

[Prenat Diagn.](#) 2006 Mar;26(3):214-7.

Prenatal counselling of small bowel atresia: watch the fluid!

[Iacobelli BD](#), [Zaccara A](#), [Spirydakis I](#), [Giorlandino C](#), [Capolupo I](#), [Nahom A](#), [Bagolan P](#).

Newborn Surgery Unit, Bambino Gesù Children's Hospital, Rome, Italy. iacobelli@opbg.net

OBJECTIVE: To evaluate polyhydramnios as a sign of extreme disproportion of atretic segments in small bowel atresia (SBA). **METHODS:** Twenty-eight patients with a prenatal diagnosis (PD) of SBA undergoing neonatal surgical treatment were reviewed retrospectively. Parameters recorded were gestational age, birth weight, surgical procedure, rate of complications, parenteral nutrition (PN) days and length of stay (LOS). Patients were divided into two groups: Group A with delayed anastomosis and Group B with direct anastomosis. **RESULTS:** Seventeen subjects were in Group A while 11 were in Group B. The two groups did not differ with regard to gestational age at diagnosis, birth weight and obstetrical management. Polyhydramnios was present in both Group A (64.7%) and Group B (9%) ($p < 0.05$). Patients in Group A needed a longer period on PN, had a longer LOS and exhibited significantly higher rates of complication. **CONCLUSION:** In the absence of other malformations, association of dilated bowel loops and polyhydramnios is highly predictive of severe SBA, which can in no instance be amenable to one-stage reconstruction. Because of its consequences on postnatal treatment, such information should be conveyed to the prospective parents at the time of counselling. 2006 John Wiley & Sons, Ltd.

PMID: 16470577 [PubMed - indexed for MEDLINE]