

SEGMENTAL INTESTINAL NECROSIS WITHOUT DEFINED PATHOLOGY IN AN EIGHTEEN-MONTH-OLD BOY

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Introduction: Segmental intestinal necrosis is a common surgical finding in neonates, infants and children. Intestinal necrosis without any specific cause is an uncommon situation that is difficult to diagnose and manage.

Purpose: To present a rare case of segmental intestinal necrosis without defined pathology in an eighteen-month-old boy and to discuss the diagnostic approach, the surgical management and the follow-up strategy in such unusual conditions.

Case description: An eighteen months old boy was admitted to the pediatric ER due to abdominal pain and vomiting. Symptoms occurred three days ago, also with high fever (max. 38,6 °C). A nasogastric tube was applied to the patient that drained bile gastric content and an urgent surgical evaluation took place. An ultrasound was performed that revealed dilated small and large intestines without peristalsis and no other findings. Through a paramedian incision, segmental necrosis was found at the last thirty cm of the ileus without any other underlying pathology. The necrotic segment was resected and a primary anastomosis was performed reserving the ileocolic valve. The patient started oral nutrition after four days and was discharged with instructions for close follow-up.

Conclusions: A complete hematological profile was given without any findings that could define thromboembolic ischemia. Also, no anatomic pathology was found from the laparotomy such as volvulus, intussusception, peritonitis, appendicitis, or malrotation. The cause of the necrosis was not determined but from his history and the review of literature segmental volvulus that was automatically resolved, could be among others the most possible scenario.