

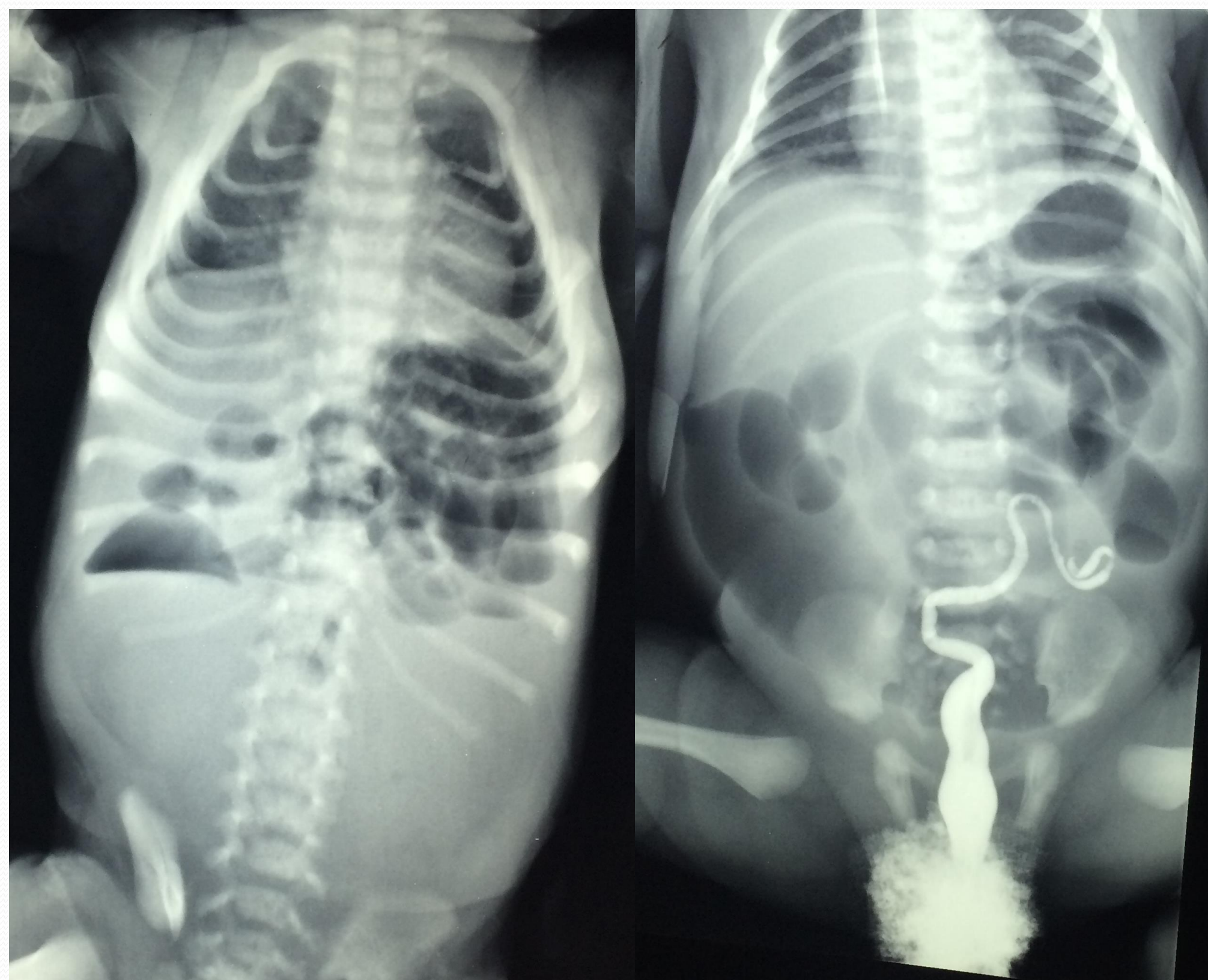
Yanowsky-Reyes Guillermo, Aguirre-Jáuregui Oscar M., Santana-Medina Rafael, Zúñiga-Morán Arnulfo, Duque-Zepeda Fernando, Sánchez-Álvarez Omar
Pediatric Surgery Department, Hospital Civil "Fray Antonio Alcalde", Guadalajara, Jalisco, Mexico.

Background

Colonic atresia is the least frequent cause of neonatal intestinal obstruction; the estimated incidence is between 1.8 and 5.0% of all cases of intestinal atresia in the newborns or 1 in 40,000 live births. A type I case of colonic atresia in a newborn male is presented, undergoing a satisfactory post-surgical evolution.

Aim and Objectives

To report an unusual association and its surgical resolution.

