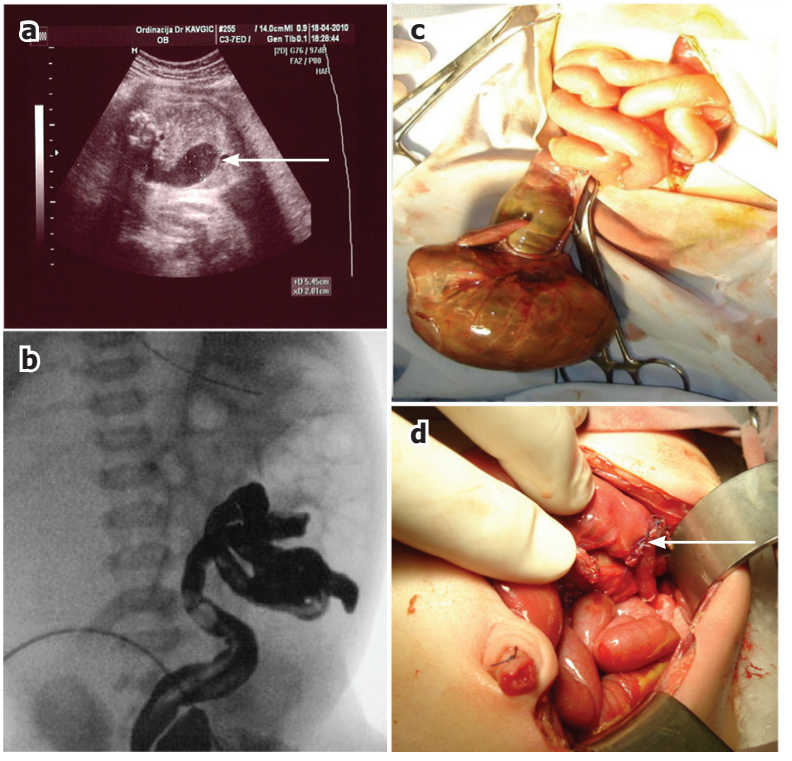
Paediatrics Today 2011;7(1):75
DOI 10.5457/p2005-114.18

COLNOIC ATRESIA WITH INTRAUTERINE TORSION

Edin HUSARIĆ[1], Nešad HOTIĆ[1], Amir HALILBAŠIĆ[1], Safer KAVGIĆ[2]

[1]Department of paediatrics University Clinical Centre Tuzla, Tuzla
[2]Gynecological practice "Dr Kavgić" Živinice, Bosnia and Herzegovina
e-mail:edin.husaric@ukctuzla.ba; tel.: +387 35 303 369; fax: +387 35 250 474



A full-term male newborn, birth weight 2500 grams. The antenatal ultrasound screening aroused the suspicion of intestinal obstruction, because of bowel dilatation and polyhydramnions (Figure a). Since no meconium was passed, contrast enema examination was performed and the diagnosis of intestinal atresia confirmed, so the decision was made to perform the operation (Figure b). Intraoperatively, colonic atresia type III was found, on the level of the hepatic flexure, with torsion and gangrenous change on the atretic colon (Figure c). We performed a right hemicolectomy with end-to-side ileocolic anastomosis (Figure d). Six months after the operation, the newborn had normal body mass gain and no gastro-intestinal symptoms. Congenital colonic atresia is the rarest cause of intestinal atresias, occurring in 1: 20,000 neonates. It mainly occurs in term neonates without any other associated pathology. The aetiology of simple colon atresia is probably in utero compromised blood supply to the colon. Antenatal ultrasound screening may alert the neonatologist to the presence of bowel dilatation, but definite diagnosis is made by post-partum contrast enema examination. There are three types of colonic atresia. Type I includes mucosal atresia with an intact bowel wall and mesentery. In type II, the atretic bowel ends are connected by a fibrous cord. In type III, the atretic ends are separated by a V-shaped mesenteric gap. The clinical picture of the colonic atresia is characterized by abdominal distension, bilious emesis, and failure to pass meconium. Diagnosis is established by abdominal ultrasound, plane radiography and contrast enema examination. The treatment is surgical, and the selected method is primary anastomosis.