

Meconium ileus

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Inspissated meconium may cause a distal ileal obstruction. A segmental ileal volvulus can follow and create an atresia. If the ileum perforates, it may seal or persist and cause a large meconium pseudocyst. An abdominal radiograph shows obstruction with a ground-glass appearance. Peritoneal calcification indicates an antenatal perforation. Simple cases are managed with a water-soluble hyperosmolar contrast enema (diatrizoate) using fluoroscopy in a well-hydrated neonate (Figure 18.9). Complicated cases require a laparotomy and enterotomy for a luminal washout; a temporary stoma may be required. Postoperatively , N-acetylcysteine can be given by nasogastric tube and as enemas to loosen residual meconium. Genetic investigations look for defects in the cystic fibrosis transmembrane conductance regulator (CFTR) protein. Meconium ileus

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