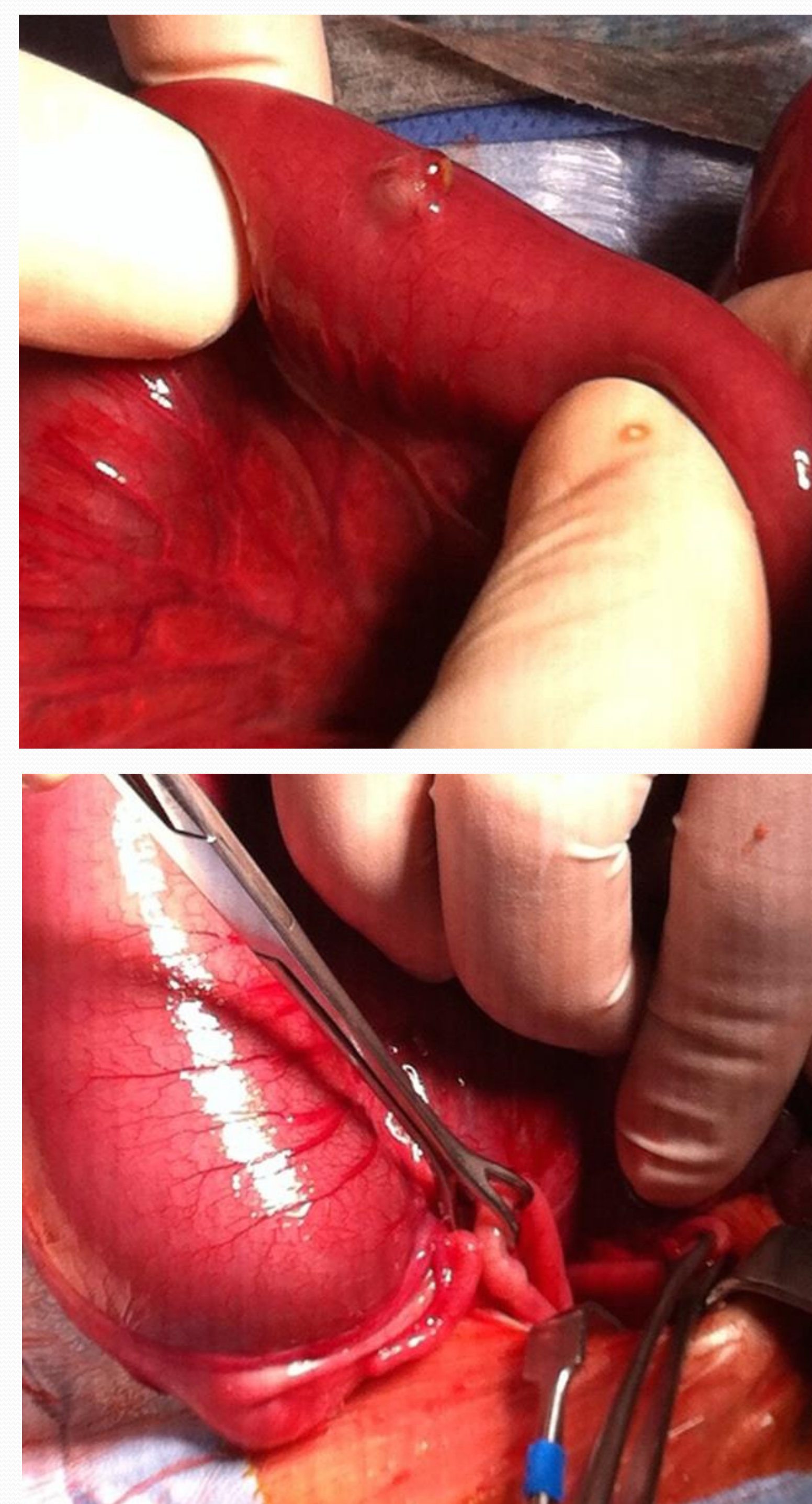


Methods/Study Design

Case report and literature revision. An 8 days old female baby is admitted to the emergency department with story of lack of stools, vomiting, abdominal distention and biliary stained gastric liquid through orogastric tube. An abdominal X – ray was taken, where hydro- aerial levels where evident along with intestinal distension and no distal gas. A barium contrast enema showed an unused or hypoplastic distal colon with contrast not being able to pass beyond the level of the atresia

Results and findings

A supra-umbilical transverse laparotomy was performed showing a small diverticulum 25 cms. proximal to the ileocecal valve, proximal to the ileocecal valve a dilated intestine loop was found, along with a colonic atresia type I, 20 cm distal to the ileocecal valve. The dilated 20 cm. segment was resected and a Foley catheter was passed distally. A two stoma ileostomy was constructed.



Conclusion

Colonic atresia is a rare condition that requires a high suspicious index and a prompt medical and surgical approach.

Keywords

To report an unusual association and its surgical resolution.

References

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