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**37<sup>TH</sup> MSPP ANNUAL SCIENTIFIC MEETING**

*in conjunction with*

**9<sup>TH</sup> MEDICAL RESEARCH SYMPOSIUM**

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# ABSTRACT BOOK

**INTEGRATING MISSION ORIENTED RESEARCH IN MEDICAL SCIENCES**



**WED & THU**

11 & 12 SEPT 2024



**TIME**

8:00AM - 5:00PM



**VENUE**

AC HOTEL BY MARRIOTT  
KUANTAN, PAHANG, MALAYSIA

C004

## Case Report: Congenital Bowel Malrotation with Non-Bilious Emesis Mimicking Duodenal Atresia

NURJASMINE AIDA JAMANI<sup>1</sup>, AMIRAH MOHD LOTPI<sup>1\*</sup>, RADHIANA HASSAN<sup>2</sup>

<sup>1</sup>Department of Family Medicine, Kulliyah of Medicine, International Islamic University Malaysia

<sup>2</sup>Department of Radiology, Kulliyah of Medicine, International Islamic University Malaysia

\*Corresponding author email: [amirahlotpi@gmail.com](mailto:amirahlotpi@gmail.com)

**Introduction:** Intestinal malrotation is a congenital abnormal bowel position within the peritoneal cavity, usually involving small and large bowels with infrequent occurrence beyond the first year of life. The twisting and malposition of the intestine can cut off the blood supply. If undiagnosed for a prolonged duration, it can be fatal. **Case presentation:** A five-day-old newborn baby boy was brought by his mother to the primary care clinic for sudden, frequent vomiting, which was non-projectile and associated with abdominal distension for one day. An abdominal radiograph was done, and normal findings were noted. A subsequent abdomen ultrasound showed a suspicious superior mesenteric artery (SMA) and superior mesenteric vein (SMV) relationship inversion. However, no obvious sonographic features suggest midgut volvulus with malrotation. Thus, an upper gastrointestinal (UGI) contrast study was done, which suggested possible malrotation. Subsequently, Ladd's procedure was performed. Postoperatively, the child was discharged well, and there have been no more vomiting episodes since then. **Conclusion:** Primary care providers need to be attentive in seeing cases of vomiting in newborn babies and have a high index of suspicion to ensure early intervention can be done in this life-threatening condition.

**Keywords:** Intestinal malrotation; emesis; duodenal atresia