

## Radiological Quiz

### The insufflated balloon

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A one-day-old neonate presents in emergency with abdominal distension and failure to pass meconium. On clinical examination, there is abdominal distension, and perineal examination reveals an imperforate anus. The child is irritable, but hemodynamically stable. X-ray abdomen (erect position) is performed (Fig. 1).



Figure 1: X-ray abdomen and chest

### QUESTIONS

- i. What are the radiological findings in the radiograph above?
- ii. In view of the above findings What is the most likely diagnosis and why?
- iii. Which system of classification is preferred for your differential, and what is it based on?

**ANSWERS**

- i. The radiograph shows an X ray Abdomen and Chest of a baby

Cardiac size is normal.  
 Bilateral lung fields are clear.  
 Visualized bones appear normal.

There is a large lucency on left side of abdomen with some soap bubble appearance. The other bowel loops appear prominent, dilated, and displaced to the right side of abdominal cavity.

- ii. The overall appearances are secondary to a complete congenital pouch colon. Typical for a complete congenital pouch colon (CPC) is to have a large bowel loop (visualized as the large gas shadow) occupying more than 1/2 of the abdominal width on the Xray with displacement of the rest of bowel to the right hemi abdomen in a patient with anorectal malformation.[1,2]

- iii. Many classifications have been suggested for CPC, however the most widely used one was suggested by Narasimha Rao et al. on the basis of bowel length.[3]  
 Type 1: Normal colon is absent, and the ileum opens directly into the colonic pouch (Fig. 2).

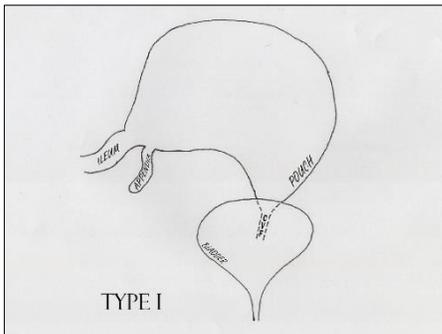


Figure 2: Type 1 CPC

Type 2: The ileum opens into a short segment of caecum, which then opens into the colonic pouch (Fig. 3).

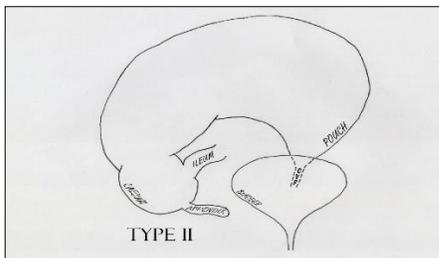


Figure 3: Type II CPC

Type 3: Presence of a significant length of normal colon between the ileum and the colonic pouch (Fig. 4).

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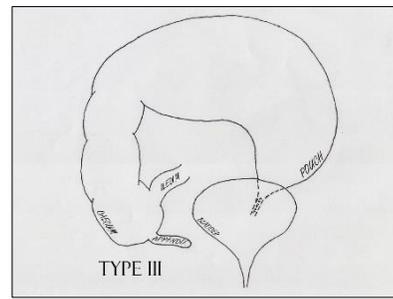


Figure 4: Type III CPC

Type 4: Presence of near-normal colon with only the terminal portion (rectum and sigmoid) converted into a pouch (Fig. 5).

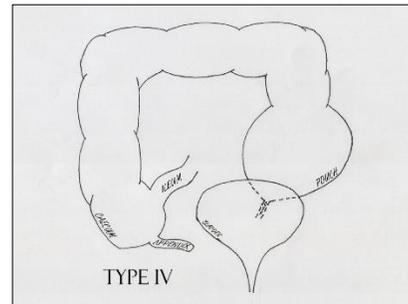


Figure 5: Type IV CPC

A simplified version of the same was later suggested where type I and II were categorized as “complete” and type III and IV as “incomplete” CPC.[4]

Complete CPC may produce a big gas filled lucency on abdominal radiograph as shown in Figure 1. However, incomplete CPC produces a localized small lucency on abdominal radiographs..

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