

AMSER Case of the Month

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Neonatal Bilious Vomiting

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Patient Presentation

- 1-day old male (35w5d GA) born via C-section with pregnancy complicated by pre-eclampsia, brought to Loma Linda University NICU from an outside hospital, presenting with bilious vomiting
- Labs demonstrated hyponatremia and anemia
- Vital signs significant for intermittent hypotension and hypoxia
- Physical exam significant for a firm, distended abdomen

What Imaging Should We Order?

ACR Appropriateness Criteria

American College of Radiology
 ACR Appropriateness Criteria®
 Vomiting in Infants

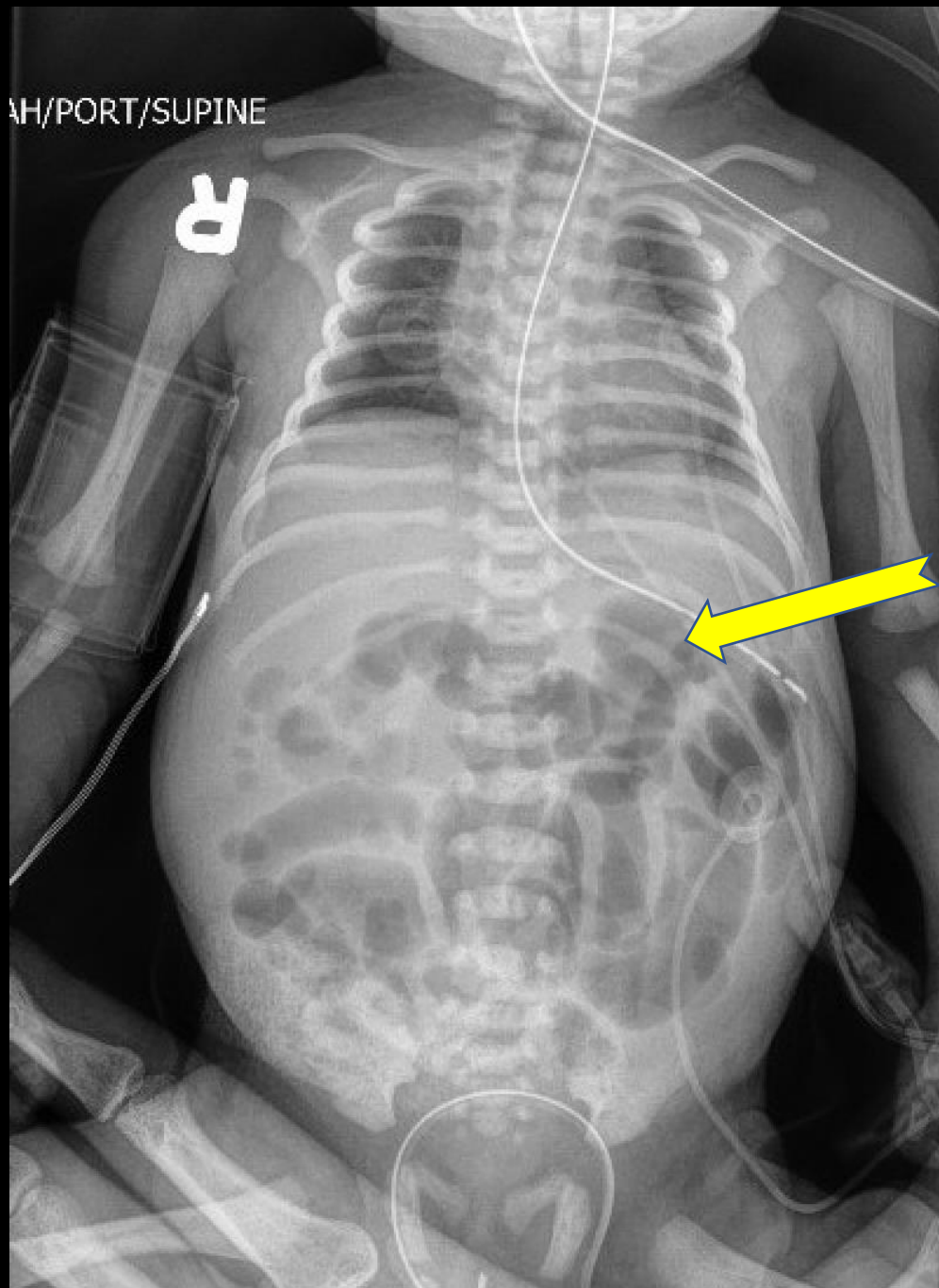
Variant 1: Vomiting within the first 2 days after birth. Poor feeding or no passage of meconium. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
Radiography abdomen	Usually Appropriate	☼☼
US abdomen (UGI tract)	Usually Not Appropriate	○
Fluoroscopy contrast enema	Usually Not Appropriate	☼☼☼☼
Fluoroscopy upper GI series	Usually Not Appropriate	☼☼☼
Nuclear medicine gastroesophageal reflux scan	Usually Not Appropriate	☼☼☼

