

Clinical Quiz

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Nonbilious vomiting in a small child

Clinical Presentation

A 10-week-old female infant was referred with a history of nonbilious vomiting since birth associated with feeding intolerance, lethargy, and intermittent cough. The infant was a product of full term pregnancy, gravida 2 of a 29-year-old mother. There was a history of one female sibling dying within 2 hours of birth. On admission, the infant was not dysmorphic. She was malnourished and dehydrated, with a flat and non-tender abdomen. Added sounds could be heard in the left chest. An upper gastrointestinal contrast barium study was carried out (Figure 1).

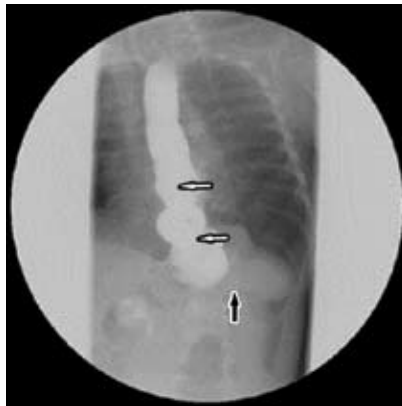


Figure 1 - An upper gastrointestinal contrast barium study.

Questions

1. Describe the abnormalities in Figure 1.
2. What is the diagnosis?
3. What is the treatment option?

Clinical Quiz

Answers and Discussion

1. **Abnormalities.** The upper gastrointestinal contrast barium study showed severe dilated esophagus with tertiary esophageal contractions, and significant gastroesophageal reflux (white arrows). The stomach is not visualized (black arrow). Contrast is passing directly to the small bowel.
2. **Diagnosis.** The diagnosis is congenital microgastria (CM), which occurs either as an isolated anomaly, or more frequently in association with other malformations. The CM is first reported as a small, tubular or saccular, and incompletely rotated stomach associated with a megaesophagus.^{1,2}
3. **Treatment.** Treatment options of CM include conservative management with small frequent feeds allowing the stomach to enlarge over time, gastric augmentation with a jejunal loop (Hunt-Lawrence procedure), and total gastric dissociation with a Roux-en-Y esophago-jejunostomy.³

References

1. Waasdorp CE, Rooks V, Sullivan C. Congenital microgastria presenting as stridor. *Pediatr Radiol* 2003; 33: 662-663.
2. Blank E, Chisolm AJ. Congenital microgastria, a case report with a 26-year follow-up. *Pediatrics* 1973; 51: 1037-1041.
3. Jones VS, Cohen RC. An eighteen year follow-up after surgery for congenital microgastria--case report and review of literature. *J Pediatr Surg* 2007; 42: 1957-1960.

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