

J. Fasa Univ. Med. Sci. Vol.6 | The First National Student Congress on Non-Communicable Diseases Control | Summer 2016

The Total Absence of the Small Bowel in a Newborn with Duodenal Obstruction: A Case Report and Complete Review of Short Bowel Syndrome

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Background & **Objective**: Total absence of the small bowel is a very rare situation. It is usually accompanied with vascular problems or abdominal wall defect. The following case is presented to discuss the optimal care and the best operative technique that could be done in this situation.

Patient Report: A two-day-old neonate, G/A of 36th weeks, was referred to our center because of bilious vomiting and double bubble sign in the X-rays. The patient was resuscitated and transferred to the operating room with the diagnosis of duodenal obstruction. We found adhesion and a sac containing two blind pouches. The proximal part was the third portion of the duodenum and the distal was cecum and three cm of terminal ileum. In order to end the operation, duodenocolic anastomosis was performed. The patient transferred to NICU for parenteral nutrition and discussing the matter with parents. In spite of good postoperative course, the patient was discharged with parent's consent on the third days and expired at home because of neglect.

Discussion: Patients with short bowel syndrome can survive with the presence of at least 15 cm of small bowel and intact ileocecal valve or with 25 cm of small bowel without ileocecal valve. If the above criteria did not exist, it is better to make bowel continuity back, put the patient on parenteral nutrition, then discuss the options of future transplant and complications of prolong parenteral nutrition. These give them the time to adapt and decide.

Keywords: Absence of small bowel, Newborn, Duodenal Obstruction