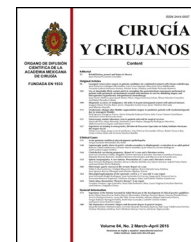




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CLINICAL CASE

Congenital anomaly band, a rare cause of intestinal obstruction in children. Case report[☆]

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KEYWORDS

Congenital anomaly band;
Intestinal obstruction;
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Abstract

Background: Intestinal obstruction in children may be congenital, acquired, intrinsic or extrinsic. Most intestinal obstructions in children are the result of postoperative adhesions. Those caused by anomalous congenital band are extremely rare.

Clinical case: Patient of a 1-year-old male, with no previous history of abdominal surgery or trauma. He suffered with vomiting of bile content and loss of appetite at home three days before admission. On physical examination, he was irritable, with abdominal distention, absence of peristalsis and abdominal tenderness, with no signs of peritoneal irritation being found. The blood count reported leucocytosis and the x-rays show dilated small bowel loops, fluid levels and absence of air in rectal ampulla. An open laparotomy was subsequently performed, and the intraoperative findings were consistent with a congenital band extending from the anti-mesenteric wall of the jejunum to the root of mesentery, compressing the ileum at 50 cm from the ileocecal valve, causing ischaemia. The band was ligated and divided, with an uneventful postoperative course. He was discharged 4 days later without complications.

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PALABRAS CLAVE

Banda congénita
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Conclusions: The anomalous congenital band is not associated with abdominal problems, such as remnants of previous laparotomies or embryological structures, such as vitelline vessels or omphalomesenteric yolk duct. These bands seem to have a congenital origin and cause bowel obstruction by trapping between the band and the mesentery. The diagnosis of anomalous congenital band is extremely difficult and no imaging study is useful for the diagnosis, and only exploratory laparotomy or laparoscopy is useful for diagnosis and treatment of this problem.

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Banda congénita anómala una patología rara de obstrucción intestinal en niños. Caso clínico

Resumen

Antecedentes: Las obstrucciones intestinales en los niños pueden ser: congénitas y adquiridas, intrínsecas o extrínsecas. La mayoría de las obstrucciones intestinales en los niños son resultado de adherencias postoperatorias. Las ocasionadas por bandas congénitas anómalas son raras.

Caso clínico: Masculino de un año de edad, sin antecedente de cirugías previas o de traumatismos. Su padecimiento lo inició 3 días previos a su ingreso con vómito de contenido biliar e hiporexia. En la exploración se encontró irritable con: distensión abdominal, peristalsis disminuida y dolor a la palpación en mesogastrio, sin signos de irritación peritoneal. En la biometría hemática se reportó leucocitosis y las radiografías mostraron asas de intestino delgado dilatadas, niveles hidroaéreos con ausencia de aire en ampulla rectal. Se realizó laparotomía exploradora encontrando una banda fibrosa que iba del íleon terminal al mesenterio y que comprimía el íleon a 50 cm de la válvula ileocecal con datos de isquemia. Se cortó y ligó la banda fibrosa. Fue egresado a los 4 días después del procedimiento, sin complicaciones.

Conclusiones: Las bandas congénitas anómalas son aquellas que no tienen relación con problemas abdominales previos como laparotomías o remanentes de estructuras embriológicas como los vasos vitelinos o el conducto onfalomesentérico. Estas bandas, al parecer, tienen un origen congénito y causan obstrucción al atrapar el intestino entre la banda y el mesenterio. El diagnóstico de la obstrucción intestinal por bandas congénitas anómalas es extremadamente difícil y ningún estudio de imagen ayuda para el diagnóstico, únicamente la laparotomía exploratoria o la laparoscopia son útiles para el diagnóstico y el tratamiento de este problema.

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Background

Intestinal obstructions in children can be classified as congenital and acquired, intrinsic or extrinsic. *Intrinsic congenital* intestinal obstructions include: atresia, membrane, stenosis, ileus and meconium plug obstruction. *Extrinsic congenital* obstructions can be caused by: annular pancreas, volvulus, internal hernia, intestinal duplications, retroperitoneal tumours and anomalous congenital band or embryonic remnants.¹ Invagination and adhesions, and postoperative adhesences or secondary inflammatory problems are the principal causes of *extrinsic acquired* intestinal obstructions.

Most intestinal obstructions in children are the result of postoperative or inflammatory adhesences. Fewer than 1% are extrinsic congenital and of these, obstructions caused by anomalous congenital band are extremely rare.²⁻⁴

A literature review was carried out for this study from the following bases: MEDLINE, ENBASE, COCHRANE LIBRARY and

CONRICyt, the keywords with the different boolean operators were as follows: intestinal obstruction, children and congenital adhesions. The review period was the past 25 years. No national publication was found.

A case of intestinal obstruction is presented caused by anomalous congenital band, which extended from the terminal ileum to the mesentery.

Clinical case

A 1-year-old male, delivered by caesarean section at term, at normal weight and size. The child had no history of previous surgery or trauma. The condition started 3 days prior to admission with frequent vomiting of bile content. He was attended by a private doctor who indicated treatment with analgesics and anti-emetics. Due to persistent vomiting and oral intolerance, he was taken to a health-sector children's hospital where antibiotic, anti-spasmodic and anti-emetic

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