

Erken Teşhis Edilen İki Prematür Yenidoğanda Meckel Perforasyonu:

Erken Teşhis Ve Cerrahi Müdahale Hayat Kurtarıcı Mıdır?

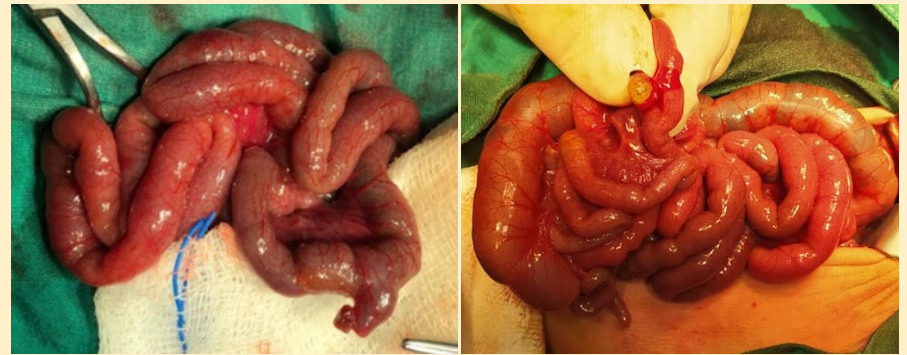
Early Diagnosed Meckel's Diverticulum Perforation In Two Preterm Newborns: Is Early Diagnosis And Surgical Intervention Life Saving?

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Introduction: Meckel's diverticulum (MD) is the most common congenital anomaly of the gastrointestinal tract with prevalence of 2% in the population. MD perforation is very rare in preterms. Here, presentation of two preterm cases with early diagnosed MD perforation were aimed.

Case 1: A 1-day-old male neonate who was born at 29-week gestation with a birth weight of 1500 gram was referred to us because of suspected abdominal free air on x-ray. His abdomen was mild distended. An emergency laparotomy was performed at second day of age. A perforated MD measuring up to 1 cm within about 30 cm proximal to ileocecal valve on the antimesenteric side was found. Wedge bowel resection and anastomosis was performed. Histopathological examination was consistent with a MD. The patient was switched to oral full nutrition on the postoperative 23th day and was transferred to NICU.



Case 2: A 2-day-old male premature neonate weighing 2.3 kg, born by cesarean delivery at 34-week gestation, was transferred to our department with a pre-diagnosis of bowel perforation due to sub-diaphragmatic free air. During the exploration, perforation of Meckel's diverticulum was detected. The portion of the ileal loop affected by the diverticulum was segmental resected (1.5 cm) and an ileo-ileal end-to-end anastomosis was performed. Also, due to a huge ureteropelvic junction obstruction percutaneous nephrostomy was inserted. Enteral trophic feeding was started on the 5th postoperative day. The patient was referred to another tertiary center for cardiac surgery on the 18th postoperative day and afterwards, tracheostomy was performed because the patient could not tolerate extubation.

Conclusions: MD perforation should be kept in newborns if they have pneumoperitoneum. The diagnosis is usually made during exploratory laparotomy. Wedge resection-anastomosis or segmental ileal resection-anastomosis are among the treatment options. The prognosis after surgery is good for cases diagnosed and treated early.