

Double Jejunal Webs: A Rare cause of Severe Malnutrition

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DEAR SIR

Patients with type-I jejunal atresia usually presents early in newborn period, however if anomaly is associated with an aperture in the mucosal diaphragm, a delayed presentation with repeated episodes of vomiting and failure to thrive is not uncommon.[1] We report an infant who presented late with severe protein energy malnutrition and interestingly had double jejunal webs with central apertures.



Figure 1: Left sided gastroschisis

An 8-month-old female baby, weighing 3.5 kg, referred from medical department for bilious vomiting and failure to thrive since birth. The vomiting was bilious and projectile in nature with a frequency of 3-4 episodes per day. The baby was not gaining weight (3rd-5th percentile). Physical examination revealed a

severely malnourished, thin, lean baby with dehydration. Abdomen was slightly distended with few bowel peristalsis visible. Hemoglobin was 6.8mg/dl. X-ray abdomen showed scanty gas shadows in lower abdomen and contrast studies showed hugely dilated stomach, duodenum, and proximal jejunum (Fig.1). After optimization, the patient was operated electively. There was huge dilatation of proximal bowel till proximal jejunum where two narrowing, 5cm apart, were found. Enterotomy performed at the level of each narrowing showed a mucosal web with central aperture (Fig.2).

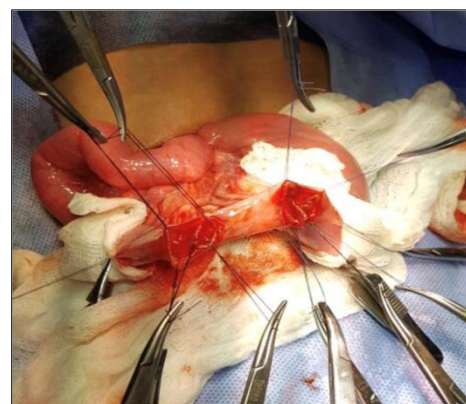


Figure 2: Showing two jejunal mucosal webs with central apertures

The involved segment with double jejunal webs was resected and end to back jejuno-jejunal anastomosis

performed. Ladd's procedure was also added for associated malrotation. Postoperative course remained uneventful and patient was discharged on full feeds. On follow-up, the patient gained 1/2kg of weight in two weeks.

Few cases of delayed presentation of small bowel webs have been reported.[1] Only one case of double jejunal web has been reported on literature search.[2] Our patient was severely malnourished owing to delayed diagnosis of jejunal webs. The parents belonged to a far flung village and occasionally seek medical advice from local quacks. Our patient gained weight after resection of obstructive jejunal webs. To conclude, surgical causes should also be considered in differential diagnoses of severe malnutrition.

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