

Author / Year / Demographics	Case Presentation	Other Associated Anomalies
Ikeda K (1986), case 1 ^a		Trisomy-21
Ikeda K (1986), case 2 ^a		Trisomy-21
Akhtar J (1992) ^a		Trisomy-21
Coppens B (1992), 2070-g infant ^a	Patient died from meningitis following repair of duodenal atresia.	Trisomy-21
Touloukian RJ (1993), case 1 ^a	<u>DOL 10</u> : HD diagnosed.	Trisomy-21
Touloukian RJ (1993), case 2 ^a	<u>DOL 10</u> : HD diagnosed.	Trisomy-21
Khong TY (1994), 1630-g preterm male	<u>32 weeks GA</u> : Polyhydramnios and fetal double bubble on prenatal ultrasound. <u>DOL 2</u> : Multiple atretic segments of duodenum and jejunum, duodenal diverticulum, accessory splenunculi, and small distal colon with inspissated meconium on laparotomy. Rectal biopsy deferred due to prematurity. <u>DOL 26</u> : Abdominal mass, distension, and feeding intolerance resolved with conservative management. <u>DOL 48</u> : Diverting ileostomy performed for biopsy-proven total colonic aganglionosis. <u>10 months' age</u> : Patient died from recurrent aspiration pneumonia.	Interstitial del 13q, optic nerve hypoplasia, polysplenia, jejunal atresia, bilateral cerebral atrophy, umbilical cord ulceration.
Kimble RM (1997) ^a		Trisomy-21
Piper HG (2008), case 1 ^a		Trisomy-21
Piper HG (2008), case 2 ^a		Trisomy-21
Sekmenli T (2011) 2500-g female	<u>DOL 2</u> : Vomiting, abdominal distension, and double bubble. Proximal diverting colostomy performed for intraoperative appearance of rectosigmoid transition point and full-thickness biopsy c/w HD. <u>1 year-of-age</u> : Patient died from HAEC-related sepsis.	Trisomy-21, congenital hypothyroidism
Previously unreported (MRL, 1994), 2100-g full-term male	<u>DOL 1</u> : Abdominal distension, diffuse air filled, dilated, small bowel. Laparotomy for suspected ileal atresia revealed DA and duplication cyst treated with extended Jaboulay-type gastroduodenostomy. Serosal injury to transverse colon repaired with Lemberst suture. <u>DOL 6</u> : Peritonitis led to laparotomy with finding of transverse colon perforation at previous site treated with closure and proximal diverting colostomy. <u>5 months of age</u> : Colostomy closed with postoperative abdominal distension, and constipation. Work up with contrast enema and biopsy reveals HD. <u>6 months of age</u> : Endo-rectal pull-through for HD with 3 episodes of HAEC in first year post pull through. Alive and well at 22 years of age without subsequent HAEC.	Trisomy-21, left renal agenesis, duodenal duplication cyst, cryptorchidism, micropenis, patent ductus arteriosus
Current case, (2015), 2780-g full-term male	<u>31 weeks GA</u> : Polyhydramnios and DA on prenatal ultrasound. <u>DOL 1</u> : Bilious emesis and double bubble on plain radiograph. <u>DOL 25</u> : New-onset constipation and vomiting resolved with conservative management. <u>6 weeks age</u> : Progressive bilious emesis, abdominal distension, obstipation, and failure to gain weight. Dilated loops of bowel on plain film, sigmoid colon transition point on lower GI series. <u>2 months' age</u> : Leveling colostomy performed for biopsy-proven HD. <u>5 months' age</u> : Definitive endo-rectal pull-through	No anomalies detected on genetic testing.