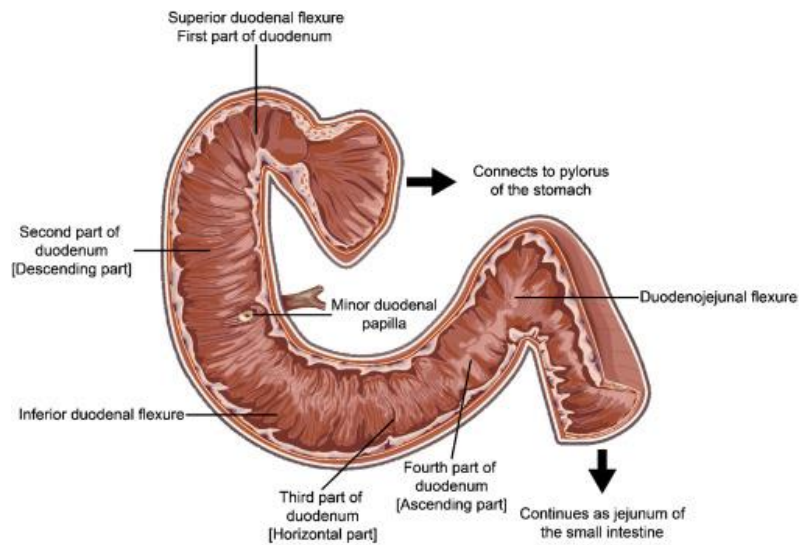


# DUODENAL ATRESIA

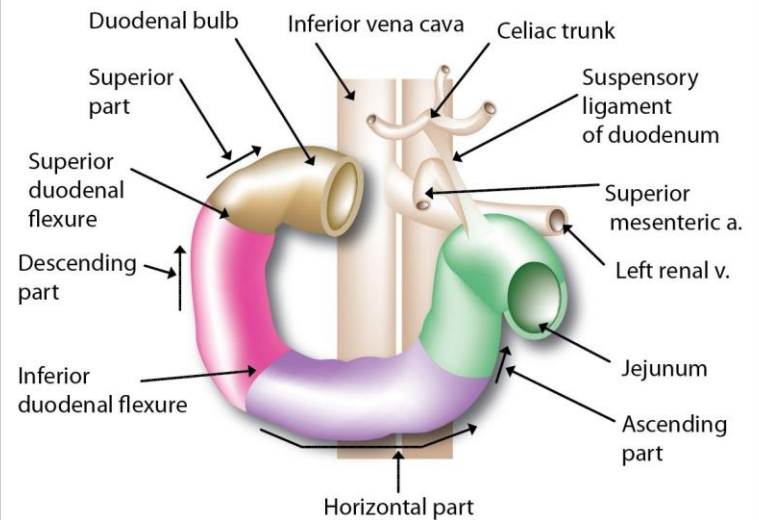
Dr.OMAR ABDULQADER  
AJAJ  
PEDIATRIC SURGEON

