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Neonatal colitis – an emergency underestimated condition

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Opinion

Neonatal colitis is an emergency condition often underestimated which mainly implicates neonates with a delayed meconium passage. Symptoms as the abdominal distention may be diagnosed as normal condition and treated with rectal irritations and modification of feeding formula. There are times that these neonates or baby infants present vomiting as a symptom and still considered to be in the spectrum of feeding disorders. When these vomits turn out to bilious or enteric and/or there is a severe dehydration of the neonate/infant, the situation is estimated as critical and hospitalization is mandatory. It is prerequisite for every neonatologist/paediatrician and paediatric surgeon to estimate the onset of the disease and to administrate proper treatment.

Neonatal colitis is necessary to be not confused with neonatal enterocolitis (NEC) which is a totally different clinical entity regarding mainly preterm babies. Usually represents the first symptom of misdiagnosed colon aganglionosis-Hirsprung's disease (HD). Rarely, in preterm neonates can be a symptom of delayed maturation of neuro-myenteric plexus, mimicking HD but without a positive histological confirmation for absence of ganglion cells. Cystic fibrosis can be also added to differential diagnosis as a cause of thick meconium and inability for normal defecations.

Symptoms as abdominal distention, fluffy and mixed with mucous stools, vomiting and mild fever can be easily misinterpreted as constipation or formula intolerance and most of the times patients are delayed diagnosed, when severe colitis is in progress. Then, any rectal irritation with saline and/or hyperosmotic solution is highly not recommended in order to avoid septic shock. A simple passage of a proper feeding tube per rectum may help and give also information about diagnosis if stools come out massively and have a grey-like appearance due to colon dismotility. X-ray examinations are not specific and blood tests confirm sepsis in progress.

Discontinuation of oral feedings, placement of orogastric tube and iv fluid restoration in combination with full spectrum iv antibiotics with ampicillin, gentamicin and metronidazole, are essentials. Stabilization of the patient is crucial and only when this occurs, contrast enema studies can be performed as well as full rectal biopsy in the operation theatre.

Full term neonates with a delayed meconium passage and small for gestational age babies (SGAs) should be highly considered as candidates for colon dismotility. These patients may also present lower gastrointestinal bleeding, and for this reason neonatal transient eosinophilic colitis should be excluded as well as cytomegalovirus (CMV) colitis and mevalonate kinase deficiency. Rectosigmoidoscopy may help and positive diagnosis can be set only with a full thickness colon biopsy and immunostaining. Neonates should be screened by often and meticulous physical examination and/or laboratory examinations (X/ray studies, rectosigmoidoscopy, rectal biopsy, test for cystic fibrosis).

Early constipation has to be an alerting symptom for the paediatrician and a surgical cause should be excluded by a paediatric surgeon. In cases where functional dismotility problems exist, cooperation of the 2 specialties is mandatory to achieve daily defecations using proper drug treatment and avoid any stool stasis. Prognostic markers for the treatment of the acute colitis are the normal levels of CRP and WBC. Enemas should be avoided at any cost, due to the low compromise of the enteric flora barrier. A hypovolemic-septic shock can be the first symptom of these neonates/infants and treatment should be focused on that. Even if the physical examination is not susceptible for a severe condition, till exclusion of the colitis' criteria, should be treated as that. Neonatal colitis should be considered a severe situation, needed to be managed rapidly and accurately, in neonatal intensive care unit (NICU). Regularly assessment by neonatologists and pediatric surgeons is crucial and sometimes an emergency relieving colostomy may offer a great help to the stabilization of the baby. Furthermore, early and rapid diagnosis and treatment of the condition ensures the cost-effectiveness management of the disease.

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Conflicts of interest

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