MECONIUM ILEUS AFTER EARLY TREATMENT WITH PANCREX V

A Follow-up Review

Captain B. H. VALENTINE, M.B., B.S., M.R.C.S., L.R.C.P., R.A.M.C.

*British Military Hospital, Dhekelia **

SUMMARY: The eighteen-month follow-up of a neonate treated with Pancrex V on the 6th postoperative day following a Meconium Ileus obstruction is described.

Introduction

In 1969 a report was published on the early use of pancreatic extract as an adjunct to neonatal surgery for meconium ileus (Kirby and Valentine 1969). Since that paper has been published the child has been under constant supervision at the British Military Hospital, Dhekelia, giving us an ideal opportunity for a follow-up study in the interesting disease of Cystic Fibrosis after treatment from the eighth day of life with pancreatic extract.

Case history

When last reported baby 'B' was six months old and weighed 15 pounds against a birth weight of 6 pounds 5 ounces. At that time he had been free from any chest infections and was extremely healthy. The month was October (date of birth 28 April 1968); winter was approaching and with it the usual spate of upper respiratory tract infections.

During the winter of 1968/69 the child developed only two respiratory infections, both picked up early by the cough and treated vigorously with penicillin. During this period the child's dose of Pancrex was being monitored by his mother, on condition of his stools and by March 1969 the dose needed to keep the stools non-offensive had risen to one g t.d.s. from the original dose of one-eighth g q.d.s. after birth. A normal faecal fat estimation in March 1969 confirmed the success of control.

Throughout the summer of 1969 the child continued to thrive until he went to the United Kingdom in July 1969.

In late August 1969 the child (referred to Professor Anderson) had its first confirmed chest complication; it was now sixteen months old. The child had been taken home to the United Kingdom and developed a nasty cough. A cough plate grew a mixed growth of *Ps. pyocyaneus*, coagulase + ve *Staphylococci*, *H. influenzae* and *Klebsiella*. A chest X-ray at this time showed a minimal area of opacity at the right base; no other abnormality being seen. He was treated with ampicillin blindly in the United Kingdom, and the results of tests sent on to Cyprus where he was seen at the beginning of September.

By this time the child had recovered from his cough and was his usual buoyant self. He had almost reached the 50 percentile for height and weight by this time.

The faecal fat excretion was still normal on a daily dose of Pancrex V one g t.d.s., with small supplements if the child ate anything between meals that was of a more

* Now British Military Hospital, Hannover.

BOYS 0-3

NAME

BABY 'B'

Birth Date 28-4-68

Reg. No.

Fig. 1

NAME

BABY 'B'

Birth Date 28-4-68

Reg. No.

BOYS 0-3

Fig. 2

1136/ramc-118-0-107 on 1 January 1972. Downloaded from <http://milmed.health.bmj.com/> on April 26, 2023 by guest. Protected by copyright.

substantial nature than fruit. His sweat chlorides in September 1969 remained at 120 mequiv/litre.

In the winter of 1970 the child developed a nasty cough. Although his chest showed no physical signs, he was put on Elixir Septrin 2.5 ml b.d. His cough plates at this time grew a mixed culture sensitive to Septrin. A chest X-ray at this time showed minimal patches at the right base. By February he had recovered and in March was outwardly well, but had a slight cough for which he was kept on prophylactic Elixir Septrin 2.5 ml b.d. Faecal fats in March showed an average excretion of 5.8 g/day with 90 per cent split fats.

By April 1970 baby 'B' was two years old and was continuing to develop normally, and in height and weight moved steadily along the 50 percentile.

Discussion

I make no apology that this paper is simply a summary of an interesting case. These children are often picked up late, and have irreparable chest damage at that stage. This feature of the disease may soon be altered when routine screening becomes more generally accepted at the age of four months (Lawson, Westcombe and Sagers 1969), but at the moment it is still an unhappy feature of this condition.

In this case, by the very severity of the condition, the disease was noted early and treated vigorously both from the intestinal and thoracic view point. That the child has not necessitated admission to hospital in two years of life, has a clear chest X-ray at this time and is developing satisfactorily along the 50 percentile (Figs. 1 and 2) and leading a completely normal life, vindicates the early use of Pancrex and emphasises the need for early screening for this disease, present in 1 to 2,448 live births (Danks, Allen and Anderson 1965) and the treatment of a cough as a potentially damaging chest infection.

Acknowledgements

I would like to thank Major M. J. Templer, M.R.C.P., M.R.C.P.(Ed), Physician, British Military Hospital, Dhekelia, for allowing me to make a follow-up of a patient now under his care. I also wish to thank the laboratory and X-ray departments of this hospital for their help with investigations and prints.

REFERENCES

- DANKS, D. M., ALLEN, I. and ANDERSON, C. M. (1965). *Ann. Hum. Genet.* **28**, 323.
KIRBY, N. G. and VALENTINE, B. H. (1969). *J. roy. Army med. Cps.* **115**, 195.
LAWSON, D., WESTCOMBE, P. and SAGGERS, B. (1969). *Arch. Dis. Childhood* **44** 238