



*Dilated large
bowel loops.*

*No air in the
rectum.*

Low Obstruction

Contrast enema

No free air

*No pneumatosis
intestinalis*

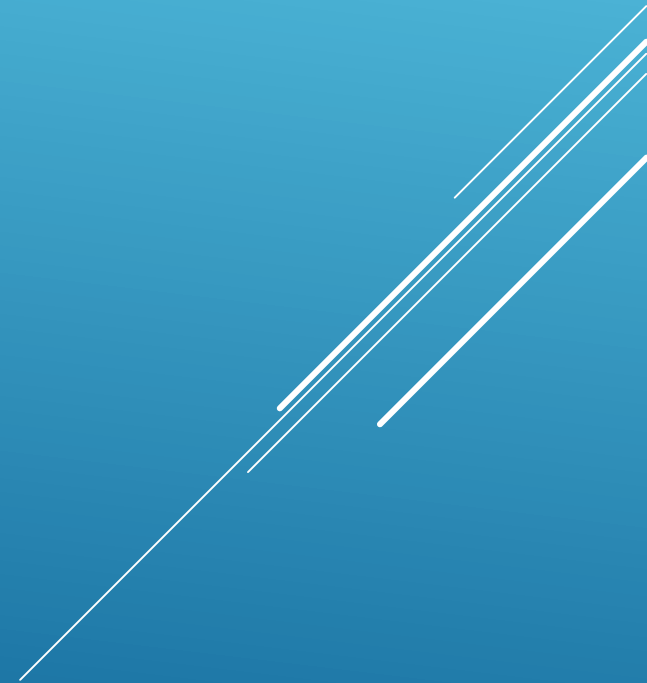
Water-soluble- iso osmolar agent is preferred in neonate

