



## The course of the duodenum: what path should we take? Reply to Binu et al.

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Dear Editors,

We appreciate Binu et al.'s [1] thoughtful letter adding to the conversation regarding the use of US for the evaluation of midgut malrotation and its dreaded complication, midgut volvulus. A few points they raised merit further discussion.

1. We also have found visualization of peristalsing fluid useful to identify the duodenum. We typically accomplish this with water offered to the infant through a bottle, though occasionally via an existing enteric tube.
2. We believe it is important to differentiate studies performed urgently for evaluation of midgut volvulus from those performed on a non-urgent basis for the evaluation of midgut malrotation. At our institutions, we use US for patients suspected of having midgut volvulus complicating malrotation. In patients who have midgut volvulus, administration of water via enteric tube is unnecessary to establish the diagnosis in the presence of the characteristic volvulus whirlpool and might be counterproductive if there is a delay in diagnosis related to tube placement. In the nonurgent setting, adding water administration to the

sonography protocol for evaluating possible malrotation might be warranted to better delineate the course of the duodenum. The effectiveness of water administration via bottle or syringe compared to enteric tube could be a topic for further investigation.

Once again, we thank Binu's group for their letter.

### Declarations

**Conflicts of interest** None

### References

1. Binu V, Goh DW, Taranath A et al (2021) Ultrasound as a first-line investigation to diagnose malrotation in children. *Pediatr Radiol*. <https://doi.org/10.1007/s00247-021-05141-5>

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