

Malrotation of the intestine is caused by the abnormal rotation of the intestine around the superior mesenteric artery during embryologic development. Malrotation may manifest in utero or may be asymptomatic throughout life. Infants may have intermittent bilious vomiting, RAP, distention, or lower GI bleeding. Malrotation is the most serious type of intestinal obstruction because if the intestine undergoes complete volvulus (the intestine twisting around itself), compromise of the blood supply will result in intestinal necrosis, peritonitis, perforation, and death.

Diagnostic Evaluation

It is imperative that malrotation and volvulus be diagnosed promptly and surgical treatment instituted quickly. In addition to a history and physical, a plain abdominal radiograph and lateral decubitus view are obtained; bowel distention will be present proximal to the distention on plain radiograph, and a lateral view will demonstrate air-fluid levels in the distended bowel ([Bales and Liacouras, 2016](#)). An upper GI series is the most accurate imaging study ([Juang and Snyder, 2012](#)).

Therapeutic Management

Surgery is indicated to remove the affected area. Because of the extensive nature of some lesions, short-bowel syndrome (SBS) is a postoperative complication.

Nursing Care Management

Preoperatively, the nursing care is the same as that provided to an infant or child with intestinal obstruction. IV fluids, NG decompression, and systemic antibiotics are implemented; in the rapidly deteriorating infant, fluid volume resuscitation and vasopressors may be required for preoperative stabilization. Postoperatively, the nursing care is similar to that provided to the infant or child who has undergone abdominal surgery.

Anorectal Malformations

Anorectal malformations are among the more common congenital