Cases Journal



Case Report Open Access

Multiple associated anomalies in a single patient of duodenal atresia: a case report

Bilal Mirza*, Lubna Ijaz, Muhammed Saleem and Afzal Sheikh

Address: Department of paediatric surgery, children hospital, Institute of child health, ferozepur road, Lahore, Pakistan

 $Email: Bilal\ Mirza*-blmirza@yahoo.com; \ Lubna\ Ijaz-drlubnabilal@yahoo.com; \ Muhammed\ Saleem-msaleemc@yahoo.com; \ Afzal\ Sheikh-profafzalsheikh@yahoo.com$

* Corresponding author

Published: 6 October 2008

Cases Journal 2008, 1:215 doi:10.1186/1757-1626-1-215

© 2008 Mirza et al: licensee BioMed Central Ltd.

This article is available from: http://www.casesjournal.com/content/1/1/215

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Background: Duodenal atresia is a common cause of intestinal obstruction in neonates. It is associated with other congenital anomalies like Down's syndrome, annular pancreas etc.

Case presentation: We present a case of a two days old male baby presented to us with bilious vomiting since birth. It was associated with Down's syndrome, Annular pancreas and Malrotation.

Conclusion: Duodenal atresia is associated with other congenital anomalies but more than one congenital anomalies in a single patient is very rare.

Background

The duodenum is the most common site of intestinal obstruction accounting for nearly half of all cases [1]. The incidence of duodenal atresia is estimated as 1 in 6000–10000 births [2]. Embryological basis for etiology of duodenal atresia are thought to be due to errors of recanalization [3]. Approximately half of all infants with duodenal atresia or stenosis will also have a congenital anomaly of another organ system [4].

Duodenal atresia is associated with Down's syndrome (30%), annular pancreas (23%), congenital heart disease (22%), malrotation (20%), oesophageal atresia (8%), others (20%) [5].

The mainstay of treatment is surgical intervention. Duodenoduodenostomy is most frequently performed operation.

We report a case of duodenal atresia associated with more than one congenital anomalies.

Case presentation

Received: 16 August 2008 Accepted: 6 October 2008

A male baby 2 days old presented to us for bilious vomiting since birth. On examination patient has features of Down's syndrome and no other obvious anomaly. A nasogastric tube is passed and 40–50 ml bilious fluid aspirated. Xrays abdomen erect film showed a double bubble sign. Provisional diagnosis of duodenal atresia made and patient was optimized for surgery 1, 2.

At operation we found duodenal atresia, annular pancreas and malrotaion of gut.

Duodenoduodenostomy was peformed. Recovery of patient was uneventful.

Conclusion

Duodenal atresia is frequently associated with other congenital anomalies but combination of anomalies in a single patient is very rare. This report illustrates a rare setting in which three associated congenital anomalies were present in a single patient of duodenal atresia.



Figure I X-rays radiograph abdomen (erect posture) showing a double bubble sign indicative of duodenal obstruction.

Consent

Written informed consent was obtained from the parents for publication of this case report.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

BM presented the case history, researched the topic and helped draft the manuscript. LI reviewed the literature and drafted the manuscript. MS was the supervising consultant paediatric surgeon who supervised the surgery. AS is head of department helped and guided for preparation of case report. All authors read and approved the final manuscript.



Figure 2
Picture of the patient with down syndrome manifestations.

Acknowledgements

We are grateful to Prof. Dr.M Afzal Sheikh, Dr.M.Sharif, Dr.Afzal Sipra, Dr. Shahid Iqbal, Dr.Nasir Mahmood, Dr.Arsalan Qureshi and other colleagues for giving suggestions and comments.

References

- Dalla Vecchia LK, Grosfeld JL, West KW, et al.: Intestinal atresia and stenosis: A 25 year experience with 227 cases. Arch Surg 1998, 133:490.
- Fonkalsrud EW, DeLorimier AA, Hays DM: Congenital atresia and stenosis of the duodenum: A review compiled from the members of the surgical section of the American Academy of Pediatrics. Pediatrics 1969, 43:79.
- Lambercht W, Kluth D: Heriditary multiple atresias of gastrointestinal tract: Report of a case and review of literature. J Pediatr Surg 1998, 33:794.
- 4. Bailey PV, Tracy TFJ, Connors RH, et al.: Congenital duodenal obstruction: A 32 year review. | Pediatr Surg 1993, 28:92.
- Sweed Y: Duodenal obstruction. In Newborn surgery 2nd edition. Edited by: Puri P. London, Arnold; 2003:423.

Publish with **Bio Med Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours you keep the copyright

Submit your manuscript here: http://www.biomedcentral.com/info/publishing_adv.asp

