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Case Report

COLONIC WEB IN INFANTS- THE LEAST COMMON VARIANT- A CASE REPORT

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ABSTRACT
Two months old full term male baby was presented with abdominal distension, where exploration revealed colonic web. The case is reported for its rarity in literature as well as need for inclusion in differential diagnosis.

Keywords: *Colonic Stenosis, Colonic Web, Neonatal Intestinal Obstruction*

INTRODUCTION

Colonic web is a very rare cause of intestinal obstruction with a very little information available regarding management and predictors of its outcome (Berrocal *et al.,* 1999). Most of the cases are congenital having a usual presentation of abdominal distention and vomiting with failure to pass meconium, rare passable variants may have a late infantile presentation. Associated anomalies like congenital heart diseases and vertebral defects are common, affecting the final prognosis (Sánchez Jarquín *et al.,* 1996; Mirza *et al.,* 2012).
Other less rare causes of colonic obstruction are colonic atresia and stenosis with former having an incidence of 1 in 20000 live births comprising 1.8 to 15 % of intestinal atresia. Latter is even rarer with less than ten cases being reported worldwide (Mirza *et al.,* 2012; Taleb *et al.,* 2014).

CASES

Two months old full term male baby presented to the pediatric surgical emergency with complaints of repeated constipation and distension of the abdomen with occasional episodes of non bilious vomiting. Systemic examination was normal with stable vitals.
The patient had normal hemograms and eletrolytes.
Erect radiographs were suggestive of large bowel obstruction.
Sonography showed collapsed rectum and sigmoid colon. Rest of the bowel loops fluid filled and distended. A dye follow through study showed diated proximal colonic loops with delayed minor passage.
The acute condition warranted exploration. Peroperatively, the patient had dilated large bowel loops in the ascending and transverse colon. There was an abrupt narrowing of 1cm in the descending colon followed by collapsed but normal calibre dilated large gut. On incising the narrowed colonic part, a web was noted which was slightly passable on pressure.
Due to the gut caliber discrepancy, a decision of web resection with proximal colostomy was taken. The distal end was brought out as a mucous fistula. The patient is still under post operative care which is largely uneventful.

DISCUSSION

Colonic web is a highly rare entity and various proponents have been put forth regarding its embryological origins. The most commonly accepted theory is based on mesenteric vascular accidents during fetal development with recanalization failure, drugs and environmental factors are other possibilities (Karnak *et al.,* 2001). In the era of technologically advanced modern investigations, contrast study still stand as an important diagnostic tool in validating the diagnosis of colonic web where minimal or non passage of contrast distal to the dilated segment is helpful in diagnosing the level of obstruction (Berrocal *et al.,* 1999; Gupta and Guglani, 2005) Figure 2.

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The treatment options are largely streamlined with resection anastomosis of the web Figure 3(a, b). In cases with discrepancy or non-feasible anastomosis, a proximal stoma may be done (Sánchez Jarquín *et al.*, 1996). The prognosis stands good in the absence of associated morbidities. The chief drawback stands to be the rarity of the event that demands high suspicion for getting a proper diagnosis.