# DUODENAL ATRESIA

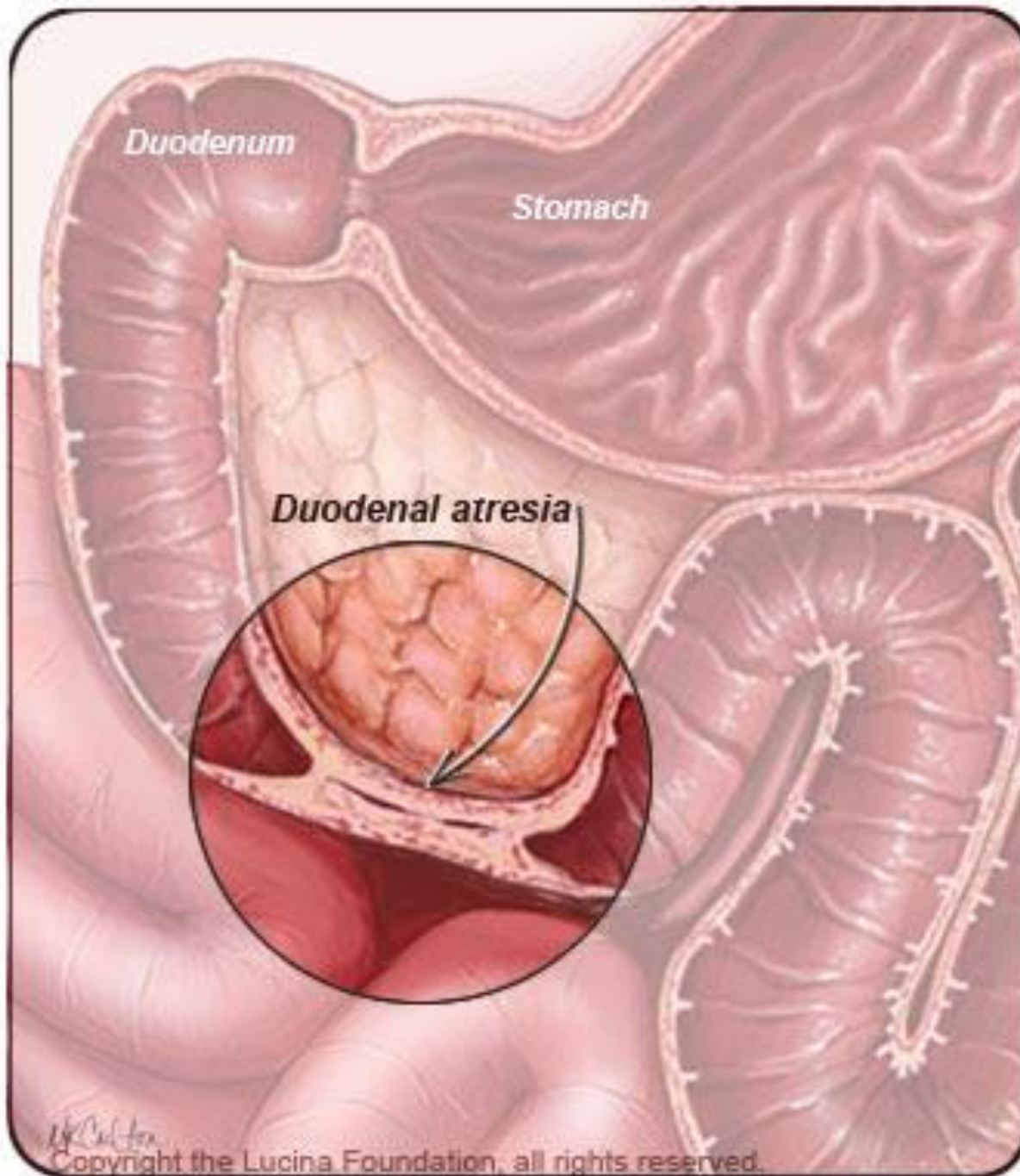
- Occurs in 1 / 5000
- Etiology:
- **Intrinsic**: (is most common) believed to be caused by a failure of recanalization of the fetal duodenum resulting in complete obstruction.
- The **extrinsic form** of duodenal obstruction is due to defects in the development of neighboring structures.



