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18th Annual Child Health Research Days
October 25 - 27, 2022

ABSTRACT SUBMISSION FORM

CHR D 2022: Abstract & Poster Submission Form

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Presenter Status

- Undergraduate Students
- Masters Student
- PhD Student
- Post-Doctoral Fellows
- Residents
- Non-Trainee

Research Category

- Basic Science
- Clinical
- Community Health / Policy

Role in the project

- Design
- Perform Experiments
- Analyze Data
- Write Abstract

Title

Post-discharge Follow-up of Duodenal Atresia patients: A Systematic Review

Background

Duodenal atresia is a rare anomaly characterized by a complete or partial obstruction of the duodenum. After repair and discharge, care providers who may have little experience with this condition are often called upon to provide ongoing follow-up.

Objective

We performed a systematic review of the literature to summarize the long-term outcomes of duodenal atresia and provide a comprehensive summary of the sequelae care providers should consider as these children grow-up.

Methods

After registering with PROSPERA (2020 CRD4204018344), we completed a comprehensive search of several databases using the title keyword 'intestinal atresia'. No limitations were placed on publication date or language. Complete papers of filtered abstracts were assessed and included if they reported post-discharge outcomes for at least six patients with congenital duodenal obstruction.

Results

A total of 1068 abstracts were screened; 33 complete papers were reviewed. Eleven studies were included. An additional 25 papers were included after reviewing the references of the included manuscripts for a total of 36 papers. Of the 2564 patients described 681 had Trisomy 21. Outcomes were classified as late mortality, gastrointestinal, neurologic, neurodevelopmental, anthropometric and quality-of-life.

Conclusion

The literature suggests that the following should be considered during long-term follow-up of duodenal atresia patients:

1. Late mortality is rare and often due to associated anomalies
2. Anastomotic dysfunction may result in megaduodenum and present with chronic vomiting, abdominal pain, or halitosis
3. Blind-loop syndrome (more common post-duodenojejunostomy) may present with early satiety, abdominal pain, halitosis, or vomiting
4. Adhesive intestinal obstruction may present with abdominal pain and vomiting,
5. Gastroesophageal reflux may be present with or without associated esophageal anomaly
6. Neurologic outcomes and neurodevelopment require more study, but deficits may occur in hearing and motor function and can be associated with Trisomy 21, low birth weight and prolonged perinatal hospitalization.
7. Deficiencies in growth and well-being are uncommon

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Yes No

Figure 1.pdf

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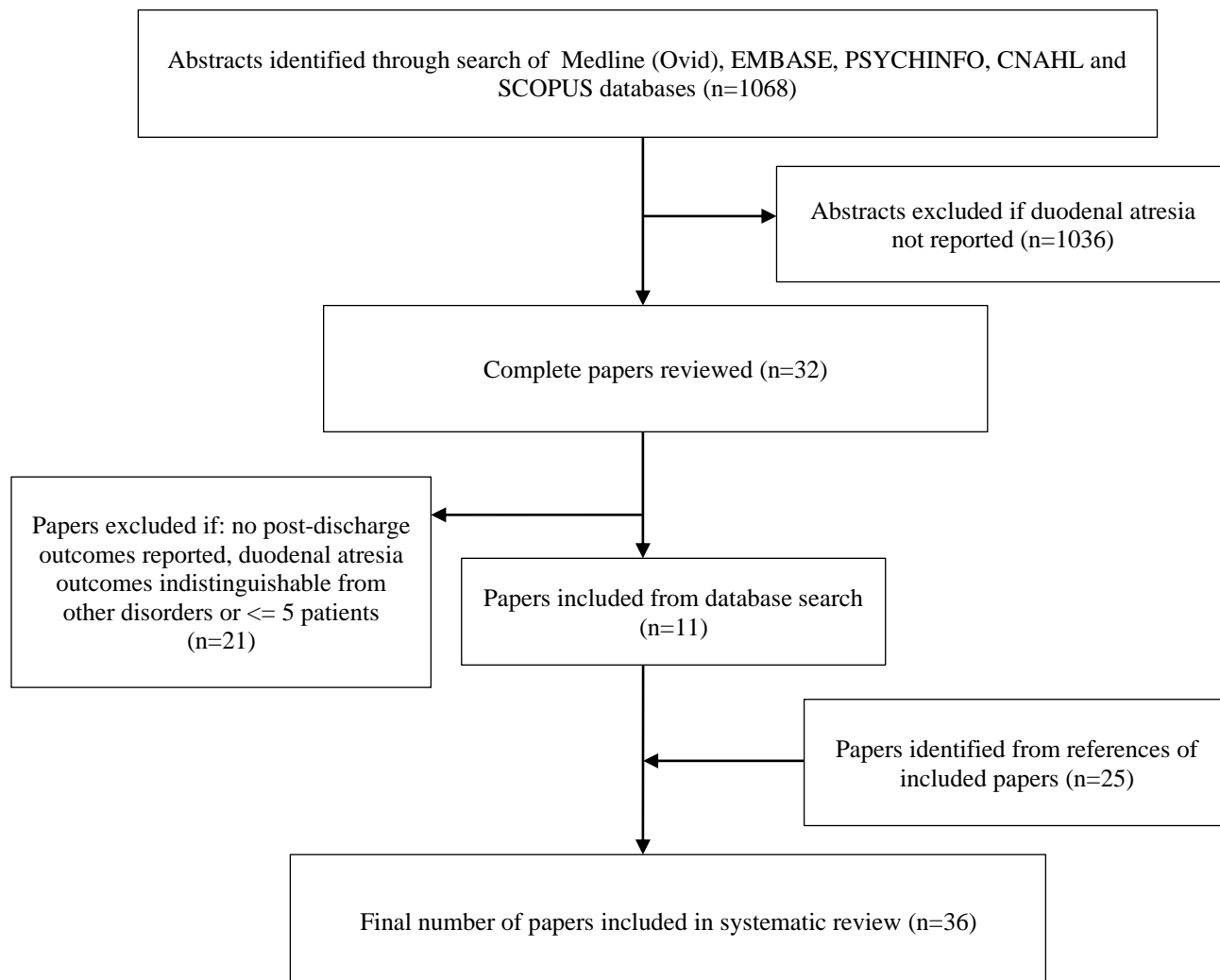


Figure 1. Flow diagram of selection criteria of papers retrieved through database search of ‘intestinal atresia’ and subsequent review of references.