

DUODENAL ATRESIA



Duodenal atresia (DA) is a congenital malformation causing luminal stricture of the duodenum, leading to intestinal obstruction

Prevalence:

~1 per 10,000 births

Pathophysiology:

Failure of recanalization

Differential Diagnosis

- Duodenal stenosis
- Antral or pyloric web
- Distal intestinal atresia (e.g. jejunal, ileal, colonic)
- Sepsis
- Annular pancreas
- Meconium ileus
- Malrotation with midgut volvulus

NEONATAL PRESENTATION

HISTORY

- Vomiting/intolerance of feeds beginning on first day of life
- Nature of emesis
 - Obstruction proximal to ampulla = non-bilious
 - Obstruction distal to ampulla
 bilious

Proximal duodenum

Ampulla of Vater Distal duodenum

PHYSICAL EXAM

- Abdominal distension
- Dehydration
 - Tachycardia, oliguria
 - Sunken fontanelle, dry mucous membranes, poor skin turgor
- Difficulty breathing (due to aspiration or massive abdominal distension)
- Jaundice

Important to rule out: malrotation with midgut volvulus, which requires immediate surgical management to prevent midgut infarction

Associated congenital anomalies

- Down Syndrome (Trisomy 21)
 - ~30% of DA patients have T21, but only ~2.5% of T21 patients have DA
- Cardiac, genitourinary, and other chromosomal anomalies

DIAGNOSIS

Prenatal Ultrasound in 2nd or 3rd trimester - Signs of obstruction

- ☐ Two fluid-filled bubbles in stomach and duodenum
- Polyhydramnios

After Birth

- Abdominal Plain-Film X-Ray
 - ☐ Classic "double bubble" sign with two air-filled bubbles in the stomach and duodenum (Fig. 1)
- Upper GI Contrast Study
 - Distinguish between distal DA and midgut volvulus



Figure 1. Duodenal atresia

Workup for other anomalies: echocardiogram, renal U/S, rectal biopsy, genetic testing, etc

MANAGEMENT

Immediate management (neonatal unit)

- NPO, NG tube decompression
- IV fluid, IV parenteral nutrition
- Consult pediatric surgery

Operative repair:

- Anastomosis of functional intestine proximal and distal to the obstruction
 - In duodenal atresia: duodenoduodenostomy

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