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When/how to manage meconium related ileus? -Always it needs enterostomy?

PEDIATRICS

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Introduction: Meconium related ileus (MRI) is one of cause for neonatal intestinal obstruction, especially in premature baby. It is associated with cystic fibrosis, but it is very rare in East Asia. MRI can present not only bowel perforation but also persistent abdominal distension with feeding intolerance. We introduced the surgical options of MRI and reviewed the surgical outcome.

Material & Method: We retrospectively reviewed the medical records for 45 infants who underwent the operation for MRI from March, 2010 to August 2017 in Haeundae Paik hospital and Dong-A university medical center by single surgeon. We excluded the congenital anomalies and NEC in this study.

Results: 45 infants (M:F=23:22) underwent the operation at 20.9 ± 20.6 days after birth. All except 3 were premature baby. Mean gestational age was 28.7 weeks ± 3.9 days and birth weight was $1,235\pm777.1$ g. 13 patients showed the free air on the X-ray and 27 patients showed severe abdominal distension despite of aggressive gastrograffin enema. Four patients showed fixed bowel loop on the X-ray. The weight at operation was mean 1482.1 ± 779.8 g and bedside operation was done for 31 babies, and the operating time was 71.42 ± 27.2 minutes. Enterostomy was performed in 35 patients. We extracted thick meconium fully via appendix orifice, and then only did appendectomy for seven patients. Two patients underwent side to side anastomosis. We could extract meconium via enterotomy and repaired the enterotomy immediately. Two patients (4.4%) had underlying Hirschsprung's Disease. 12 patients (26.6%) died from sepsis, respiratory failure, and liver failure. They could start feeding around seven days regardless of operation method, and the time to full enteral feeding was mean 36.34 ± 34.24 days.

Conclusion: Still mortality is high in extremely low birth weight infants. Decompression via appendectomy and primary anastomosis could be another surgical option.

Biography

So Hyun Nam is Pediatric Surgeon in South Korea. He has been working a member of Korean Pediatric Surgeons Society for 11 years. He is an associate professor in Dong-A University College of Medicine. He is interested in intestinal rehabilitation program and neonatal surgery especially for premature baby. Long term parenteral nutritional support for motility disorder and short bowel syndrome is always his concern.

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