

Jejunostomy and Protective Ileostomy in a Patient with Massive Necrotizing Enterocolitis: A Case Report

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Abstract : Objective: This study is to report a case of massive necrotizing enterocolitis in a six-month-old patient, requiring ileostomy and protective jejunostomy as a damage control measure in the first exploratory laparotomy surgery in massive enterocolitis without a previous diagnosis. Methods: This study is a case report of success in making and closing a protective jejunostomy. However, the low number of publications on this staged and risky measure of surgical resolution encouraged the team to study the indication and especially the correct time for closing the patient's protective jejunostomy. The main study instrument will be the six-month-old patient's medical record. Results: Based on the observation of the case described, it was observed that the time for the closure of the described procedure (protective jejunostomy) varies according to the level of compromise of the health status of your patient and of an individual of each person. Early closure, or failure to close, can lead to a favorable problem for the patient since several problems can result from this closure, such as new intestinal perforations, hydroelectrolyte disturbances. Despite the risk of new perforations, we suggest closing the protective jejunostomy around the 14th day of the procedure, thus keeping the patient on broad-spectrum antibiotic therapy and absolute fasting, thus reducing the chances of new intestinal perforations. Associated with the closure of the jejunostomy, a gastric tube for decompression is necessary, and care in an intensive care unit and electrolyte replacement is necessary to maintain the stability of the case.

Keywords : jejunostomy, ileostomy, enterocolitis, pediatric surgery, gastric surgery

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