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Introduction

Ileal atresia is a congenital abnormality where there is significant stenosis or complete absence of a portion of the ileum. Ileal atresia results from a vascular accident in utero. Increased incidence in those with chromosomal abnormalities or following the development of polyhydramnios.

There is decreased intestinal perfusion and subsequent ischaemia of a segment of bowel. This leads to narrowing, or in the most severe cases, complete obliteration of the intestinal lumen. Surgical treatment depends on the severity of obstruction and length of the damaged bowel but is usually curative.

An ileal atresia is often discovered prenatally at a routine prenatal ultrasound scan, there is frequently a proximal dilated intestinal segment. In the postnatal period, an abdominal radiograph will show air in the dilated loops of proximal bowel. Barium enema will show microcolon. (Jones J, Qureshi, et al)

This is a case report on post op D10, lap adhesiolysis + internal bypass + appendicectomy and post op D23 of relaparatomy and adhesiolysis for small bowel obstruction secondary to adhesion.

Case report

Mr A, 19 year old, underlying ileal atresia done bowel resection + primary anastomosis in 2003 then closed jejunostomy – open surgery.

In 2019, relaparatomy and adhesiolysis.

The diagnosis being intestinal obstruction secondary to adhesion as noted from CT scan done pre operatively- predominantly at the left hypochondrium.

Patient presented with symptoms of vomiting for 4 days since discharged-food and bilious vomiting.

3 days later, still unable to tolerate orally – vomiting, nil by mouth for 2 days, abdomen distended, subjecting him for second CT abdomen with oral contrast.

Preliminary AXR shows persistent oral contrast in the transverse colon with vulvulae conniventes of the central small bowel.

Upon the investigating CT post operatively done 2 weeks later,

Ryles tube insitu in the stomach with underdistension of the stomach.

The stomach antrum and pylorus is compressed whereas the jejunum and proximal ileum is distended. The distal ileum and terminal ileum are collapsed with oral contrast within.

Smooth ileal wall thickening. Unable to locate suture material from appendicectomy.

There is a short segment polypoidal soft tissue growth or thickening at the proximal rectum causing luminal narrowing stenosis. This could represent thick...
An abnormal contour of the small bowel segment at left iliac fossa and within the pelvic with dense materials likely suture.

Compression of the mid segment of the sigmoid colon likely from the adherence from the left side of the small bowel. Rest of the sigmoid colon is not dilated.

No contrast leak.

However, there is a new rim enhancing collection at the right iliac fossa extending to the right side of the pelvis at the area of concern.

Discussion

Q: Collection on the right could be secondary infection due to seepage? Spontaneous?

The adhesion was not at site of resection of ileal atresia? Was there any trauma or recent infection?

A: It was a case of adhesion colic. The cause of the adhesion was unknown, either secondary to infection or previous childhood surgery.

Q: The adhesion band was not completely relieved during first operative procedure evidenced by the adherence to the left side. The reason of it being incompletely released of the obstruction?

A: The reason for multiple surgeries was missed reporting on the mid sigmoid colon adhesion flap.

Conclusion

If left untreated, the blockage and resulting build-up, may cause pain, infection and organ failure. Preventative measures like non-traumatic surgery, delicate manipulation of tissues, prevention of contamination, adequate hemostasis, and the use of non-irritant materials are important to consider. One significant advantage of minimally invasive surgery is that is results in fewer adhesions than the open approach. (Philip et al.)

References

1. Adhesiolysis, Phillip Nahiriak; Faiz Tuma, Central Michigan University
3. Delayed presentation of jejunal atresia Charu Sharma et al., Journal of Mother and Child, 2017