

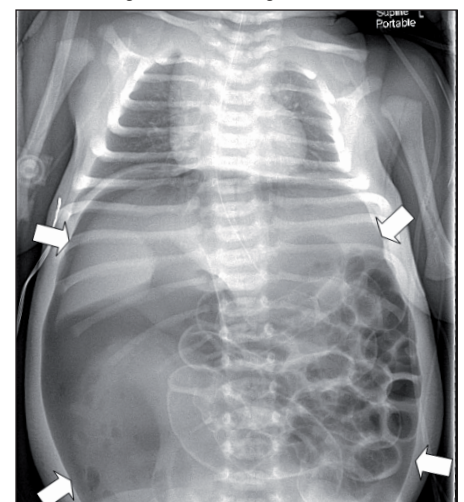
Massive pneumoperitoneum in an infant: the football sign

At 12 hours old, Baby S, a male infant (full-term normal vaginal delivery), had passed the initial day 1 postnatal check and was tolerating breast feeding. However, his bowels had not been opened since birth. By 24 hours he developed large volume non-bilious vomiting, and still had not passed meconium. By 36 hours abdominal distension

and distress on examination were evident. Arterial lactate was abnormally elevated (6.4 mmol/litre at 24 hours) and rising (7.5 mmol/litre at 36 hours).

Supine abdominal X-ray at 36 hours (Figure 1, arrowed) demonstrates the football sign, an ovoid lucency indicative of massive pneumoperitoneum. He was made nil-by-mouth and intravenous cefuroxime and metronidazole were started. At laparotomy, colonic atresia with colonic perforation were discovered. Atretic segment, appendix, ileo-caecal valve and dilated 3 cm of ileum were resected and ileocolic anastomosis performed. Recovery was uncomplicated, he received parenteral nutrition for 6 days, enteral feeding commenced day 7 postoperatively. **BJHM**

Figure 1. Abdominal X-ray of Baby S at 36 hours, demonstrating the 'football sign'.



Dr Yasmin Pasha is Specialist Registrar in Gastroenterology in the Department of Gastroenterology and **Dr Ne Siang Chew** is Radiology Registrar in the Department of Radiology, Chelsea and Westminster, London SW10 9NH

Correspondence to: Dr Y Pasha