## Duodenum

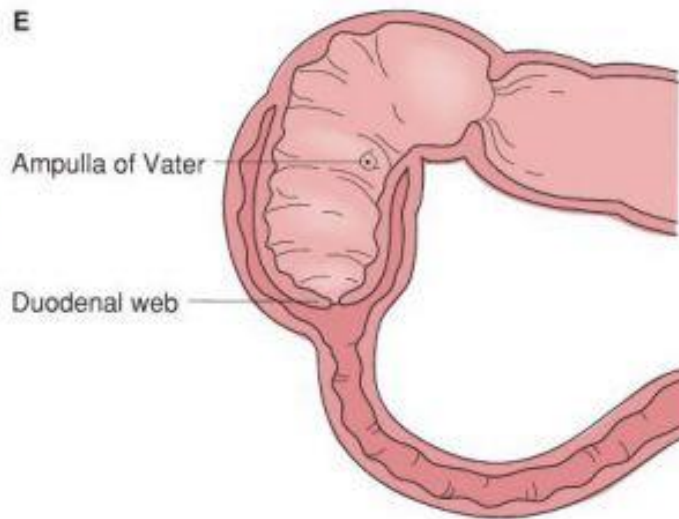
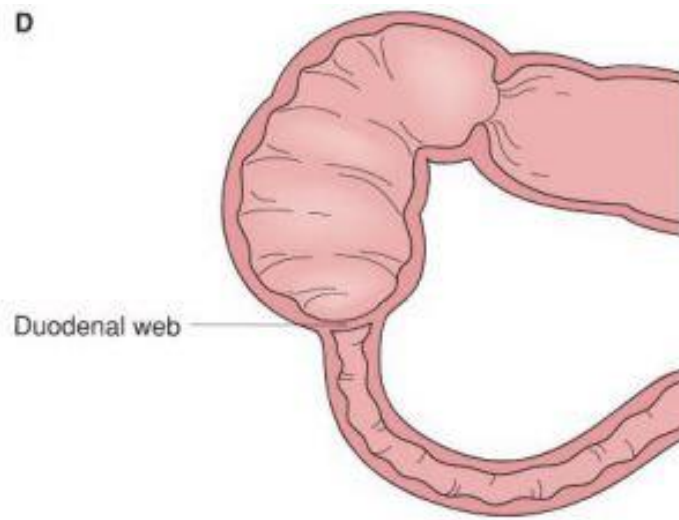
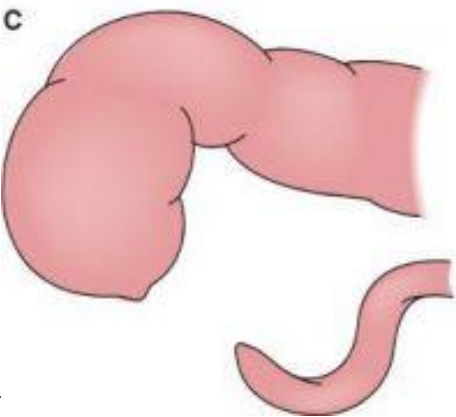
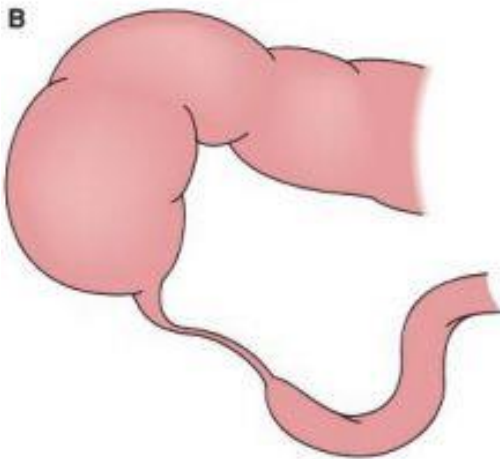
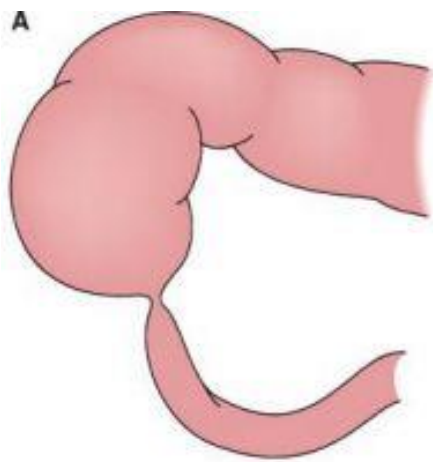


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# Classification

- Atresias are classified into:
- **Type I atresias** account for more than **90%** of all duodenal obstructions and contain a luminal diaphragm.
- **Type II atresias** are characterized by a dilated proximal and collapsed distal segment connected by a fibrous cord.
- **Type III atresias** have an obvious gap separating the proximal and distal duodenal segments.



