Congenital Jejunal Atresia – A Case Report

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A 35 year old, second gravida was referred at 37 weeks of pregnancy with suspected foetal intestinal obstruction by ultrasound done elsewhere for further management. Her previous pregnancy was 12 years back and was uncomplicated. She was not investigated for infertility. On examination, uterus was overdistended with excessive liquor, FHS was regular. Ultrasonography revealed a single live foetus of gestational age 34 weeks with amniotic fluid index 20.5 (Photograph I). There was grossly distended fluid filled bowel loops in the lower part of the abdomen which showed active peristaltic movements. No other anomaly was found. A diagnosis of foetal intestinal obstruction probably jejunoilieal, was made. Her routine investigations were normal. TORCH investigation revealed Herpes simplex (IgM) positive. Pap-smear of the cervix for HSV was negative and there were no local herpetic lesions.

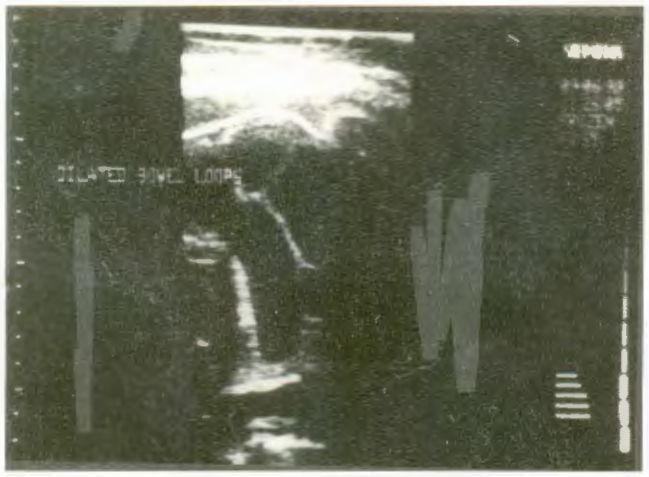

Fig I

A decision was taken for induction but patient went into labour spontaneously overnight and delivered a male child weighing 2.6kg with Apgar score of 4 and 6 at the end of 1 and 5 minutes respectively. Placenta was retained and removed mannually.

The baby had abdominal distension and Ryle's tube aspirate was 185ml. Baby had hypotension and was on ventilator. On 3rd day of life laparotomy was done which revealed Type-II jejunal atresia involving 8cms of bowel segment. Resection (Photograph II) and anastomosis was done. Baby made an uneventful recovery. At 3 months follow-up the baby was doing well.

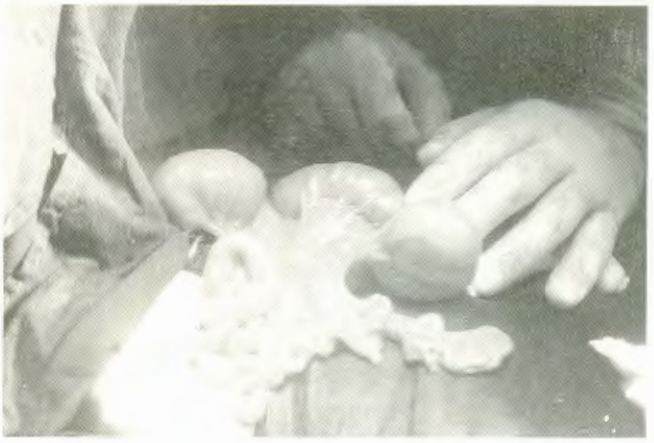

Fig. II