

## Meconium ileus



Meconium ileus is most often seen in the first few days of life in neonates with cystic fibrosis, yet may rarely occur in infants with a normal pancreas. In cystic fibrosis, the abnormal pancreatic secretions (a deficiency of trypsin and other digestive enzymes from the pancreas), lead to inspissated meconium that produces intestinal obstruction. The dilated coils of ileum are opened here to reveal the inspissated green meconium (which may also be tarry or gritty), while the unopened colon at the upper left and the appendix at the lower left beyond the ileocecal valve are not dilated, and little or no meconium is passed per rectum. [Image contributed by Ted Pysher, MD, University of Utah]

Normally, Immunoreactive Trypsinogen (IRT) levels are elevated at birth and remain elevated in infants with suspected cystic fibrosis. When an infant presents with a meconium ileus, the IRT is falsely decreased. Infants must be identified on the newborn screening card if there is a history of a true meconium ileus in order for DNA testing to be done on the newborn screen. Otherwise, the newborn screening specimen may be reported as normal.

The presence of meconium ileus is not related to the severity of the cystic fibrosis.

Meconium ileus should be distinguished from *meconium plug syndrome*, in which a tenacious mass of mucus prevents the meconium from passing.

<http://library.med.utah.edu/WebPath/PEDHTML/PED046.html>



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