# Associated anomalies

## VACTRAL

- Vertebral
- Anorectal
- Cardiac
- Tracheoesophageal
- Renal
- Atresia
- Limb

# Diagnosis

- prenatal ultrasound.
- The classic presentation is that of **bilious** emesis within the **first hours** of life in an otherwise stable neonate.
- In neonates with duodenal atresia, the abdomen is scaphoid.

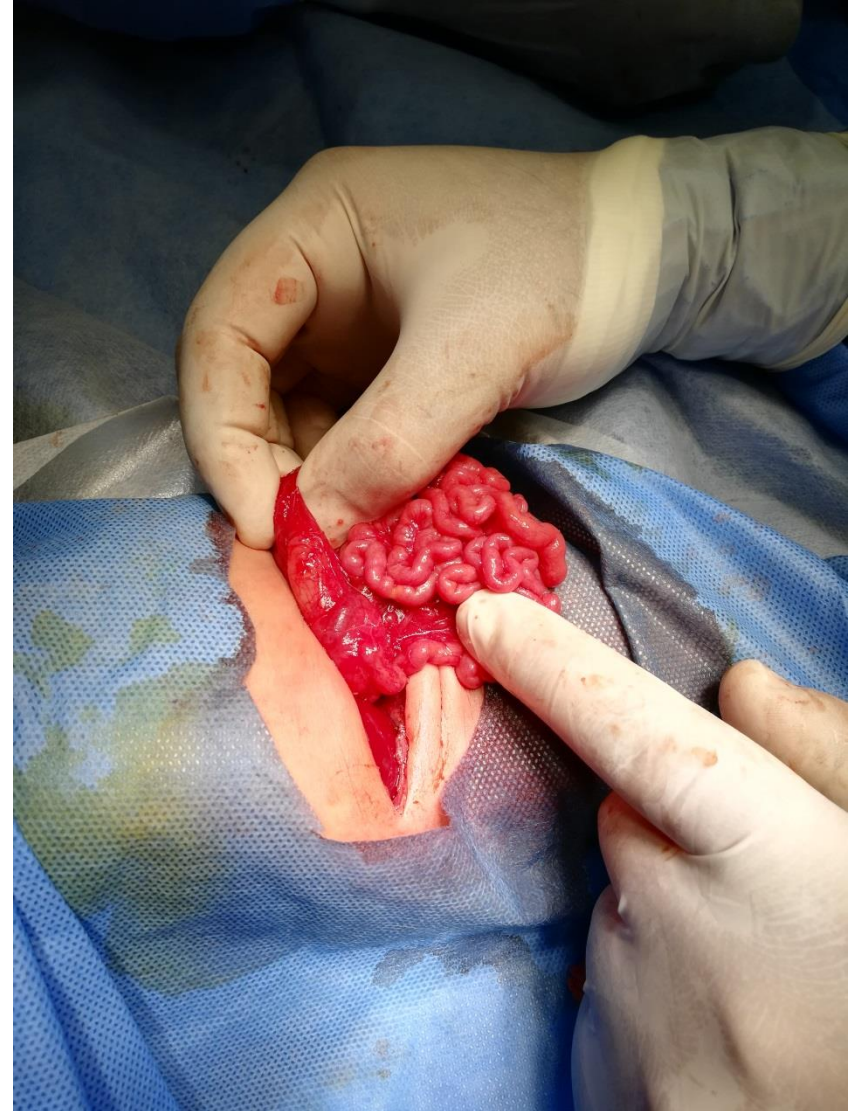
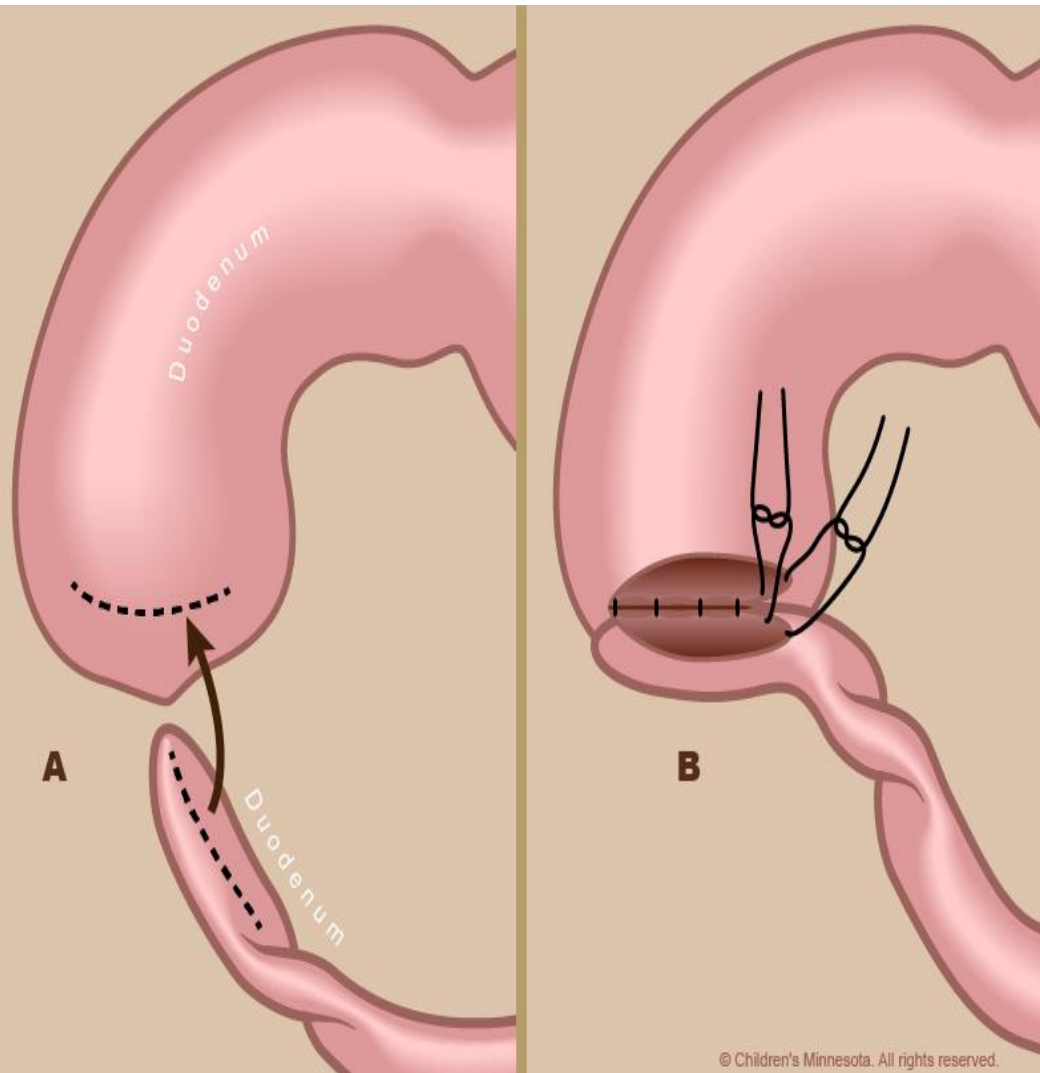


