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Acta Medica Iranica

2009;47(4) : 59-66

T-tube efficacy in the management of intestinal atresia

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Abstract:

Background: In the study, we evaluated efficacy and complications of T-tube application in treatment of intestinal atresia in newborns. Methods: In this randomized clinical trial study, 40 neonates with intestinal atresia were studied. The patients were divided into two comparable groups. After preparation of general conditions for operation, the surgery was applied under general anesthesia. In the first group, primary end-to-end anastomosis with T-tube application and in the second group only primary end-to-end anastomosis was done. Baseline variables (age, sex and birth weight), signs of disease, interval between surgery and beginning of oral nutrition, duration of hospitalization, post operation complications and mortality were compared between the two groups. Results: Age, sex, birth weight, age in operation time, frequency of abdominal distention, bilious vomiting, failure of meconium pass and congenital anomalies were not different significantly. Also interval between surgery and beginning of oral nutrition was not different. In 2 of 20 neonates (10%) in T-tube group post operation complications occurred, but in the other group, 9 neonates of 14 neonates (64.3%) complications were seen after operation ($p=0.002$). Two neonates (10%) in T-tube group and 8 neonates (40%) in the other group died during post operation follow up ($p=0.03$). Conclusion: It seems that primary end-to-end anastomosis with T-tube application in neonates with intestinal obstruction decreased complications and mortality rate. More similar studies with larger samples are recommended.

Keywords:

Intestinal atresia , anastomosis , post operation complication , neonatal mortality , T-tube

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