A rare case of colonic obstruction. A case report

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Abstract :
Intestinal obstruction due to a membrane with a hole in the splenic flexure of the colon is a rare entity. A congenital problem manifesting at 10 yrs of age as pain abdomen and retention of foreign bodies is rarer still.
Keyword : Splenic flexure, membrane with hole, foreign body colon

INTRODUCTION:
Pica is the commonest cause of retained foreign bodies in children with constipation. We report a case of multiple colonic foreign bodies in a 10 year old girl due to a rare cause.

CASE REPORT:
A ten-year-old girl presented to our outpatient department with intermittent pain abdomen for five years. She had a normal bowel habit without any history of passing worms or pica. On examination the child was moderately built without pallor or jaundice. Examination of abdomen was normal. Per rectal examination was normal without foreign bodies or loaded rectum. Abdominal X ray revealed dilated bowel from left hypochondrium to right iliac fossa with multiple foreign bodies (fig-1). 

x ray abdomen (Fig-1)
Despite repeated trials of bowel evacuation with oral PEGLEC, X ray showed persistent foreign bodies. Barium enema showed normal caliber sigmoid and descending colon with abrupt change in caliber in splenic flexure with grossly dilated transverse and descending colon with foreign bodies (fig-2).

Hegars dilator in hole(Fig-3)

Child was taken up for laparotomy. Per operatively the caecum ascending and transverse colon were found to be grossly dilated with an abrupt reduction in caliber of the splenic flexure. Descending and sigmoid colon were of normal caliber. There was no evidence of inflammation or adhesions in the region of splenic flexure. Narrowed segment was opened longitudinally. There was a membrane with an eccentric hole admitting only a 10 size Hegars dilator(fig-3). Due to large disparity in caliber between distal and proximal bowel with numerous foreign bodies immersed in foul smelling fecal residue, primary anastomosis was deferred. Divided colostomy was done. Membrane (fig-4) Post operatively the child recovered well. Foreign bodies were spontaneously expelled. They were found to be small stones and seeds(fig-5). Colostomy closure was done after 4 months. Child is doing well.

Foreign bodies passed out(Fig-5)

DISCUSSION:
Differential diagnosis in this case was (1) stricture, (2) hirschsprungs disease. Colonic stricture was ruled out by the absence of adhesions at the site of membrane and without history of necrotizing enterocolitis in newborn. Hirschsprungs ruled out by presence of ganglion cells in the biopsy specimen. Although the membrane caused the retention of the ingested foreign bodies, the hole was large enough to allow liquid stools distally. Nine cases of colonic stenosis has been reported in literature since 1941. Alfanso galvan montano has reported a case of congenital stenosis of colon with foreign bodies in a 2 year 11 month old boy¹.
Intestinal atresia is a cause for intestinal obstruction in newborn. Type 1 atresia is of membranous type. It is more common in small bowel. Membrane with hole causes partial intestinal obstruction and presents later in life. It usually occurs in 2nd part of duodenum at the junction of foregut and midgut. In our case it was found at the junction of midgut and hindgut. This case is presented for its rarity.

REFERENCES: