ANONYCHIA CONGENITA: A RARE CONGENITAL ANOMALY

Muhammad Zia*, Mugahid Ibrahim, Iqtedar Hussain, Cornelius Sreenan. University Maternity Hospital Limerick, Limerick, Ireland

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Background To describe the case of a new born baby with absent nails on fingers.

Case report A term female baby was born to 27 years old G3P3 mother of Asian (Chinese) origin via spontaneous vaginal delivery with normal antenatal scans. During routine newborn examination it was found that the nails are absent on the middle and ring finger of both hands with shortening of distal phalanx of right ring finger. Rest of the newborn examination was within normal limits. Findings of fingers were consistent with Anonychia Congenita. There is a strong family history of similar findings in father, uncle and grandfather affecting the fingers of hands and feet.

Discussion Anonychia congenita is a rare congenital condition with unknown prevalence which manifest as absence of some or all nails. Inheritance is autosomal dominant. Mutations in R-spodin 4 (RSPO4) gene which is located on short arm of chromosome 20 cause anonychia congenita. It can occur as an isolated anomaly or as a part of syndromes that affect multiple parts of body like Coffin-Siris syndrome and nail-patella syndrome.

UNCOMMON COMPLICATION AFTER CONGENITAL DIAPHRAGMATIC HERNIA REPAIR IN A NEWBORN

1Manel Charfi*, 1Amel Ben Hamad, 2Hayet Zitouni, 1Chiraz Regaieg, 1Amira Bouraoui, 1Ridha Regaieg, 1Nedia Hmida, 2Riadh Mhiri, 1Afef Ben Thabet, 1Abdellatif Gargouri.
1Department of Neonatology, Hedi Chaker University Hospital, Sfax, Tunisia; 2Department of Pediatric Surgery, Hedi Chaker University Hospital, Sfax, Tunisia

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Introduction Bowel intussusception is an extremely rare postoperative complication of congenital diaphragmatic hernia. Any delayed diagnosis can be life-threatening. Clinician has to evoke the diagnosis every time symptoms of bowel obstruction appear after surgical repair.

Methods We report the case of a newborn who presented an acute intussusception at the fourth post operative day of a congenital diaphragmatic hernia repair.

Results A female full term newborn was operated for a congenital diaphragmatic hernia at her second day of life. Four days after surgery she started vomiting bile-stained fluid. Abdominal ultrasound showed an ileoileal intussusception with the classic target sign. Laparotomy evidenced a jejunojejunal intussusception associated to multiple intestinal adhesions. The intussusception was manually reduced and the intestinal adhesions were released. The postoperative course was uneventful. She is now 2 years-old and she is healthy.

Conclusions In our case, intestinal intussusception would be secondary to postoperative intestinal adhesions and peristaltic disorders during the phase of its reactivation in the first postoperative days.