LETTER TO THE EDITOR

BILIOUS VOMITING IN CHILDREN - A PLEA FOR EARLY SURGICAL CONSULTATION

Sir,

We would like to share our experience with our colleagues on a very important aspect. A 3½ years old boy weighing 12 kg was referred from a paediatric unit for surgical opinion. He had a history of bilious vomiting and abdominal distention off and on for the last 2½ years. He was treated for these complaints by different general practitioners and pediatricians for this length of time. Physical examination revealed upper abdominal distention with visible peristalsis. Barium meal & follow through examination revealed partial obstruction at the level of lower jejunum with massively dilated proximal intestine (Photograph – I)

A laparotomy was performed which revealed massively dilated proximal jejunum with change in the size of gut at the level of distal jejunum (Photograph – II). Enterotomy was carried out which showed a mucosal web with small eccentric opening (Photograph – III). Mucosal web was excised and side to side anastomosis performed. Post operative recovery was uneventful.

Jejunoileal atresias and stenosis are major causes of neonatal intestinal obstruction.[1-3] Most newborns with intestinal obstruction present with bilious vomiting. Bilious vomiting in the neonate should be considered secondary to a mechanical obstruction until proven otherwise, and emergency surgical evaluation is warranted in every newborn with this symptom.[4,5] Most of the patients with intestinal stenosis create diagnostic difficulty. Intermittent partial obstruction or failure to thrive may be the initial symptoms that may subside without treatment. Most of these babies eventually develop complete intestinal obstruction.[6-8] These lesions should be distinguished from other causes of neonatal intestinal obstruction which include malrotation with or without midgut volvulus, intestinal duplication, and internal herniation etc.[9] Meticulous history taking, physical examination and radiological investigations are the most useful elements in differentiating this condition.[10]

Our patient had bilious vomiting, abdominal distention with visible peristalsis off & on for the past 2½ years and he has been seen by many physicians and pediatricians but nobody investigated this patient or sought a surgical advice. There are reports which showed delayed diagnosis for years in such cases.[7,11] Early surgical opinion and investigation of patients with bilious vomiting would help in early diagnosis of these cases.

Our purpose of reporting this case is to draw attention of our colleagues to take early surgical opinion in patients having bilious vomiting with or without abdominal distention, so that these cases should be diagnosed and treated as early as possible to decrease morbidity and mortality associated with delayed diagnosis and treatment of this condition.

Figure 1: Barium meal & follow-through examination showing partial obstruction at distal jejunum with dilatation of proximal loops.

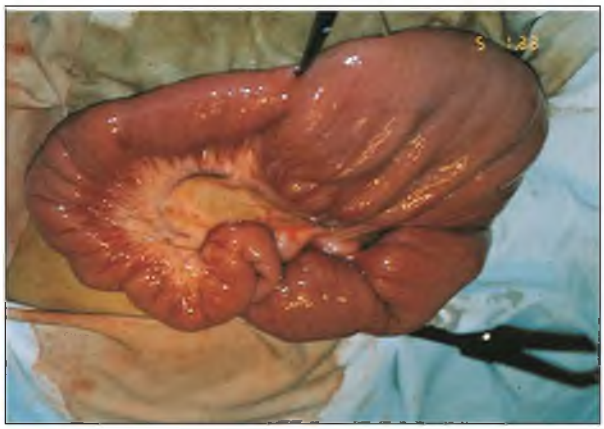

Figure 2: Operative view showing massively dilated proximal jejunum with abrupt change in the size of intestine

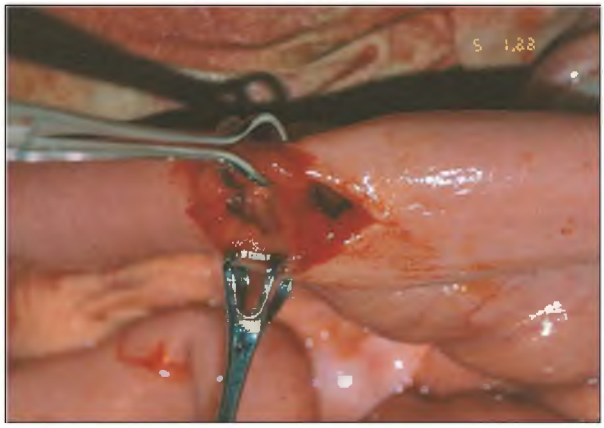

Figure 3: Operative view: Enterotomy showing mucosal web with small eccentric opening

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