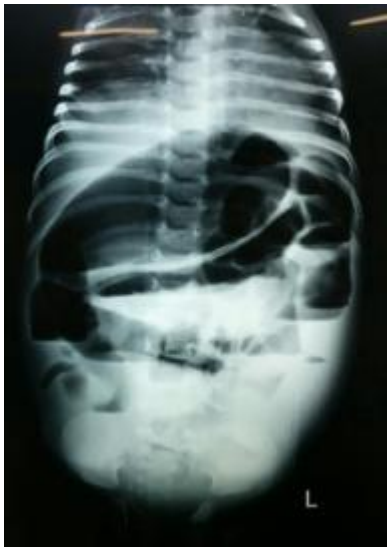

Figure 1: Erect Radiograph Plain

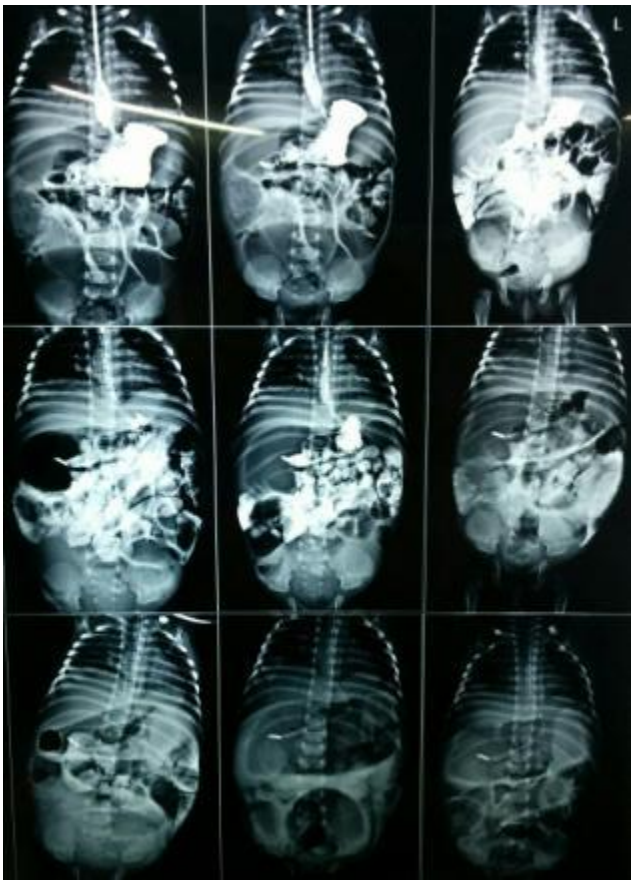

Figure 2: Gastrograffin Meal Follow Through

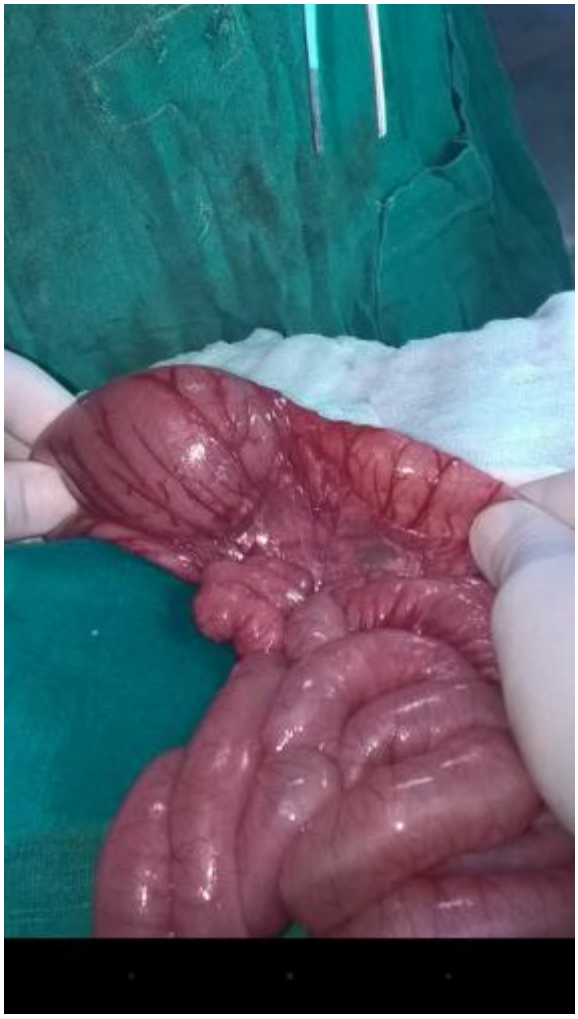

Figure 3(a): Per Operative a

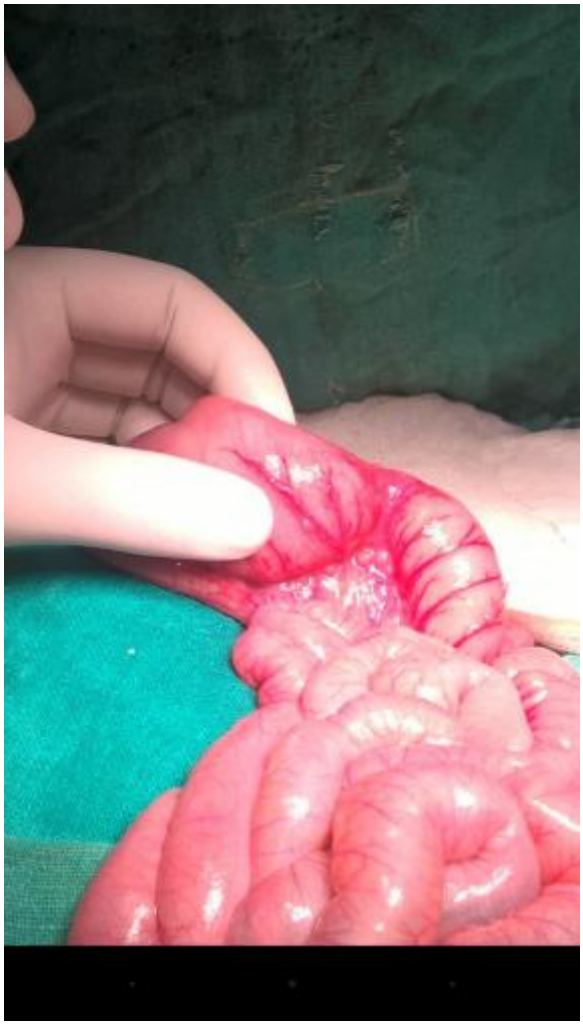

Figure 3(b): Per Operative b

REFERENCES

Berrocal T, Lamas M, Gutieerrez J, Torres I, Prieto C and Del Hoyo ML (1999). Congenital anomalies of the small intestine, colon, and rectum. *Radiographics* **19**(5) 1219-1236.

Gupta AK and Guglani B (2005). Imaging of congenital anomalies of the gastrointestinal tract. *Indian Journal Pediatrics* 72(5) 405-414.

Karnak I, Ciftci AO, Senocak ME, Tanyel FC and Büyükpamukçu N (2001). Colonic atresia: surgical management and outcome. *Pediatric Surgery International* **17**(8) 631-5

Mirza B, Iqbal S and Ijaz L (2012). Colonic atresia and stenosis: our experience. *Journal of Neonatal Surgery* **1** 4.

Sánchez Jarquín MR, Alonso Calderón JL, Sanz N and Rollán V (1996). The colonic atresia: an uncommon cause of neonatal intestinalobstruction. *Cirugia Pediatrica* **9**(3) 125-7.

Taleb *et al.*, (2014). Congenital colonic atresia- 4 case reports. *Journal of Pediatrics & Neonatal Care* ISSN: 2373-4426 07/2014 **1**(3) 18.