← This imaging modality was ordered initially



Supine Radiograph



Findings:

- Prominent gas-distended, slightly featureless bowel loops throughout the abdomen
- Enteric tube and urinary catheter in place

ACR Appropriateness Criteria

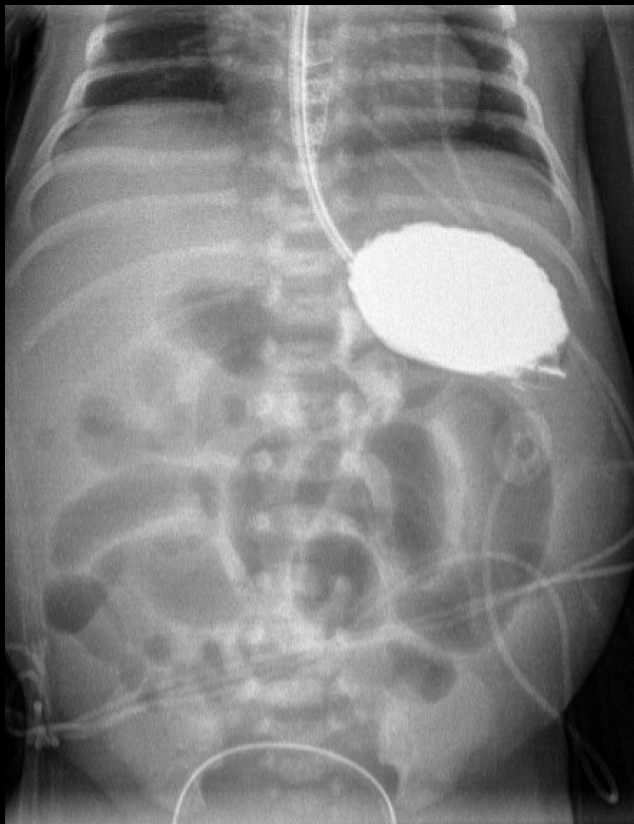
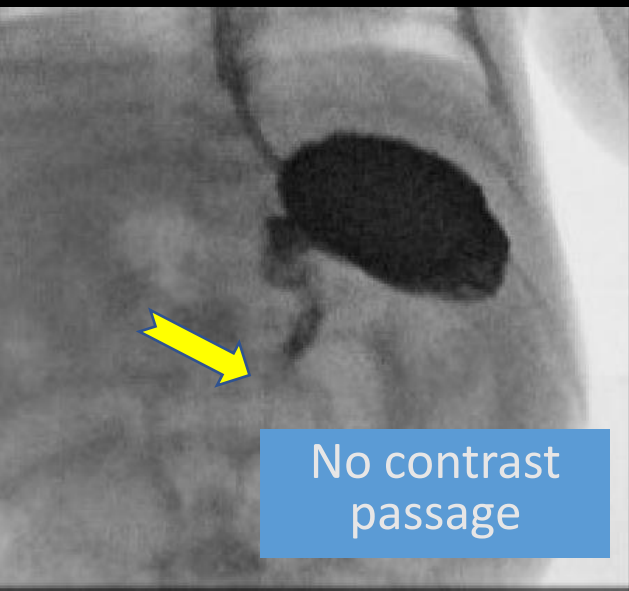
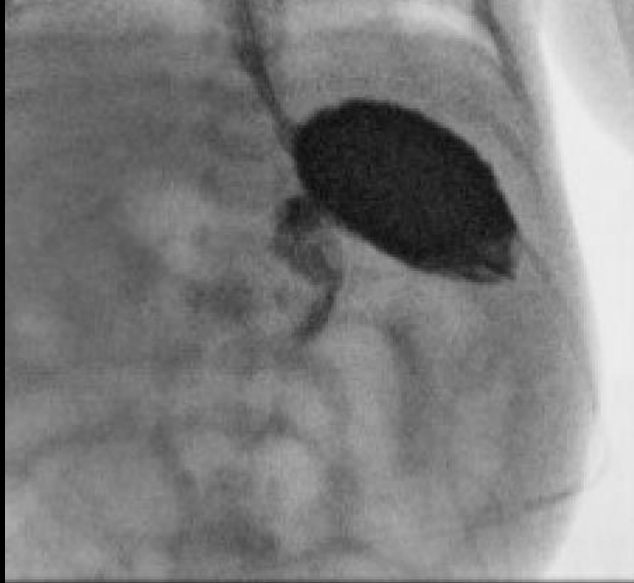
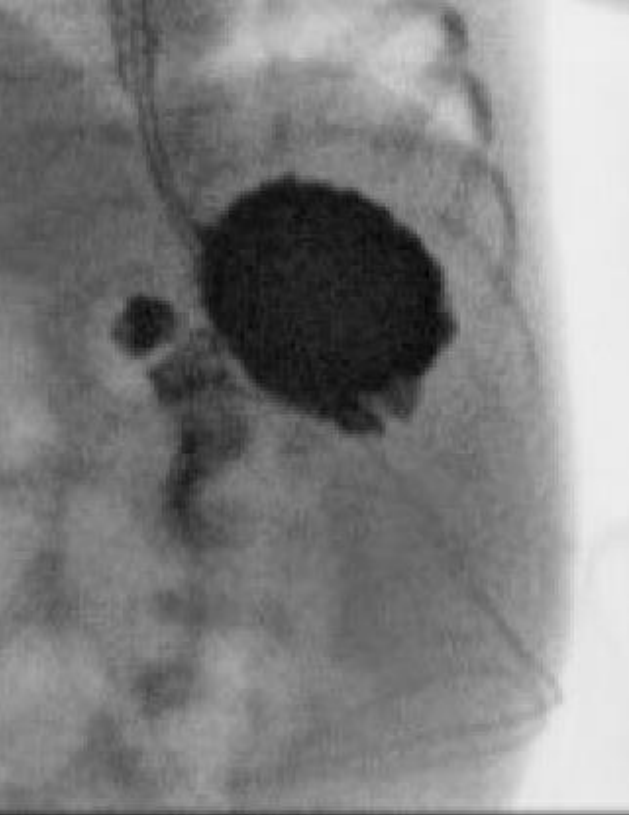
Next step in
diagnosis



Variant 4:

Bilious vomiting within the first 2 days after birth. Radiographs show a nonclassic double bubble with gas in the distal small bowel, or few distended bowel loops, or a normal bowel gas pattern. Next imaging study.

Procedure	Appropriateness Category	Relative Radiation Level
Fluoroscopy upper GI series	Usually Appropriate	☼☼☼
US abdomen (UGI tract)	May Be Appropriate	○
Fluoroscopy contrast enema	Usually Not Appropriate	☼☼☼☼
Nuclear medicine gastroesophageal reflux scan	Usually Not Appropriate	☼☼☼



Upper GI Study

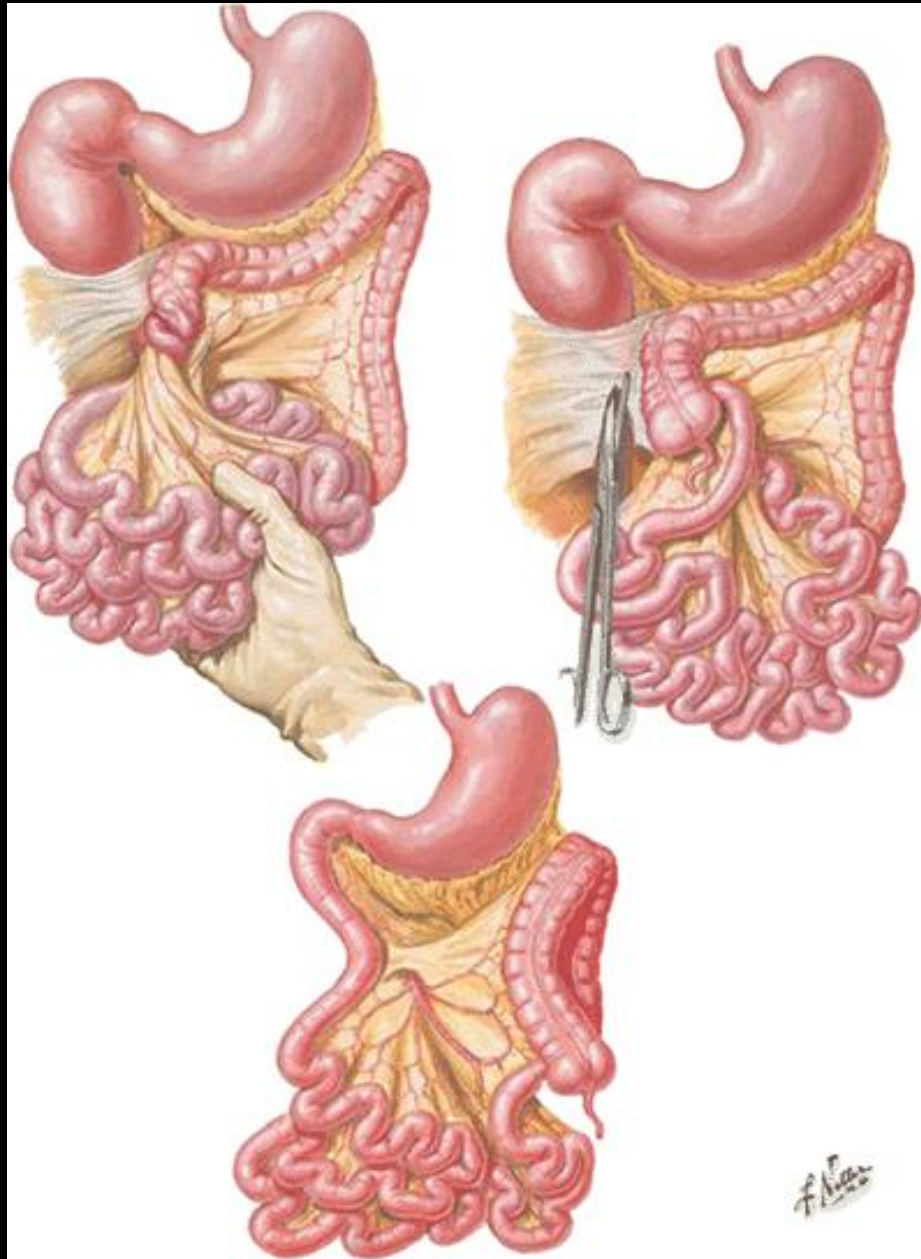
- Contrast was introduced into the enteric tube
- Evidence of intermittent gastroesophageal reflux
- Slow transit of contrast from the stomach to the duodenum
- No passage of contrast beyond this portion of the duodenum is seen during 25 min exam period
- Prominent gaseous distention of bowel loops

Final Dx:

Intestinal Malrotation with Midgut Volvulus

Treatment

- Surgical Emergency!
 - Malrotation with volvulus is treated surgically with emergent surgical intervention and a Ladd procedure.
- Patient was taken to the OR with pediatric surgery
 - Found to have 900 degree clockwise rotation, which was de-torsed
 - No perforation noted
 - Dark and dusky bowel, suggestive of ischemia
 - Patient brought back to OR for partial bowel resection



Malrotation with Midgut Volvulus

- Definition – developmental anomaly of embryonic bowel complicated by torsion leading to bowel obstruction with risk of ischemia
- Presenting symptoms – bilious emesis, upper abdominal distension, abdominal tenderness, hemodynamic deterioration
- Demographics – Most common during first 3 weeks of life. 75% present by age 5
- Risk factors – congenital anomalies (CHD, intestinal atresia, VACTERL, heterotaxy, omphalocele, etc.) BCL6 mutation

References:

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