Prenatal detection of rare condition helps Jeffrey become healthy, happy toddler

Tabatha and Joe Clemons’ journey to parenthood didn’t start smoothly.

After two miscarriages, the Grant County couple was excited but a little nervous to discover they were expecting again. Despite their concerns, Tabatha’s pregnancy with their son Jeffrey progressed normally under the watchful guidance of her UK HealthCare obstetrician, Dr. Fred Zachman.

“Because of my miscarriages, I was considered high risk and Dr. Zachman kept a closer eye on Jeffrey and me,” Tabatha said.

At 30 weeks, however, an ultrasound raised alarm when a technician identified two bubbles in Jeffrey’s abdomen. The first bubble is normal and marks the location of the fetal stomach. The second bubble was more concerning.

“It didn’t take long for more physicians to appear in the room,” Tabatha said. “They stepped out to look at the ultrasound and returned with the news that Jeffrey had ‘double bubble syndrome’ or duodenal atresia.”

Duodenal atresia is a blockage in the first part of the small bowel that restricts the movement of stomach contents into the intestines for digestion. The condition affects one out of every 10,000 live births and is usually associated with other genetic disorders such as Down syndrome. To determine whether Jeffrey had Down syndrome, doctors performed a test to assess his DNA.

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–Tabatha Clemons

(continued)
“The preliminary results showed no signs of Down syndrome,” Tabatha said. “But the two-week wait for the final result was the longest two weeks of my life. Thankfully, the test showed no signs of Down’s or any other genetic conditions.”

Preparing for delivery
To better prepare for Jeffrey’s birth, Kentucky Children’s Hospital pediatric surgeon Dr. Joseph Iocono met with the Clemonses before Tabatha’s due date to discuss their son’s care. Iocono said that although Jeffrey might appear healthy after his delivery, doctors would still need to perform surgery to repair the blockage in his bowel.

To help minimize additional risk to the baby, Jeffrey was delivered by Cesarean section on Dec. 17, 2012. Delivered at full term, Jeffrey weighed 7 pounds, 4 ounces and appeared healthy even though doctors knew otherwise.

On Dec. 19, KCH pediatric surgeon Dr. John Draus performed surgery to repair the blockage, and although it went well, he discovered that Jeffrey’s pancreas was blocking his small intestine. The condition, known as annular pancreas, affects one out of every 20,000 live births and required doctors to bypass the intestinal obstruction in order to not damage Jeffrey’s pancreas.

Even though the procedure was successful, Jeffrey looked like a different baby after surgery.

“He looked sick,” Tabatha said. “He was swollen, breathing with a ventilator, and still connected to IVs and monitors. It was very scary.”

Healing begins
Less than 24 hours later, Jeffrey was off the ventilator and breathing on his own. A surgically placed feeding tube traveled from his nose into his stomach and past the point of obstruction to deliver breast milk deeper into his digestive tract and avoid strain on the surgical site.

To secure the tube, Jeffrey’s parents and the medical staff worked to keep him bundled up and his hands away from his face – a tricky task with a newborn. Three days after surgery, Jeffrey began taking breast milk down his feeding tube, but his tiny tummy didn’t agree.

Instead of continuing feedings, doctors decided to use intravenous nutrition, allowing Jeffrey’s body to heal further.

Three weeks after Christmas, Jeffrey was ready to try breast milk again. Starting with a bottle, it only took a few feedings before he was crying for more and his mother could finally fulfill a hope she had since the beginning: to breastfeed her son.

After Jeffrey began breastfeeding, he was discharged home with his parents on Jan. 15 – 28 days after his birth. Today, Jeffrey is an active, happy toddler.

“He’s walking, talking, and loves to read books,” Tabatha said.

Dr. John Draus saw the toddler in his clinic recently and said he’s progressing well.

“He has grown into a happy, healthy, handsome little boy,” Draus said.

As Tabatha reflected on Jeffrey’s birth and recovery, she said it would not have been possible without the support of family, friends and the staff at UK HealthCare.

“We could not have asked for a better team of doctors, nurses and surgeons during that time,” she said. “We consider each of them blessings. We know God was watching over us and guiding us through this journey. We also thank our family, friends and community for their support. We could feel your prayers.”

For more information about UK Women’s Health Obstetrics & Gynecology, call 800-333-8874 (toll free) or 859-257-1000. You can also visit our website at ukhealthcare.uky.edu/obgyn.

For more information about the Neonatal ICU, visit ukhealthcare.uky.edu/neonatology.