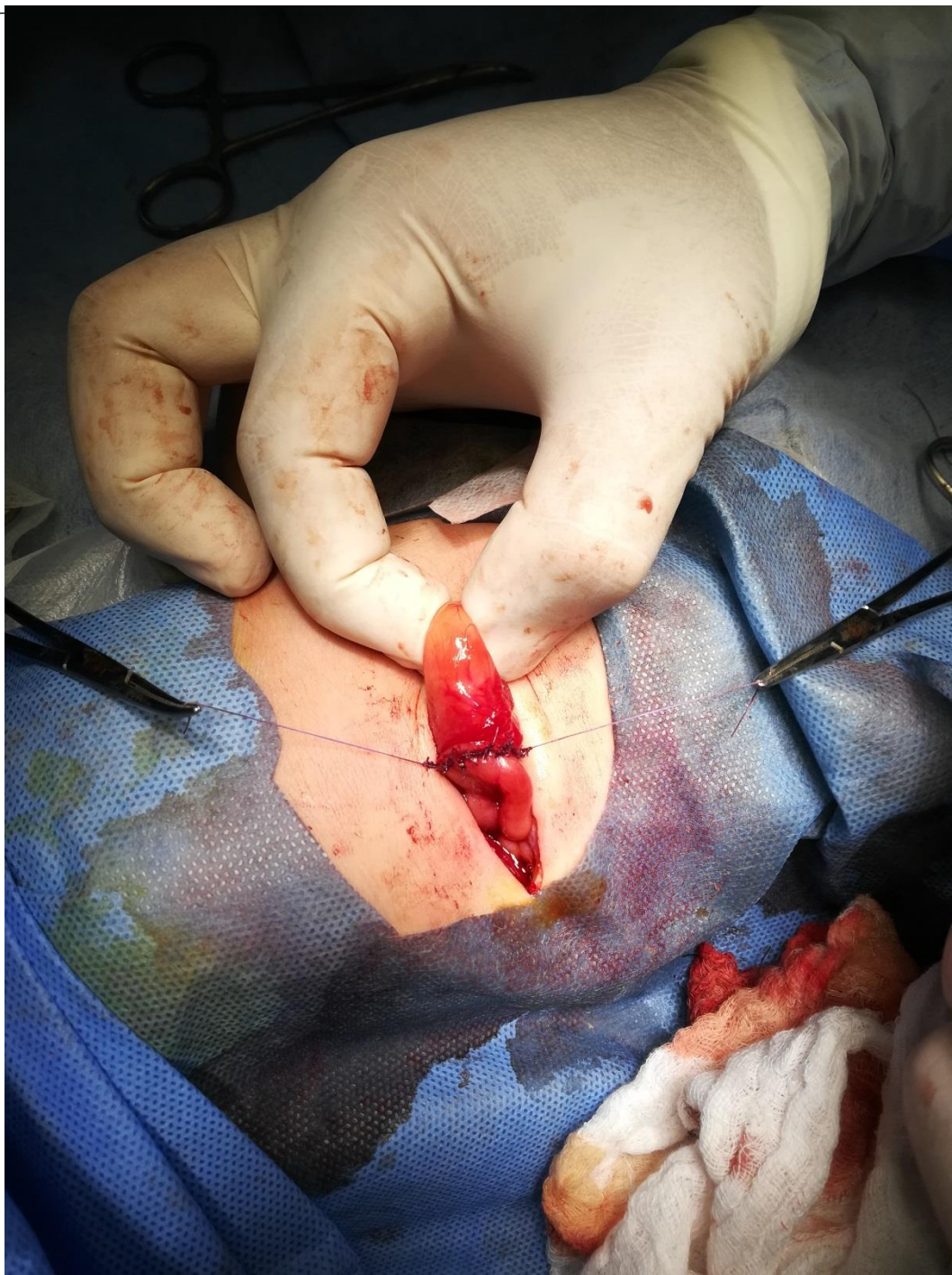
- The diagnostic radiographic presentation of duodenal atresia
- Plain abdominal x-ray (that of a double bubble sign with no distal bowel gas).



# Treatment

- Appropriate resuscitation is required with correction of fluid balance and electrolyte abnormalities, and duodenoduodenostomy.





**THANK YOU FOR**

