

A Rare Condition : Duodeno-Jejunostomy Surgery of a 19-Year-Old Female

A 19-year-old female, presented to the Surgery Department with complaints of persistent vomiting, inability to eat, and significant weight loss over the past few months. She had no significant medical history and did not report any recent trauma or abdominal surgeries. Upon further evaluation, it was noted that her symptoms had been progressively worsening, and she had lost appetite and weight in the past three months.

Multiple tests were conducted, including blood investigations, endoscopy, barium study, CT-scan, and MRI, to rule out other possible causes of the patient's symptoms, such as gastrointestinal obstruction, gastroparesis, or malignancy; patient was diagnosed with Superior Mesenteric Artery (SMA) Syndrome. Superior Mesenteric Artery (SMA) Syndrome happens to 0.1%-0.3% of the population. Superior mesenteric artery (SMA) syndrome is an uncommon but well recognized clinical entity characterized by compression of the third, or transverse, portion of the duodenum between the aorta and the superior mesenteric artery. This results in chronic, intermittent, or acute complete or partial duodenal obstruction; this causes repeated vomiting. Patient is not able to eat food. Repeated vomiting can lead to loss of weight further aggravating the condition. If not treated it can lead to serious complications such as dehydration, malnutrition, and electrolyte imbalances.

The main line of treatment is surgery and advanced laparoscopic surgery is the preferred approach; following which patient was posted for OT. During the surgery, the duodenum and jejunum, which are parts of the small intestine, are connected to bypass the blockage caused by the compressed blood vessels. This allows the food to bypass obstruction through the digestive tract and alleviates the symptoms.

The surgery was successfully carried out and the patient had excellent relief.

Early diagnosis and prompt surgical intervention are crucial for successful management.

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