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CASE STUDY

THE RARE PRESENTATIONS OF BOWEL OBSTRUCTION IN INFANCY PERIOD

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ABSTRACT

Introduction: Recurrent enterocolitis with failure to thrive during neonatal and infancy period are common manifestations of immunodeficiency, especially when associated with delayed separation of the umbilical cord. But in rare cases, these manifestations are associated with surgical causes as bowel obstruction, which will be missed because of the similarity of the clinical picture. **Objective:** To present a case of bowel obstruction which was missed under diagnoses of immunodeficiency, in the pediatric and surgical department at subspecialty children hospital. **Case related:** Our case is about 5 months old girl with failure to thrive, has a history of delayed separation of umbilical cord for 7 weeks, neonatal infection with recurrent enterocolitis needed hospitalization for a period of 3 months. She presented with fever, vomiting, diarrhea, distended abdomen. Each time the symptoms of vomiting and abdominal distention were improved after conservative management with the antibiotic, which delayed the diagnosis of bowel obstruction. After the surgery, all her symptoms resolved, and she began to thrive. **Conclusion:** Infants with bowel obstruction may present with vague symptoms make the diagnosis difficult, and delay the surgical intervention.

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INTRODUCTION

Intestinal obstruction is a common cause for surgical intervention in newborn. The incidence is an estimated 1 in 2000 live births (Wyllie Robert, ?). The signs and symptoms of intestinal obstruction in a newborn sometimes are nonspecific, hence a detailed history and a good physical examination are important (Walker *et al.*, 2006). Intestinal obstruction is considered in some cases as life-threatening cases. Successful management of neonatal intestinal obstruction depends on timely diagnosis and appropriate intervention [Mark *et al.*, 2015; Jaime Shallow, 2015]

Case Report

The 5 months old girl has failure to thrive, was admitted to our hospital with low-grade fever, vomiting after meals, poor feeding for 2 days. She was suspected to have an immune deficiency (leukocyte adhesion deficiency) because of her past medical history as she has recurrent admissions to other hospitals for fever, vomiting, diarrhea (bloody diarrhea), poor feeding, plus delayed separation of umbilical cord for 7 weeks.

Each episode she had high inflammatory markers, and her symptoms resolved with antibiotic treatment, gastrografine study, and barium enema were nonspecific, hence she was suspected to have an immune deficiency and was started on Bactrim prophylactic. At home, her parents reported that the sound of bowel movement was audible sometimes. Physical examination: The weight was less than 3% percentile, she was dehydrated, her abdomen was distended. Blood test: high inflammatory markers including CRP, neutrophils. During admission, her abdominal girth was increasing gradually, and she vomited once bilious. AXR showed multiple air-fluid levels and the air was up to rectum. Repeated Barium Rectal Enema: Nonspecific findings, correlated with clinical picture. There was a suspension of focal narrowing involving the sigmoid colon. Given the history of recurrent vomiting (sometimes bilious), distended abdomen, failure to thrive, she went for exploration laparotomy and Hirschsprung gut biopsies and found to have obstructed iliac region due to the ileal web with adhesions which were resected. Follow up after surgery for the next 4 months: she started to gain weight, no new infection, no hospitalization, normal development.

DISCUSSION

Intestinal obstruction is a frequent indication for surgical intervention in newborns. The incidence is an estimated 1 in 2000 live births (Wyllie Robert, ?)

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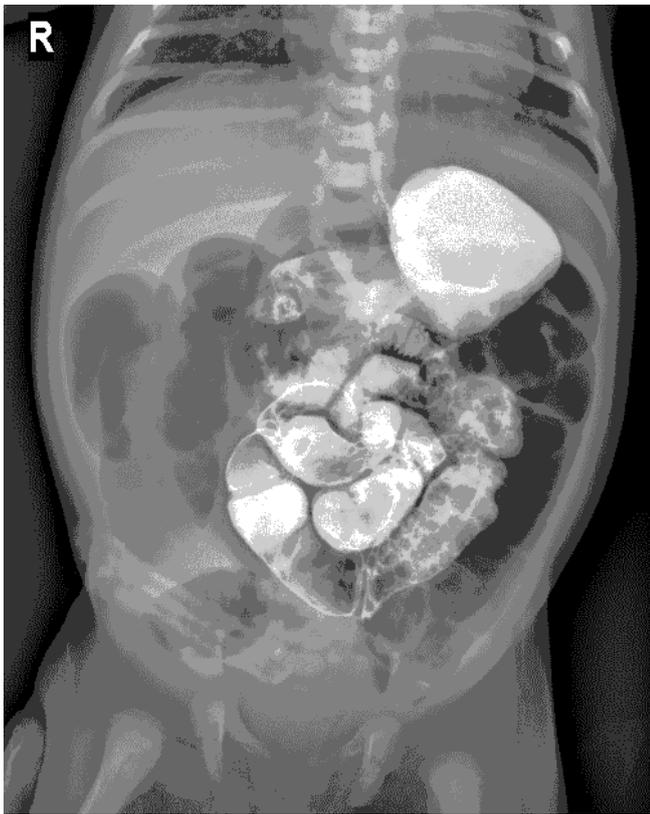


