

GASTROINTESTINAL PERFORATION IN NEONATES

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Abstract

Twenty neonates who were diagnosed and managed as gastrointestinal perforation during the period July 2009 to June 2013 were prospectively analyzed for age, sex, clinical features, management, preoperative findings and postoperative outcome. There were 14 boys and 6 girls. The mean gestational age was 35 weeks and mean birth weight was 2.10 Kg. Out of 20 neonates, the cause of perforation was necrotizing enterocolitis (40%), spontaneous bowel perforations (20%), Hirschsprung's disease (10%), meconium ileus (10%), volvulus (10%), anorectal malformation (5%) and intestinal atresia (5%). Out of twenty neonates eighteen underwent surgery. 6 out of 20 died in this group. Multiple perforations were seen in 3 neonates. Primary closure of site was performed in 12 out of 20 patients of single perforation and enterostomy in three. Twenty percentage of patients developed postoperative complications. Post operative hospital stay ranged from 8-30 days. Follow-up period was ranging from 3 to 24 months. Mortality was 50% in necrotizing enterocolitis patients. Overall mortality was 30%. Major mortality risk factors include necrotizing enterocolitis, multiple perforations, delayed presentation, septicemia, low birth weight and prematurity.

Key words: Neonatal bowel perforation. Gastro-intestinal Perforation