Case Study

**Paediatrics - Gastrochisis**

**Case History**
Patient, a 34+6 weeks male baby born had an intestine seen through with defect in abdomen. There was indication of fetal gastrochisis with PROM with breech presentation. Baby required suctioning and oxygen by mask. On 7th day of treatment the baby developed abdominal distension and gastric aspirates. The X-ray abdomen showed evidence of NEC stage II (a).

**Procedure**
- Baby shifted to Neonatal ICU in view of Gastrochisis Premature
- Intestinal loops were enclosed in sterile plastic sheet and placed in mid line
- Blood culture, CBC, CRP were done
- Baby was administered with IV fluids
- USG Cranium and ECHO study were done
- Gastrochisis repaired and needed ventilator support
- Doppler study revealed thrombosis on left iliac
- Baby was treated with low molecular density
- Serial monitoring of the PT, PTT were done during this period
- The Doppler done at 10 days following the onset of DVT showed resolution of thrombosis and good collaterals of the veins

On the 18th day of life, baby had shown signs of lethargy and had tachy pnoea, CBC counts showed decrease counts with CRP positive

- From the 19th Day, antibiotics were changed to Linezolid and Amikacin
- Platelet transfusion was given
- IV IG and neupogen were given for 3 days
- LP was done to rule out meningitis
- CSF culture revealed sterility

With Serial USG cranium and ROP screening normal along with CBC and CRP as negative, the baby was discharged.