Fig. 1. Barium study at age of 2months, no specific findings

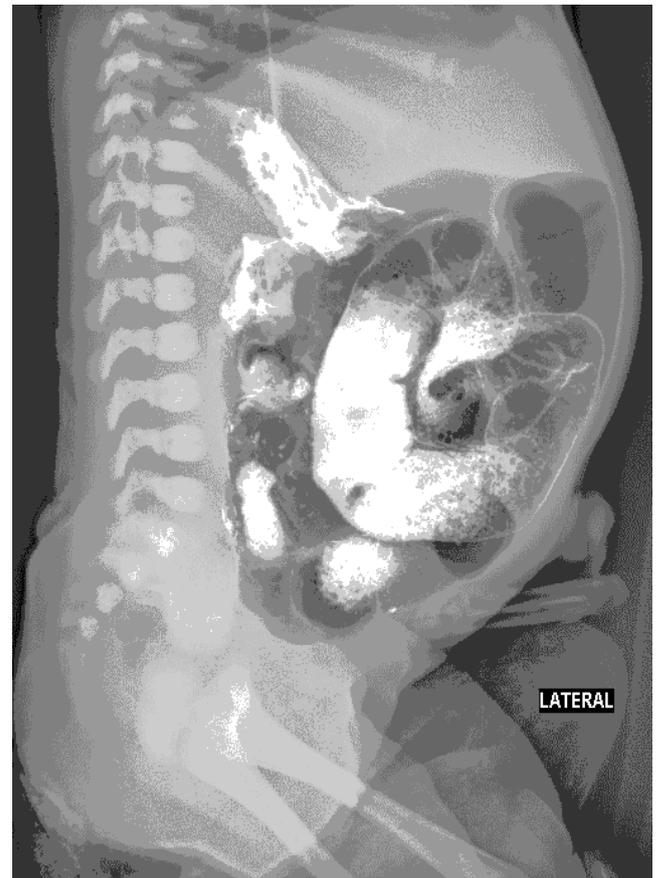


Fig. 3. Barium study at age of 2months, no specific findings

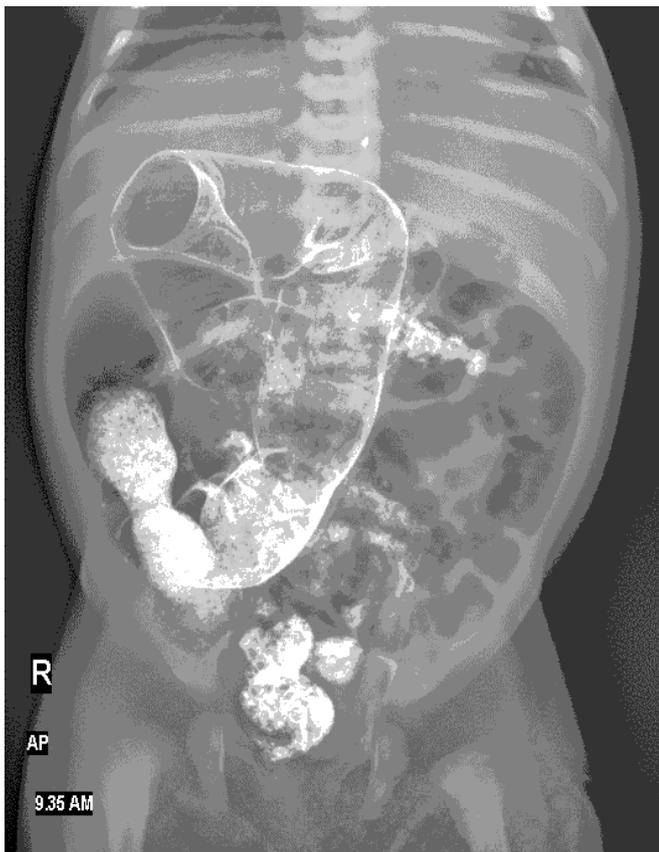


Fig. 2. Barium study at age of 2months, no specific findings



Fig. 4. Barium rectal enema at age of 4 months

Signs and symptoms of obstruction vary between patients, it is determined by the anatomical location of the obstruction (Jaime Shallow, 2015). Classical presentations are bilious emesis, a distended upper abdomen, and a scaphoid hypogastrium.

Bilious vomiting in the neonate is a red flag sign and should be considered secondary to a mechanical obstruction until proven otherwise (Mark I, Richard, 2015). Less common presentations of intestinal obstruction are dehydration, fever, jaundices (Mark I, Richard, 2015).

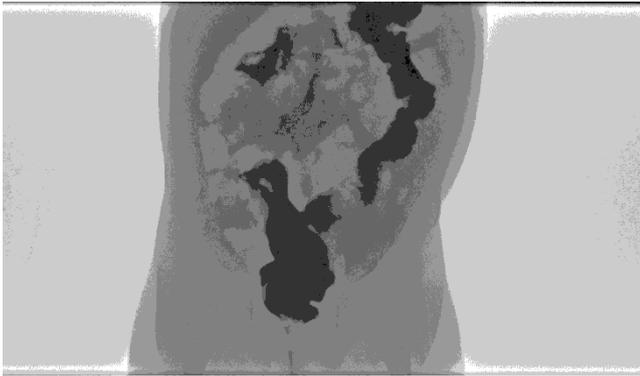


Fig. 5. Barium rectal enema at age of 4 months. There was a suspension of focal narrowing involving the sigmoid colon



Fig. 6. Surgery at the age of 5 months



Fig. 7. Surgery at the age of 5 months

The important factor for proper diagnosis is an accurate history with a physical examination (De la Hunt, 2006; De Silva, 2006), corroborated by simple radiologic studies. Our patient presented with unusual symptoms made the diagnosis difficult and delayed the surgical intervention. She had few classical symptoms as abdominal distention with emesis, but usually accompanied by fever and enterocolitis, and her symptoms were resolving with antibiotics which derailed the diagnosis. Also, all the image studies were not clear enough to put the final diagnosis. Detailed history and very good physical examination during the episode played the main role in the diagnosis and management.

Follow up with the patient after surgery she is very well, gaining weight, normal development, and no more infection.



Fig. 8. Surgery at the age of 5 months

Aim of the study: We presented this case to emphasize the importance of taking proper history with physical examination and not to ignore surgical manifestation even it was masked by other symptoms.

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