(UVC), umbilical arterial catheter (UAC) and Peripherally Inserted Central Catheter (PICC).

The infant developed recurrent abdominal distension, associated with bilious aspirates and vomits. On examination, the abdomen appeared tense and shiny, with dilated veins. Necrotising enterocolitis (NEC) was suspected and enteral feeds were held repeatedly. Plain film abdominal x-rays revealed bowel distension. However they did not identify other radiological features of NEC or perforation, such as pneumatosis intestinalis or pneumoperitoneum.

Coagulation screens were normal. On Day 36, the infant's clinical condition rapidly deteriorated. She developed a grossly distended abdomen, associated with increased oxygen requirement and desaturations. She required ventilation, inotropic support and transfer to a tertiary centre. She continued to deteriorate and further treatment was considered futile. Following discussion with her parents, palliative care was introduced and she passed away shortly afterwards.

Subsequent postmortem examination revealed idiopathic superior mesenteric vein thrombosis.

Discussion A differential diagnosis for neonatal abdominal distension and bilious vomiting includes necrotising enterocolitis (NEC), intestinal malrotation and volvulus.³ Superior mesenteric vein thrombosis causes chronic, recurrent and progressive devitalisation of the small bowel wall. It is associated with pre-terminal neutropaenic sepsis and peritonitis.⁴ It may be caused by an unidentified congenital thrombophilia.⁵ Conclusion In refractory cases of suspected NEC, venous thromboembolism should be considered. Abdominal x-ray findings are non-specific and are unlikely to contribute to a correct diagnosis. More specific investigations include Doppler ultrasound and CT angiography.⁶

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CRAZYTAXY: CASE REPORT OF HETEROTAXY SYNDROME WITH POLYSPLENIA

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Introduction Heterotaxy syndrome is a rare congenital defect. It affects the anatomical position and function of visceral organs. Its clinical signs and symptoms are highly variable.¹ Antenatal and postnatal investigations and management should be tailored to each individual.

Case Antenatal ultrasound at 13 weeks' gestation suggested total situs inversus. At 21 weeks, ultrasound revealed a mid-line liver, a right-sided stomach and left atrial isomerisation. Antenatal foetal echocardiogram confirmed an azygous continuation of the inferior vena cava. Heart structure was otherwise normal.

The female infant was born at 39+3 weeks by elective C-section. She did not require neonatal resuscitation. She was admitted to NICU and kept NPO, pending further investigations.

Abdominal ultrasound confirmed a midline liver and gall-bladder. The stomach and multiple splenules were visualised in the right upper quadrant. An upper GI contrast revealed intestinal malrotation, with no evidence of obstruction. A blood film identified Howell Jolly bodies. ECG showed normal sinus rhythm. ECHO displayed a small VSD and confirmed antenatal echocardiogram findings.

Following consultation with the Paediatric Surgery team, enteral feeds were introduced on Day Two. Phenoxymethylpenicillin was prescribed indefinitely, on the advice of Paediatric Immunology. The patient was discharged on Day Eight. Out-patient follow-up is planned with Neonatology, Cardiology and Immunology.

Discussion Situs inversus is genetically heterogenous, with variable inheritance patterns. A differential diagnosis should include Heterotaxy Syndrome and Kartagener's Syndrome (primary ciliary dyskinesia).² Antenatal echocardiogram identifies potentially life-threatening cardiac anomalies. Some neonates may require pacemaker insertion for congenital heart block.³ Serial antenatal ultrasound is recommended to exclude hydrops fetalis.

Abdominal ultrasound and blood film are essential to assess splenic function. Asplenia or polysplenia spleen poses a higher risk from encapsulated organisms, such as Streptococcal pneumoniae. Lifelong phenoxymethylpenicillin may be necessary to prevent sepsis or meningitis.⁴ Conclusion Heterotaxy Syndrome is rare, complex congenital disorder. Antenatal investigations are essential to determine foetal viability and inform neonatal management. Neonates require an array of postnatal investigations and may require long-term subspecialty follow-up.

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CLAMPING MY STYLE: CASE SERIES OF RECURRENT NEONATAL BLOOD TRANSFUSIONS ASSOCIATED WITH IMMEDIATE CORD CLAMPING

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