Vikrant K et al., Adv Surg Res 2019, Volume 3

ACHIEVING ENTERAL AUTONOMY IN SHORT GUT SECONDARY TO OMENTAL CYST CAUSING MIDGUT VOLVULUS

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Four year boy was referred with an acute surgical abdomen without bilious vomiting. He had a background of chronic intermittent abdominal and back pain. On presentation he was shocked with distended and tender abdomen and went for an urgent laparotomy. Intraoperatively, he was found to have complete midgut volvulus around a congenital omental cyst. He underwent clip and drop laparotomy, followed by staged bowel resection and ended with 40cms of small bowel. A tube jejunosotmy was performed which was occluded progressively to achieve bowel dilatation (All the stages of the surgery were documented with photographs). He had an intensive rehabilitation jointly with gastroenterology and this was followed by serial transverse enteroplasty. He recovered well and came off parenteral nutrition achieving eneteral autonomy. He underwent cholecystectomy due to gall stones. Currently he is doing very well and has maintained he enteral autonomy. More and more children with short bowel syndrome are surviving now. There is a 50% probability of reaching enteral autonomy with 40cm of an intestinal remnant and 10% with shorter 10cm of small bowel. The best results are seen in neonates as it is observed that bowel growth tends to correlate with their overall growth and development. In our case the boy was four year old when he lost the bowel and still managed to achieve enteral autonomy which is rare.

BIOGRAPHY

Vikrant K is paediatric surgeon with training in adult general surgery. He has over 20 international publications. He has special interest in Paediatric GI surgery. Currently he is working in the NHS to further his experience.

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