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A CASE OF MALROTATION ASSOCIATED WITH DUODENAL WEB PRESENTING AS DUODENAL OBSTRUCTION:

General Surgery

Dr. Mamilla Aishwarya Rajasekhar Postgraduate, Department of General Surgery, Sri Venkateswara Medical College, Tirupati.

Dr. Bandaru Gopala Krishna Postgraduate, Department of General Surgery, Sri Venkateswara Medical College, Tirupati.

Dr. G. Kavitha Assistant Professor, department of General Surgery, Sri Venkateswara Medical College, Tirupati.

KEYWORDS

INTRODUCTION:
Duodenal atresia is the most common cause of neonatal obstruction.Several varieties of intrinsic and extrinsic congenital lesions can cause complete (81%) and partial(19%) obstruction of the duodenum. The spectrum of abnormalities causing intrinsic obstruction includes imperforate and perforate webs.

Case Report
A 2 year old child presented to pediatric surgery OPD With history of billous vomitings tor 14 months. Mother complains of vomiting after taking solid feeds. She also complained of loss of weight gain.

On examination child looked emaciated, per abdomen is soft. X-RAY ERECT ABDOMEN WITH CONTRAST shows grossly dilated stomach and duodenum upto second part of duodenum, small bowel loops are visualized distally. Preoperative resuscitation done and general condition improved.

Intraoperative findings: At laparotomy, dilated stomach and duodenum upto second part of duodenum. Duodenal bands were present below that duodenum was constricted. Duodenotomy done vertically across the constricted area, an intraluminal web with centrally placed perforation forming windsock deformity. Malrotation corrected by Ladd's procedure. Web excised after applying stay sutures, duodenotomy closed transversely to avoid stricture.

DISCUSSSION:
Duodenal atresia can occur by abnormalities causing extrinsic obstruction include annular pancreas preduodenal portal vein, Ladd's bands and volvulus. There are three types of duodenal atresia.

Type l(91%): a web present formed from mucosa and submucosa with no defect in the muscularis. A variant of type duodenal atresia, a windsock deformity can Occur if the membrane is thin and elongated.

Typell (1%): a short fibrous cord connects the two blind ends of the duodenum. The mesentry is intact.

Type III(7%): there is no connection between the two blind ends of the duodenum. There is V shaped mesenteric defect.