

KARYA ILMIAH:
SEMINAR NASIONAL

Congenital Colonic Atresia

dr. Supangat M.Kes., Ph.D Sp.BA

NIP. 197304241999031002

- Tenaga Pengajar Bagian Paraklinik
Fakultas Kedokteran Universitas Jember



**KEMENTERIAN RISET, TEKNOLOGI, DAN
PENDIDIKAN TINGGI
UNIVERSITAS JEMBER**

Karya Ilmiah Dipresentasikan Pada Seminar Nasional:

Pertemuan Ilmiah Tahunan (PIT) ke XXVI PERBANI

18-20 Oktober 2018, Padang. eISSN Book Prociding: 2442-5230



Nomor : 50/PIT PERBANI/IX/2018
Hal : Pengumuman Poster PIT PERBANI

Padang, 24 September 2018

Kepada Yth.
dr. Azka Darajat
di
Tempat

Dengan hormat,
Dengan surat ini kami menginformasikan kepada Sejawat bahwasanya abstrak dengan judul :

"Congenital Colonic Atresia"

Telah diterima oleh panitia Pertemuan Ilmiah Tahunan (PIT) ke XXVI PERBANI Padang untuk presentasi **Poster** pada :

Hari/Tanggal : **Jum'at-Sabtu / 19-20 Oktober 2018**
Kode Poster : **PO19**

Dengan aturan presentasi sebagai berikut :

1. Presentasi poster menggunakan elektronik poster (e-poster) yang dikemas dalam format jpg. Dengan layout portrait dan resolusi 1920x1080 dpi.
2. Bahasa tertulis dalam presentasi menggunakan bahasa Inggris
3. Presentasi ditayangkan dalam bentuk *slide show* selama acara ilmiah berlangsung
4. E-poster paling lambat diterima panitia pada hari Jum'at / 12 Oktober 2018

Demikianlah kami sampaikan, atas perhatiannya di ucapkan terimakasih.

Hormat Kami,

Adi Pratama Arnofyan, SpB.SpBA
Ketua Panitia

CONGENITAL COLONIC ATRESIA: A RARE CASE REPORT

Azka Darajat¹, Supangat²

¹ Faculty of Medicine, University of Jember, Jember

² Department of Surgery, dr. Soebandi Hospital, Jember

ABSTRACT

Background: Colonic Atresia is a rare form of congenital abnormalities in children. The incidence is approximately 1:66.000 live birth. **Method:** This report is a retrospective review of one patient with colonic atresia presented to our hospital. **Results:** A 2-day-old female baby transferred to our hospital from peripheral hospital. The baby diagnosis from the peripheral hospital was low type obstruction with differential diagnosis congenital megacolon. At the time of admission to our hospital, the child presented with history of abdominal distention and didn't pass meconium after 24 hours. Abdominal X-ray was taken and showed distended bowel and air fluid level. Laparotomy exploration surgery revealed colonic atresia type II in descending colon and colostomy was performed. **Conclusions:** Colonic atresia is a rare case that may cause a miss diagnosed. A good management will determine the outcome

KEY WORDS: Colonic atresia, surgery

INTRODUCTION

Colonic Atresia is a rare form of congenital abnormalities in children. The incidence is approximately 1:66.000 live birth.¹ Colonic atresia can occur in ascending colon, hepatic flexure, transverse colon, splenic flexure, descending and sigmoid colon.² The authors were encouraged to report this case because it was rare.

METHOD

This report is a retrospective review of one patients with colonic atresia presented to our hospital.

RESULT

Case Presentation

A 2-day-old female baby transferred to our hospital from peripheral hospital. The baby diagnosis from the peripheral hospital was low type obstruction with differential diagnosis congenital megacolon. The baby was born to a 33- year old multigravida at 39 weeks gestation by spontaneous vaginal delivery with a birth weight of 3.3 kgs. At the time of admission to our hospital, the child presented with history of abdominal distention and didn't pass meconium after 24 hours. Oxygen and oral gastric tube were administered.

Abdominal X-ray was taken and showed distended bowel and air fluid level. A diagnosis of colonic atresia was made. Emergency surgery was planned. Fluid, electrolytes, parenteral nutrition and intravenous antibiotics were administered before the surgery. Laparotomy exploration surgery was performed through

transverse incision. Surgery revealed colonic atresia type II in descending colon and colostomy was performed.

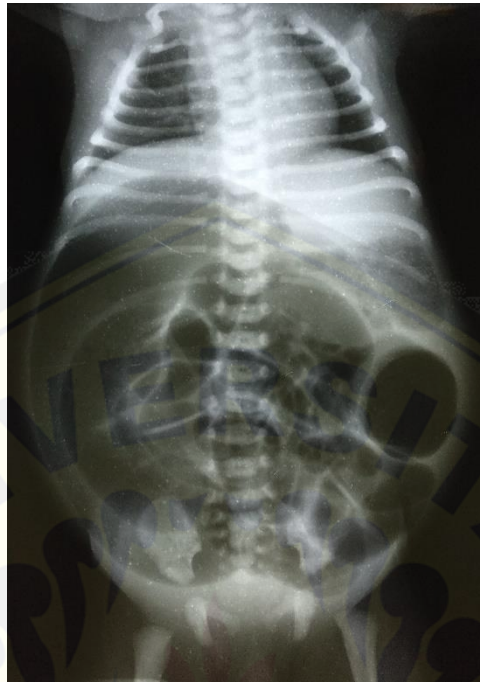


Image 1. Abnominal X-Ray show distended bowel and air fluid level

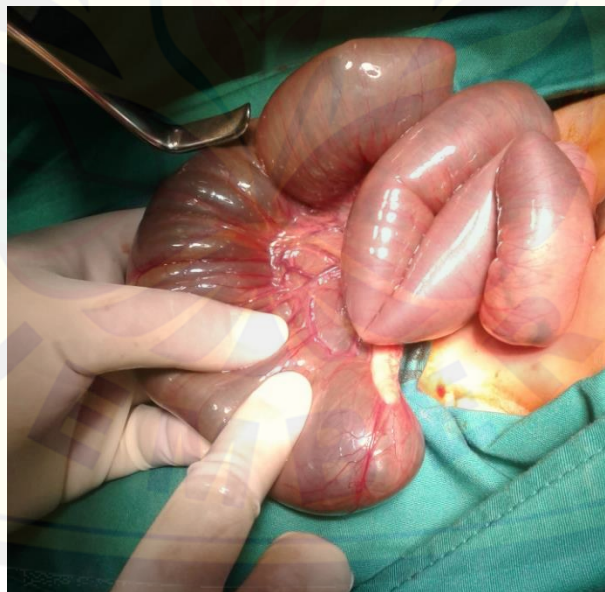


Image 2. Surgery revealed colonic atresia type II in descending colon

DISCUSSION

Colonic atresia is a rare case. Utero vascular insufficiency after organogenesis was considered as the etiology. There are some possible causes that can disrupt the vascular such as volvulus, intussusception, embolic or thrombotic events, and incarceration or strangulation secondary to hernias or abdominal wall defects.²

Colonic atresia can be classified base on Grosfeld classification.

Because of its rarity, it is usually not thought of in the differential diagnosis of neonatal intestinal obstruction.³ The diagnosis is still likely to be easily missed and the surgery could be delayed.⁴ Sign of distal bowel obstruction present in the colonic atresia. We can be suspicious of the diagnosis of colonic atresia if the baby is failed to pass meconium and radiological investigations can play role in early detection.^{4,5} The degree of distention proximal to the obstruction is more marked in the colon than in small intestine.

Laparotomy is usually performed. The obstructing lesion and dilated intestine are resected. Minimizing size mismatch for the anastomosis is important to facilitate the intestinal fuction. Because of the association with Hirschsprung disease, it is important to do rectal biopsy to evaluate ganglion cells and prevent complication.^{2,5}

CONCLUSION

Colonic atresia is a rare case that may be challenging to be diagnosed. Because of the rarity, colonic atresia can be miss diagnosed. A good management will determine the outcome of treatment.

