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A case of Hirschsprung's disease

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Objective

The objective of this report is to present ultrasound findings observed during prenatal diagnosis of Hirschsprung's Disease.

Methods

Prenatal ultrasonographic evaluation of a case that was diagnosed as Hirschsprung's disease in the postnatal period. The equipment used was VOLUSON E8 (General Electric Company), with a multi-frequency convex transducer.

Results

A 37-year old patient was seen for prenatal ultrasound follow-up at 9 weeks and 5 days of gestation. The first trimester (14 weeks) risk for trisomies 21, 18, 13 was low. At the morphological evaluation of the second trimester (20 weeks), an intra-abdominal calcification was detected medially to the stomach, without intestinal dilations or polyhydramnios. Grignon's grade III left hydronephrosis was observed at 33 weeks and remained present until term. Initial diagnostic hypotheses included biliary lithiasis and abdominal calcification of indeterminate origin. At 40 weeks a female, weighing 3370 g was born, measuring 47. 5 cm and with Apgar score 9/10. At birth the newborn presented with refusal of food and absence of fecal elimination, without other findings during physical examination. She was readmitted on the ninth day of life, presenting with hypoglycemia, jaundice and absence of any evacuation episode. At 14 days, after mechanical stimulation and intestinal lavage, she had evacuation and was discharged. 30 days later, there was significant abdominal distension, malnutrition and weight loss, and she was hospitalized for 11 days to correct the hydroelectrolytic disturbances. Computed tomography evaluation demonstrated calcification and abdominal distension. She was discharged from the level two hospital unit, with subsequent admission to a level three unit, where an opaque enema was performed, which suggested Hirschsprung's disease. At 43 days of life she underwent colostomy and colon biopsy, with subsequent confirmation of Hirschsprung's disease.

Conclusion

Prenatal attention to findings is important for the postnatal prognosis, however, few cases of prenatal diagnosis of Hirschsprung's disease were so far described and reported. We believe that the observation of isolated abdominal calcification, even in the absence of larger signs, can avoid delay of the postnatal diagnosis.