IS-018 Laparoscopy-assisted surgery for high type jejunal atresia with a tapering enteroplasty through the umbilical wound

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Aim: We present a case with high type jejunal atresia requiring tapering enteroplasty which was performed through the umbilical wound.

Case Report: The patient was female born by spontaneous vaginal delivery at 36 weeks gestation weighing 2288 g. Prenatal diagnosis was bowel atresia. After delivery, jejunal atresia was suspected. Under general anesthesia, a 5 mm trocar was inserted through an intraumbilical incision. The proximal atretic bowel end was identified using laparoscopy and mobilized toward the umbilicus using an additional 3 mm trocar inserted in the left lower quadrant. The umbilical trocar then was removed, and a ring retractor was inserted into the trocar site and used to expand the wound to deliver the atretic bowel ends. There were 2 jejunal atresias, one was 6 cm distal to the duodenojejunal flexure and the other was 5 cm distal to the first atresia. The isolated segment between the first and second atresias was excised. End-to-end jejuno-jejunostomy was performed with tapering of the dilated third portion of the duodenum and proximal jejunum. After anastomosis, the bowel was returned to the abdomen through the umbilical wound.

Conclusion: Our technique is virtually scarless and can be applied to surgery for high type jejunal atresia that requires tapering enteroplasty.