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Case Report

A 9-year-old boy presents with non-projectile, bilious vomiting, and mid-abdominal pain. On examination, he was mildly dehydrated. His blood pressure was 130/70 mmHg, pulse of 100 beats/min, and temperature of 37 °C. Abdominal exam failed to reveal any peritoneal signs. Initial laboratory analysis showed leukocytosis to 12,000 cells/µl. An upright plain radiograph of the abdomen (Fig. 1)
demonstrated dilated small bowel loops with differential air fluid levels consistent with mechanical small bowel obstruction. An axial computed tomography image with 3D volume rendered reconstruction (Fig. 2) shows a “rubber ducky” as the transition point. Immediate laparotomy revealed the rubber ducky in the mid-small bowel. A longitudinal enterotomy was performed to milk the rubber ducky out and closed transversely. Postoperatively, he tolerated enteral nutrition and was discharged home.

References