

TRAUMATIC TRANSECTION OF THE ILEUM IN A NEONATE - CASE REPORT (WITH REVIEW OF THE LITERATURE)

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ABSTRACT

Paediatric abdominal injury especially in the neonatal period is rarely seen in paediatric surgical practice. The home environment in a typical African setting is comparatively safe as adult and specially paid individual take care of the young ones. This case of abdominal trauma with transection of the ileum is therefore a rare occurrence.

KEYWORDS : Trauma, Ileum, transection.

INTRODUCTION

Abdominal trauma that affects a neonate within the first hours of life is rare. The home environment in a tropical setting is relatively safe Asindi et al (1986), Archibong (1995) as adults devote much attention to the care of the younger ones. Routinely done umbilical cord ligation after delivery of a child is not considered a cause of danger to the child. The explanation for this is simple that the length of the umbilical cord is long enough for ligation to be effected safely at any convenient point. This case report of umbilical ligation that resulted in the transection of the ileum is hereby presented.

CASE REPORT

A Resident Pathologist with the University of Calabar Teaching Hospital (UCTH) rushed a neonate to Faith Foundation Specialist Clinic – Calabar said to be bleeding from the umbilicus, following ligation of the umbilical cord. This neonate was delivered by a teenager at Obubra Village by 6.00 a.m of 15/12/2002 (Sunday) and arrived the clinic by 3.00 p.m of the same day. The teenage mother – a school drop out had "booked" for ante - natal care with a Traditional Birth Attendant in Obubra Village and it was she that delivered the baby and "ligated" the umbilical cord.

Examination of the baby revealed a full term female neonate with applied dressing at the umbilical stump completely soaked in blood. The dressing was taken away and a circumscribed incision of about 4 cm x 4 cm in size at the umbilical stump was evident, exposing the

contents of the abdominal cavity with visible loops of intestine dotted with blood clots. Under general anaesthesia, the loops of intestine were exteriorised when the transected ends of the ileum became apparent. Two chromic catgut ligatures were seen at the ends of the ileum, in an attempt to secure hemostasis.

The patient was still bleeding from the arteries in the mesenteric arcade. Carefully, the transected ileal stumps were anastomosed, the bleeding arteries in the arcade ligated and the abdominal wound was closed in layers with a purse string non absorbable suture applied to the skin. Post – operatively, the neonate was transfused directly from the mother after screening. Recovery was unevenful.

DISCUSSION

The issues of complication arising from the practices of untrained midwives coupled with ignorance is still with us and will still be for the near future. Series of seminars and workshops TBA (1998) all aimed at training the Traditional Birth Attendants seem not to be yielding results as these seminars are far apart and scanty. This therefore renders the usefulness of this group of paramedical personnel very insignificant. It is also these personnels that stay in the villages, where the majority of the populace live. This case report simply illustrates incompetence on the part of the midwife and ignorance on the part of the mother. Apparently in an attempt to ligate the umbilical stump and divide the cord the "midwife" cut to low and pass through the skin thereby transecting the

ileum. This then primarily triggered off all the complications seen in this case.

The prompt intervention by the Resident pathologist who happened to be visiting Obubra at the time saved the life of this neonate. This intervention succeeded in arresting some of the bleeding points when the baby was rushed to a clinic in Obubra, before a two hour road journey to Calabar for further medical assistance.

Paediatric abdominal trauma as in all abdominal trauma needs careful and gentle evaluation for optimum results. Archibong (1995), Cope, et al (1990). Going by the history, it was tempting enough to close the skin defect but the protrusion of the loops of intestine dotted with blood clots necessitated through evaluation of the abdominal cavity. This revealed the transected ileum, the bleeding arteries in the mesenteric arcade and the abdominal cavity that was filled with blood clots. With these clots evacuated, the transected ileum anastomosed and the bleeders ligated recovery was then expected to be uneventful. The success of this it must be emphasized rests on the timely recognition of the basic problem and the rendering of specialist medical care.

In conclusion, it should be emphasized once again that the training of Traditional Birth

Attendants (TBA) by governmental and non-governmental agencies must be intensified to prevent occurrences of such mishaps in the future.

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REFERENCES

- Asindi, A. A., Efem, S. E. E., Onuba, O., Asuquo, M. E. 1986. Accidental trauma in children. *Nig. J. Paediatrics* 13: 77-81.
- Archibong, A.E., 1995. Abdominal trauma in children. *Post-graduate Doctor Africa* 17:56-60.
- Manual for the training of Traditional Birth Attendants (TBA) in Cross River State of Nigeria - 1998. Ministry of Health Headquarters, Calabar.
- Cope, A., Stebbings, E., 1990. Abdominal trauma. *BMJ* 301: 172 - 176.