Can Resection Be Avoided In Ileocecal Atresia?

C Topsakal*, G Şalcı*, HS Yalçın Cömert*, M İmamoğlu*, H Sarıhan*
*Karadeniz Technical University Faculty of Medicine Department of Pediatric Surgery, Trabzon

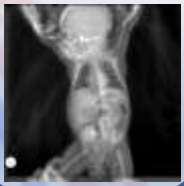
AİM:

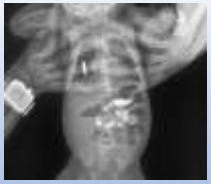
- Ileocecal valve atresia is a very rare type of intestinal atresia.
- The literature is limited to case reports.
- Resection of the ileocecal valve and primary anastomosis or stoma may be preferred in treatment.
- It may be associated with multiple intestinal atresias and Hirschsprung disease.

We aimed to present a new approach in the treatment of ileocecal atresia by reviewing the literature on our very rare case.

- **3 Day old male baby**
- **Born at 39 weeks**
- **G2P2**
- **3350 gr**
- **Gestation vaginally to a 27-year-old mother**

- **Malnutrition**
- **Abdominal distension**





Colonic atresia was considered in the opaque radiograph.
The patient was operated on.

During exploration;

- The **colon** appeared **unused**.
- The **terminal ileum** was highly **dilated** from the cecum to approximately 10 cm proximal.
- **A biopsy** was taken from the area thought to be a **transition zone**.
- When the 8Fr catheter was advanced from here, it was observed that there was **no passage** through the cecum.
- **It turned out that there was an intraluminal ileocecal membrane (type 1 atresia).**
- **Appendectomy** was performed and a 6Fr catheter was advanced through the stump and SF was administered through it, confirming that there was no other atresia in the colon.
- Then, the **membrane was incised** while preserving the cecum.
- **An ileostomy** was opened at the site where the biopsy was taken.

- As a result of the biopsy, ganglion cells in mature-immature morphology were seen in the ostomy site and immature ganglion cells in the appendix.
- In the rectal biopsy performed on the patient when he was 3.5 months old, ganglion cells with mature-immature morphology were seen.
- There was a microcolon appearance in the distal colon radiograph taken at the age of 10 months. Then, definitive surgery was planned for the patient.

During laparotomy;

- An endorectal pull-trough was performed using frozen biopsy
- The ileostomy was closed
- The cecum was preserved.

There was no problem during the 6-month follow-up.

The cecum was excised in almost all cases of ileocecal atresia, which are limited to case reports in the literature. However, it should not be forgotten that Hirschprung disease may accompany these patients. Even if Hirsphrung's disease is not present, the patient can be protected from recurrent surgeries and ileocecal valve excision by waiting sufficient time for ganglion maturation.

Referanslar:
1) Panigrahi AK, Anvekar P, Lohana P, Elmahal M, A Baath Allah S. Ileocecal Valve Atresia - A Take on the Aberrant Phenomenon. Cureus. 2021 Aug 31;13(8):e17614. doi: 10.7759/cureus.17614. PMID: 34646665; PMCID: PMC8483431.
2) Cacciari A, Mordenti M, Ceccarelli PL, Ruggeri G. Ileocaecal valve atresia: our surgical approach. Eur J Pediatr Surg. 2004 Dec;14(6):435-9. doi: 10.1055/s-2004-821072. PMID: 15630650.