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MECONIUM ILEUS

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Meconium ileus is congenital mechanical obstruction of the small intestine appearing as a result of the amended meconium. It is responsible for a third of small bowel obstruction in infants and is manifested in about 30-40% of children with cystic fibrosis. Patients with mutations in the CFTR gene and cystic fibrosis have abnormal chloride conductance through external cell membranes resulting in precipitation of thick secret in the respiratory tract, pancreas, liver, intestines and sweat glands. Maternal history and ultrasound during pregnancy allow the prediction which children will have the risk of meconium ileus. Meconium ileus occurs in 2 formats: a simple (67%) and complex (33%). The most common complications are: volvulus, atresia, meconium peritonitis, pseudocystic formation or perforation of the colon. The conservative treatment is based on the application of hyper or iso-osmolar contrast. A contrast enema is performed during fluoroscopy, gradually increasing intraluminal pressure in order to avoid possible perforation. In case of failure of conservative treatment, further treatment must be surgical. There are several surgical options of treatment (most commonly: Mikulicz, Bishop-Koop and Santulli) applied in order to provide the lowest possible bowel resection and enterostomy formation for possible postoperative irrigation. Long-term survival of patients with meconium ileus and cystic fibrosis is 83-90%.

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