

LETTER TO THE EDITOR

Jejunoileal Atresia Associated with Situs Inversus Totalis

Sefa Sag,^{1*} Dilek Basar,¹ Berna Saygin,² Filiz Akturk Acar²

1 Department of Pediatric Surgery, University of Health Sciences, Kanuni Education and Research Hospital, Trabzon/ Turkey

2 Department of Pediatrics, University of Health Sciences, Kanuni Education and Research Hospital, Trabzon/ Turkey

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DEAR SIR

Situs inversus totalis (SIT), characterized by reverse placement or mirrored arrangement of the intraabdominal and intrathoracic organs, is associated with various anomalies.[1] Jejunoileal atresia (JIA) is one of common neonatal intestinal obstructions. The concomitant occurrence of situs inversus and JIA is extremely rare, with a few cases reported so far in the literature.[2]

A 2-day-old female, born at 38 weeks' gestation with a birth weight of 2540 gram, presented with failure to pass meconium, bilious vomiting and abdominal distension, since birth. Antenatal scan showed polyhydramnios. There was no history of consanguinity. On examination, the neonate was hemodynamically stable. Abdominal and chest x-rays revealed dextrocardia, a stomach bubble on the right side of her abdomen, and dilated bowel gas shadows (Fig.1A). Contrast enema detected unused colon. Abdominal ultrasound showed the liver on the left side and the gallbladder near the midline on the left side. Both kidneys were normal, and the stomach was on the right side. An echocardiogram showed dextrocardia with no other cardiac anomalies. The patient was operated with a preliminary diagnosis of situs inversus totalis and ileal atresia on the 3th day of her life. The stomach and spleen were found on the right side, while the liver was on the left side; Type 1 jejunal atresia was also found, 30 cm distal to ligament of Treitz (Fig.1B). Tapering of the proximal dilated segment and end to end anastomosis were performed. Postoperative recovery was uneventful and patient was discharged on 11th postoperative day on full

feeds. Our patient is now 3 months old and doing fine.

JIA is a common cause of neonatal intestinal obstruction. Intrauterine diagnosis can be made by antenatal ultrasound. In our case, polyhydramnios and dilated bowel echoes were detected on antenatal scans. JIA is associated with other anomalies in only 15.8% of cases and common associated anomalies are cardiac anomalies, gastroschisis, malrotation etc.[3] In our case, no additional anomaly was detected besides SIT.

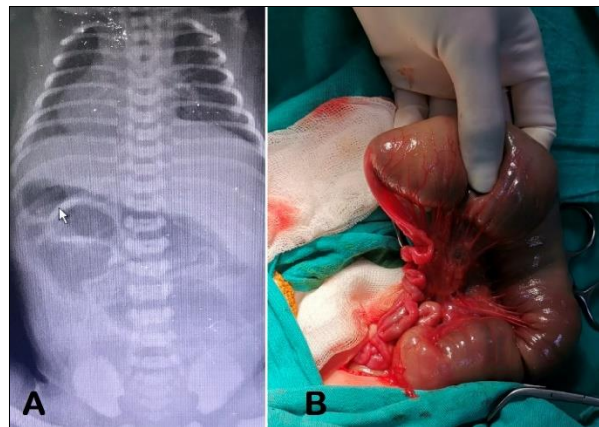


Figure 1: A) X-ray abdomen showing dextrocardia, left sided liver shadow and right sided stomach (white arrow). B) Type-I jejunal atresia.

The concomitant occurrence of SIT and neonatal intestinal obstruction is very rare.[2,4] Not only JIA, but duodenal obstructions are also reported in association with SIT.[5] The treatment of JIA with or without associated SIT is same.[2,4] In our case, we performed tapering of the proximal dilated segment and end to end anastomosis that worked well.

Correspondence*: Sefa Sag; MD, Assistant Professor, Department of Pediatric Surgery, University of Health Sciences, Kanuni Education and Research Hospital, Trabzon/ Turkey

E mail: drsefa51@gmail.com
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