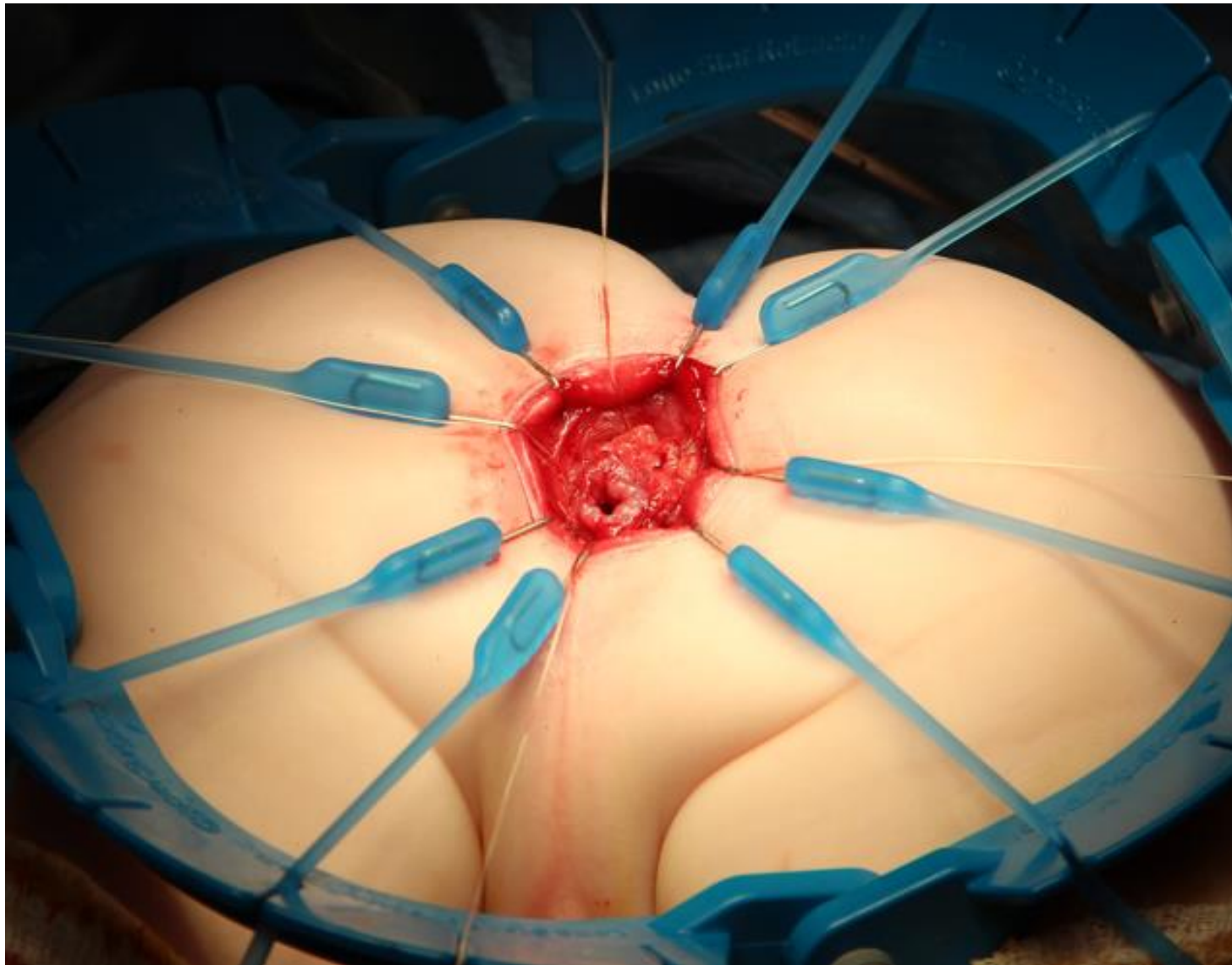


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Patient seen on post-op follow up.
Anal dilations started pro-actively
and ileostomy closure schedule for
when he reaches the final Hegar
dilator size.