



Sree Balaji Medical College & Hospital
Bharath Institute of Higher Education & Research
National Conference on Neonatology

BALNEOCON 2021

25th November, 2021

Theme: Community Neonatology



Editors

Dr. Ravanagomagan

Assistant Professor

Dr. Naveen Chandher K

Assistant Professor

Dr. S. Sundari

Professor and Head

Department of Paediatrics

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A Rare Case of Very Pre-Term (31 Weeks)/ Low Birth weight/ Appropriate for Gestational Age/Perinatal Depression/Duodenal Atresia/? Early Onset Sepsis/Female Baby

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Aim & Objective: To report a rare case of duodenal atresia in a very preterm (31 weeks)/AGA/LBW/? early onset sepsis/female baby.

Background: Duodenal atresia is a rare congenital intestinal obstruction that can cause bilious vomiting, feed intolerance within first 24-38 hours of neonatal life. Obstruction of the duodenum causes duodenal atresia, usually distal to the ampulla of vater in the second portion of the duodenum. During the 8th - 10th week of embryological development, errors in duodenal recanalization is the main cause of duodenal atresia. In duodenal atresia there is complete obstruction of the duodenal lumen. Duodenal atresia occurs 1 in 5000 to 10,000 live births. There is no racial/gender predisposition. X-ray abdomen shows double bubble sign which is the classical finding of duodenal atresia.

Case Report: A 21 year old primi, not a booked case came with labour pain and delivered a 31 weeks old very pre-term/low birth weight (1850gms)/AGA/female baby through NVD. New born did not cry immediately after birth and required one cycle of positive pressure ventilation.

APGAR score 1 minute: 4/10

APGAR score 5 minute: 7/10

First feed was initiated through NG tube following feed baby developed feed intolerance and bilious vomiting. Yellowish discoloration of skin was present upto palms and soles within 1st day of life.

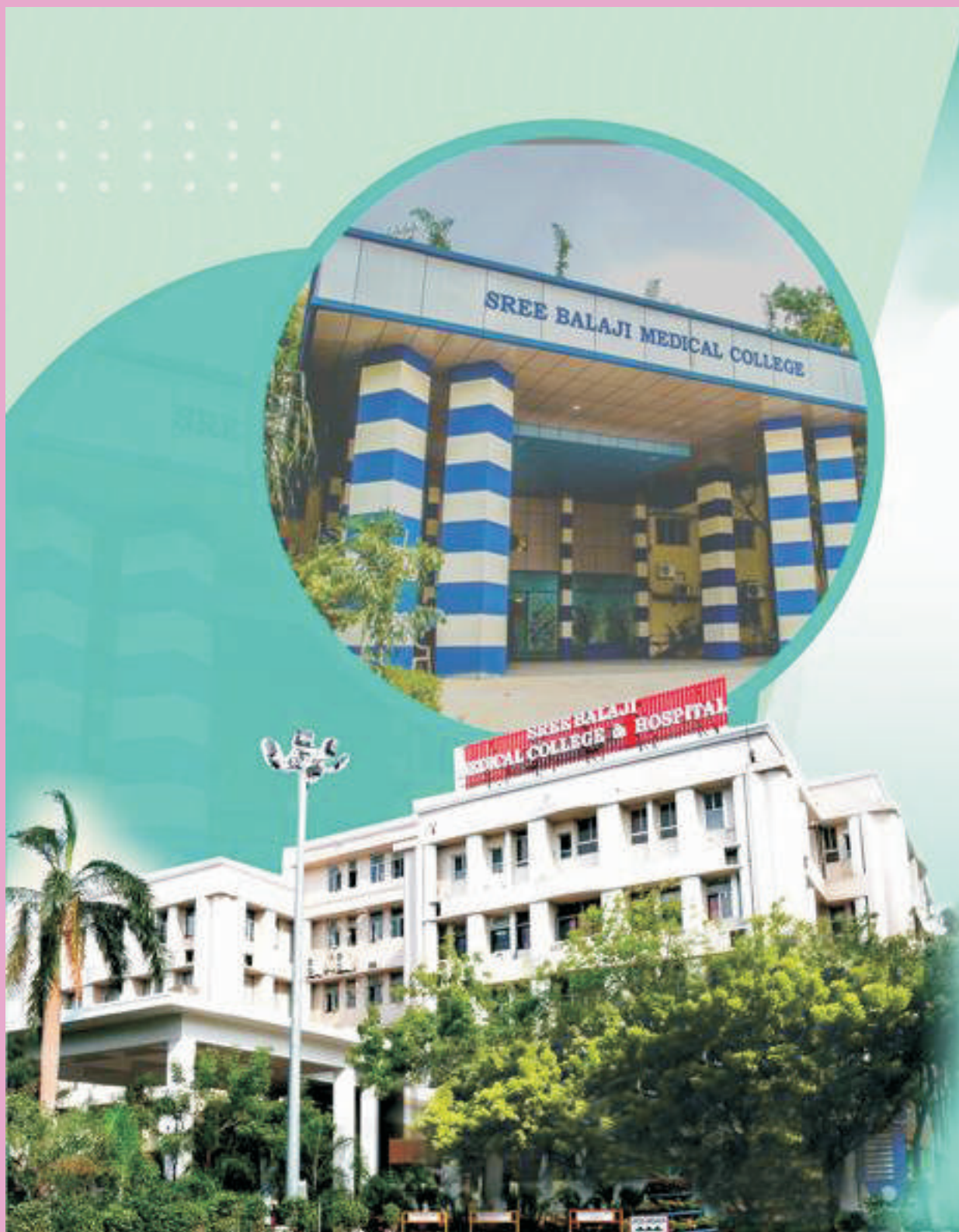
X-RAY abdomen - shows Double bubble sign

S. Bilirubin (Within 24 hours)

Indirect : 16.1mg/dl

Direct : 1.0mg/dl

Conclusion: Duodenal atresia requires surgical repair. The prognosis post surgery is excellent. Late mortality



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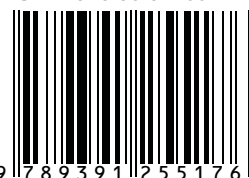
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