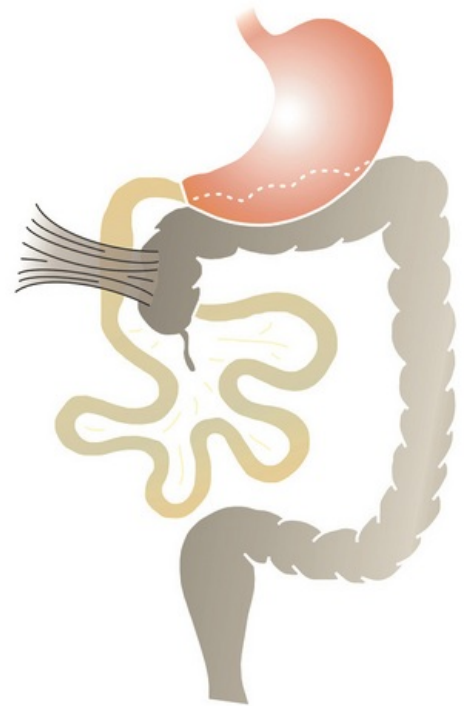


Duodenal obstruction

- It belongs to the so-called proximal intestinal obstructions - these are characterized by - minor distension of the abdomen and permanent explosive vomiting.
- In the case of intestinal obstruction below the level of 15 cm from the beginning of the jejunum - the so-called distal obstruction - bloating, distension of the abdomen dominates, vomiting comes later.
- Obstruction of the duodenum can be caused by atresia (more often) or stenosis.
- It is more common in Down syndrome and in immature children.
- The obstruction is usually located below the major papilla of the duodenum.
- Otherwise, obstruction can also occur with incomplete rotation of the intestine, volvulus congenitalis, with pancreas annulare.
- **Clinical picture:**
 - Obstruction of the duodenum is closely related to the circulation of amniotic fluid - in all cases of obstruction, polyhydramnios is detected during childbirth .
 - Therefore, every time polyhydramnios is found, we have to aspirate the stomach contents with a tube after birth - and if it is more than 15 ml, we suspect proximal intestinal obstruction.
 - The main symptom - projectile vomiting (with atresia it starts immediately after birth, with stenosis after several hours).
 - Vomit is a yellowish admixture of bile.
 - Sometimes we see a peristaltic wave similar to that of pylorostenosis.
 - Distention - only in the epigastrium or absent.
- **Laboratory** - hypochloremic alkalosis, Na + and K + depletion;
 - with excessive vomiting of intestinal contents, MAI can pass into MAC and the disruption of the environment is further aggravated.
- **Diagnosis** - ultrasound can be detected already intrauterine.
 - After birth, the best native x-ray image of the abdomen in the hanging position (the contrast material is air swallowed by the baby) at the time of birth.
 - Normally - immediately after birth, there should be air in the stomach, within 1 hour in the small intestine, in 4-18 hours in the large intestine.
 - With atresia, the typical picture is of "two bubbles" - one in the stomach area, the other smaller one in the duodenum area.
- **Therapy** - surgical - duodenoplasty, duodenojejunostomy,
 - prior to the operation, modification of the internal environment is necessary.



Ladd's Syndrome - unrotated cecum and duodenal compression by peritoneal bands.

Links

Related Articles

- Congenital atresias and stenoses of the gastrointestinal tract
 - Pylorostenosis congenita
 - Superior mesenteric artery syndrome
 - Bowel malrotation and volvulus
 - Small bowel obstruction
 - Meconium ileus
 - Megacolon congenitum

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 2010-04]. <<http://www.jirben.wz.cz/>>.

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