Chirurgia (Bucur). 2013;108(3):407-410

Associated type IIIB and type IV multiple intestinal atresia in a pediatric patient

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Abstract
Multiple intestinal atresia (MIA) is a complex congenital defect which represents a challenge for the pediatric surgeon, especially in the rare event of encountering type IIIb or apple peel atresia, which has a high mortality rate. The surgeon's aim is to preserve as much bowel length as possible, to avoid postoperative sepsis and to prevent long-term complications such as short bowel syndrome. Access to a good neonatal intensive care unit and to parenteral nutritional support is crucial in the survival of these children. We report a rare case of multiple intestinal atresia associated with an apple peel atresia, which was managed by multiple intestinal resections and anastomosis without the placement of transanastomotic tubes or stomas.
Key words: jejunal atresia, apple peel atresia, end-to-end anastomosis, parenteral nutrition

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