No use of barium < 1mo

No need for preparation

Small catheter and up to external sphincter

No cuff filing

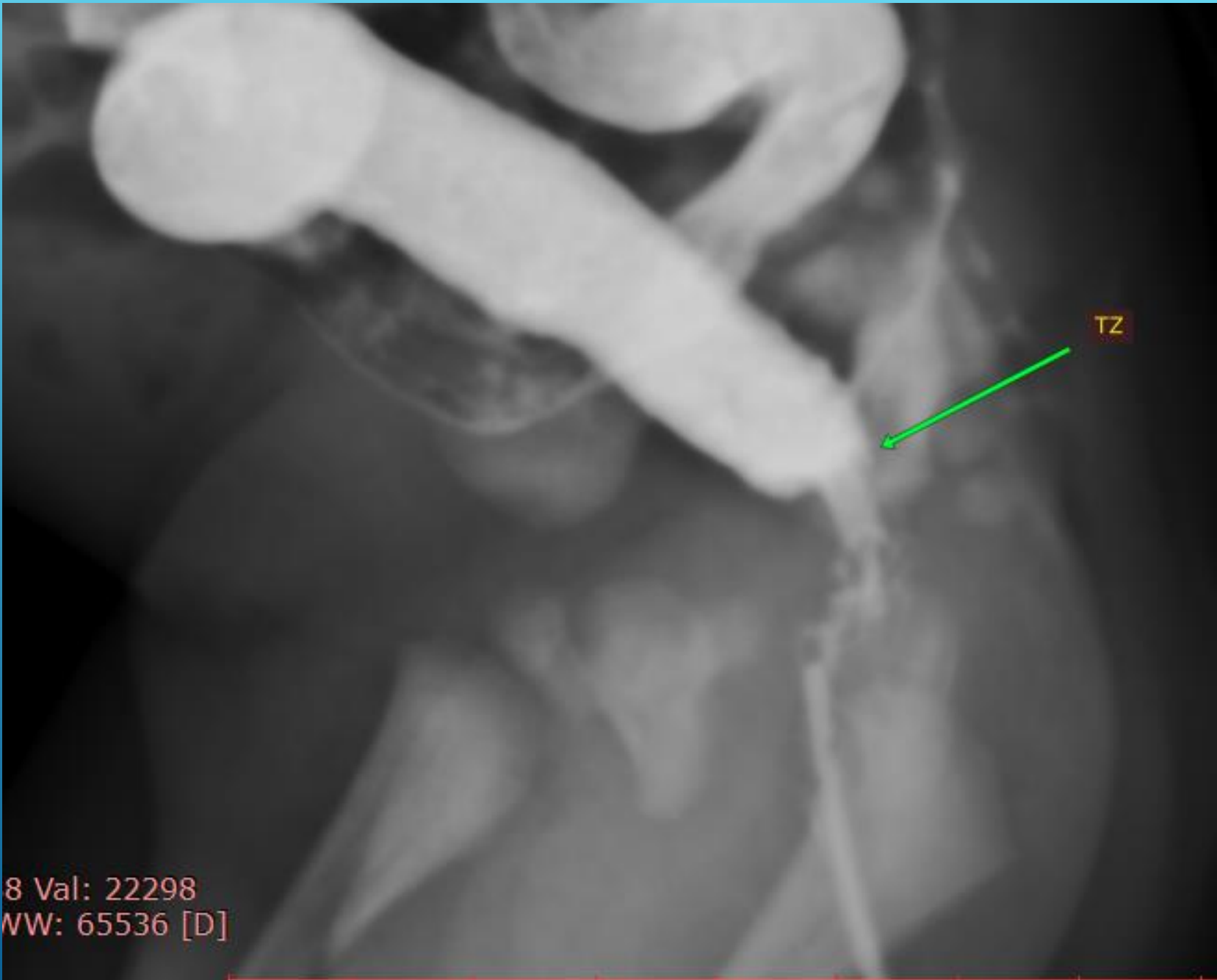


Initial images must be obtained in the lateral projection, as soon as the contrast begins to enter the colon.

Imaging should not be delayed until full colonic distention is achieved because this might obscured the zone of transition.

Lateral of rectosigmoid





8 Val: 22298
MW: 65536 [D]

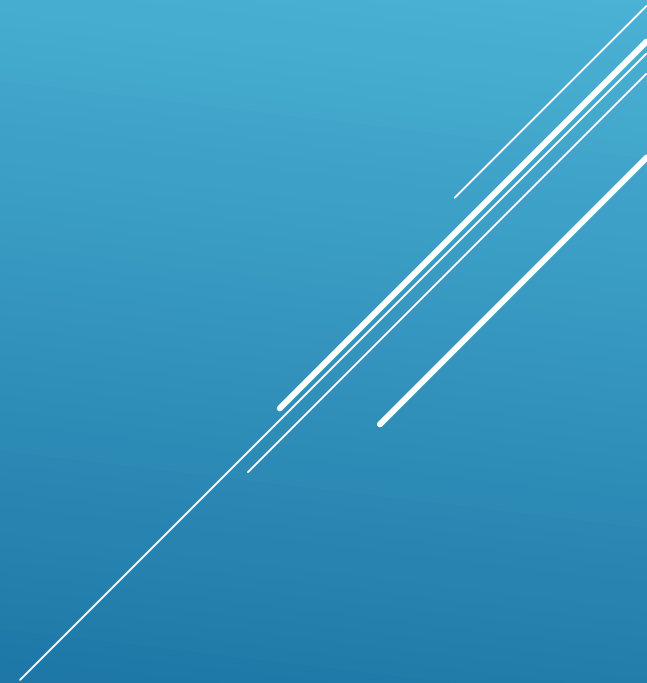
***abnormal
recto-sigmoid
index <1***

***Narrowing of
rectum***

***Irregular rectal
contraction***

***Rectosigmoid
transition zone***

The aganglionic segment may exhibit a changing serrated appearance as result of aperistaltic contractions of the abnormally innervated bowel.



Hirschsprung disease





Delay imaging

Helpful in neonate particularly in those with total colonic aganglionosis.

In older children with constipation, delayed images are rarely helpful.



