Congenital volvulus: A case report of Preterm vaginal delivery

Objective:

Congenital volvulus is a rare condition with a high morbidity and mortality. It may present as a surgical emergency at birth with a distended, discoloured abdomen. This paper reports a case of congenital volvulus with associated midgut malrotation, and ischemic necrosis delivered vaginally.

Case report:

A 26 years old, G2P1A0 presented with preterm labour at 34+5 weeks of gestation. She had late booking visit at 33 weeks and was offered initial investigation and department scan. There was no history of consanguinity; first baby was alive, and healthy with no Anomalies.
Her antenatal serology was unremarkable. She went into spontaneous preterm labour at 34weeks and 5 days and could not do scan.
On admission she was in active labour and had suspicious CTG ,bedside scan showed polyhydramnios with markedly dilated gut loops raising the suspicion of intestinal obstruction/meconium ileus, there was free fluid in abdomen as well.
Couple was explained about the scan and CTG and were offered emergency delivery by LSCS, Patient refused for emergency LSCS and opted the choice of NVD understanding all the risks completely.
She delivered a baby boy weighing 2.5kg, initial APGAR 3,5 and 6.Abdomen was markedly distended with bluish discoloration of skin.
Baby was intubated and shifted to NICU .After initial stabilization of the condition, baby underwent laparotomy with resection of 80cms of ischemic gut and end to end anastomoses for the remaining.

Discussion:
In recent years, antenatal diagnosis has become possible by ultrasound scanning of the bowel and its vessels. However, this is technically difficult and only possible during the third trimester scans. The birth can then be planned in a unit equipped to provide the necessary early surgical assessment. There is an increased incidence of spontaneous preterm delivery, and a majority of pregnancies do not receive late scans; hence, the diagnosis is commonly made postnatally. Early consideration of congenital volvulus in the differential diagnosis is vital to allow timely surgical intervention.

Conclusion:
This case stresses the importance of planned delivery if an antenatal diagnosis has been made. However, in those infants without an antenatal diagnosis, who are born with similar clinical findings, transfer for a surgical opinion is time-critical but may not always be possible. This patient received dedicated intrapartum care with expert intrapartum scanning , timely neonatal care and paediatric surgical facility to help improve the prognosis