REFERENCES

1. Khaled ME, Mohammed AL, Abdel HAE, Mohamed HS, Mosad ME. Colonic Atresia: Association with Other Anomalies. *Journal of Neonatal Surgery* 2016; 5(4):47.
2. Arnold GC. *Pediatric Surgery* 7th edition. USA: Elsevier; 2012.
3. Haroon M, Naila K, Mahmood S. Atresia of the Ascending Colon: A Rarity. *APSP J Case Rep* 2010; 1:3.
4. Ahmed A, Jamila AM. Colonic atresia associated with imperforate anus in a patient with down syndrome, expect the unexpected. *Journal of Pediatric Surgery Case Reports* 35 (2018) 57–59
5. Chouikh T, Ghorbel S, Jlidi S, Charieg A, Saada S, Mrad C, Benkhalifa S. Congenital Colonic Atresia: 4 Case Reports. *J Pediatr Neonatal Care* 2014, 1(3): 00018

Azka Darajat¹, Supangat²

¹Faculty of Medicine, University of Jember, Jember, East Java, Indonesia

²Departement of Surgery, dr. Soebandi Hospital, Jember, East Java, Indonesia

1 Background

- Colonic atresia is a rare form of congenital abnormalities.
- The incidence is approximately 1:66.000¹.

2 Method

This report is a retrospective review of one patients with colonic atresia presented to our hospital.

3 Result

- A 2-day-old female baby presented with history of abdominal distention and didn't pass meconium after 24 hours.
- Abdominal X-ray was taken and showed distended bowel and air fluid level.
- Laparotomy exploration surgery revealed colonic atresia type II and colostomy was performed.



4 Discussion

- Colonic atresia is still likely to be easily missed and the surgery could be delayed^{3,4}.
- Radiological investigations can play role in early detection^{2,4}.

5 Conclusion

Colonic atresia is a rare case that may be challenging to be diagnosed. A good management will determine the outcome of treatment.

References:

- 1.Khaled ME, Mohammed AL, Abdel HAE, Mohamed HS, Mosad ME. Colonic Atresia: Association with Other Anomalies. *Journal of Neonatal Surgery* 2016; 5(4):47.
- 2.Chouikh T, Ghorbel S, Jliidi S, Charieg A, Saada S, Mrad C, Benkhalifa S. Congenital Colonic Atresia: 4 Case Reports. *J Pediatr Neonatal Care* 2014; 1(3): 00018
- 3.Haroon M, Naila K, Mahmood S. Atresia of the Ascending Colon: A Rarity. *APSP J Case Rep* 2010; 1:3.
- 4.Ahmed A, Jamila AM. Colonic atresia associated with imperforate anus in a patient with down syndrome, expect the unexpected. *Journal of Pediatric Surgery Case Reports* 35 (2018) 57–59

Azka Darajat¹, Supangat²

¹Faculty of Medicine, University of Jember, Jember, East Java, Indonesia

²Departement of Surgery, dr. Soebandi Hospital, Jember, East Java, Indonesia

1 Background

- Colonic atresia is a rare form of congenital abnormalities.
- The incidence is approximately 1:66.000¹.

2 Method

This report is a retrospective review of one patients with colonic atresia presented to our hospital.

3 Result

- A 2-day-old female baby presented with history of abdominal distention and didn't pass meconium after 24 hours.
- Abdominal X-ray was taken and showed distended bowel and air fluid level.
- Laparotomy exploration surgery revealed colonic atresia type II and colostomy was performed.



4 Discussion

- Colonic atresia is still likely to be easily missed and the surgery could be delayed^{3,4}.
- Radiological investigations can play role in early detection^{2,4}.

5 Conclusion

Colonic atresia is a rare case that may be challenging to be diagnosed. A good management will determine the outcome of treatment.

References:

- 1.Khaled ME, Mohammed AL, Abdel HAE, Mohamed HS, Mosad ME. Colonic Atresia: Association with Other Anomalies. *Journal of Neonatal Surgery* 2016; 5(4):47.
- 2.Chouikh T, Ghorbel S, Jliidi S, Chariég A, Saada S, Mrad C, Benkhalifa S. Congenital Colonic Atresia: 4 Case Reports. *J Pediatr Neonatal Care* 2014; 1(3): 00018
- 3.Haroon M, Naila K, Mahmood S. Atresia of the Ascending Colon: A Rarity. *APSP J Case Rep* 2010; 1:3.
- 4.Ahmed A, Jamila AM. Colonic atresia associated with imperforate anus in a patient with down syndrome, expect the unexpected. *Journal of Pediatric Surgery Case Reports* 35 (2018) 57–59