

## **CLINICOPATHOLOGICAL CONFERENCE DEPARTMENT OF PAEDIATRICS & PAEDIATRIC SURGERY**

### **CASE REPORT**

A late preterm female neonate, born at 36 weeks and 3 days of gestation, was admitted to the NICU immediately after birth i/v/o of abdominal distension present since birth and failure to pass meconium. The baby was delivered by emergency lower segment caesarean section in view of leaking per vaginum. Birth weight was 2700 grams (appropriate for gestational age). The baby cried immediately after birth and Apgar scores at 1min-7, 5min-9 and at 10min-10. There was no history of meconium-stained liquor, respiratory distress, cyanosis.

#### **ANTENATAL HISTORY**

The mother was a 27-year-old primigravida, late registered at 30 weeks of gestation. Pregnancy was complicated by polyhydramnios. An antenatal anomaly scan performed at 24 weeks gestation revealed an intra-abdominal cystic mass measuring approximately  $4.4 \times 5.8$  cm in the fetal abdomen. Fetal Doppler studies were normal. There was no history of maternal diabetes, hypothyroidism, or consanguinity.

#### **POSTNATAL HISTORY AND EXAMINATION**

At admission, the baby was active and alert with stable vitals. Abdominal examination revealed significant distension predominantly over the right side, with visible bowel loops over the left flank. On palpation, a soft, ill-defined, non-tender abdominal mass measuring approximately  $7 \times 5$  cm was felt involving the right iliac fossa, right lumbar, and umbilical regions. The mass was non-pulsatile and non-compressible. Bowel sounds were sluggish. Per rectal examination revealed a patent anus with expulsion of thick white viscid mucus.

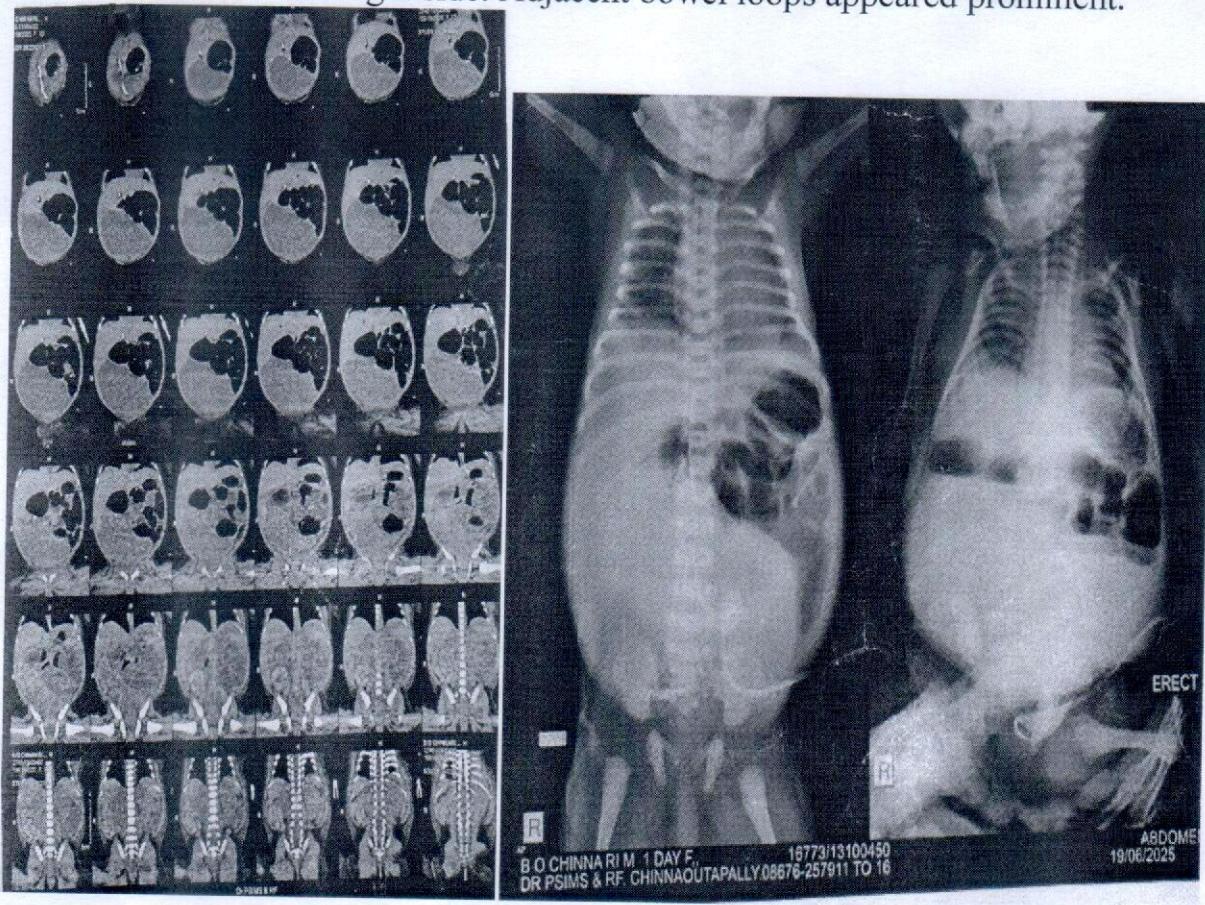
Nasogastric aspiration revealed bilious contents. The baby had not passed meconium.

#### **INVESTIGATIONS**

Plain X-ray abdomen (erect and supine) showed multiple air-fluid levels in the upper and mid abdomen with absence of gas in the lower abdomen and rectum. A large soft tissue opacity was noted on the right side displacing bowel loops, with no evidence of pneumoperitoneum or intra-abdominal calcifications.

Ultrasonography of the abdomen and pelvis revealed a well-defined cystic lesion

with internal echoes and dependent debris measuring  $7.1 \times 3.8$  cm beneath the abdominal wall on the right side. Adjacent bowel loops appeared prominent.



CECT abdomen revealed a well-defined cystic lesion measuring  $8.9 \times 7.2 \times 4.4$  cm, extending into the pelvis, with few wall calcifications and no post-contrast enhancement. The lesion caused displacement of bowel loops, with features suggestive of small bowel obstruction.

### PROVISIONAL DIAGNOSIS

Neonatal intestinal obstruction for evaluation

- 1.?Duplication cyst
- 2.?Ovarian cyst
- 3.?Omental/Mesenteric cyst
- 4.?Retro peritoneal cysts

➤ Diagnostic tests were done and performed necessary intervention.