

Facts about Biliary Atresia

What is Biliary Atresia?

Biliary atresia is a relatively rare disease affecting about one in every 10,000 to 20,000 infants soon after birth. The bile duct outside the liver carrying bile from the liver to the small intestine is damaged. This prevents bile from leaving the liver so it is accumulated there causing progressive damage to the liver tissue. In addition, there is ongoing damage to smaller bile ducts inside the liver. Unless bile flow can be established, liver function is gradually lost and affected children rarely survive beyond two years.

What causes the disease?

The cause of biliary atresia is unknown. It is not contagious, so it cannot be passed from one child to another. It is not hereditary, nor can it be attributed to any specific aspect of prenatal care. Researchers currently believe that some process causes inflammation and blockage of the bile ducts.

What are the typical symptoms?

Biliary atresia is usually diagnosed during the first two months of life. Common signs are:

1. Newborn jaundice that does not improve by four weeks of age especially if it appears after two weeks of age
2. Dark urine and pale, clay-colored stools
3. Enlarged liver or swollen abdomen

What precautions should be taken?

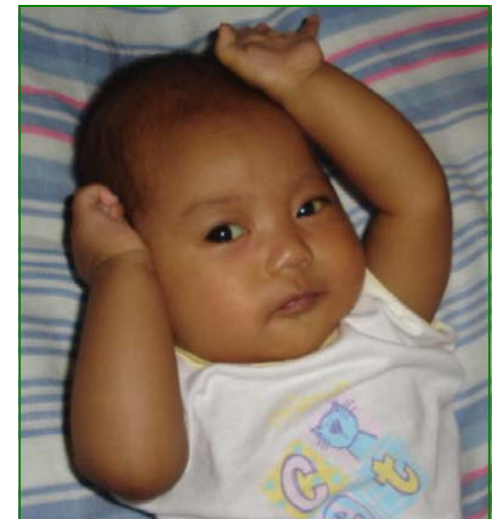
No precautions are possible as biliary atresia occurs without warning, only in infants and is not passed from one person to another.

When is a liver transplant necessary?

When it proves difficult or impossible to achieve adequate bile flow and liver failure develops, liver transplantation is a final option. Replacing the liver in this way is successful in about 75% of cases. The largest obstacle to the successful treatment of all children with liver failure from biliary atresia is the relative lack of liver donors in this age group for transplantation.

Help us Save Baby Myonique Bejalba

Save Baby Myonique



*For I was hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, ill and you cared for me, in prison and you visited me.' 'Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me.
Mt.25:35-36;40*

Help Us Save Baby MYONIQUE



When Myonique was born, she's like her Ate Myonna, maputi, with rosy cheeks and pink lips. After a few days, we all noticed her jaundice, but we didn't really took it seriously, since my two daughters were also

like that. So, as we normally do, we took Myonique to her pediatrician for her monthly checkup. We told the pediatrician of Myonique's paninilaw, he just told us to monitor the jaundice. On her 3rd month, he did not ask us to send Myonique for clinical test despite the obvious changes in her stool, color of eyes and skin, and her being irritable.

We all thought that everything was alright, till we consulted another pediatrician. Upon seeing Myonique, she immediately told us to take her to a Pedia Gastroenterologist for testing. After the tests, we were all shocked. The doctor said that our baby is suffering from biliary atresia. It is a rare disease that affects 1 out of 20,000 infants and only liver transplantation can save her. But what made me really sad is when the doctor said that we might have prevented this if we had Myonique operated on when she was 2 or 3 months old.

I don't want to blame anyone for what had happened, but it really hurts us to know that we have missed the first opportunity to save Myonique. Now, that we have another chance to save her with a transplant, my wife, Jen, and I will do whatever it will take to give Myonique the cure she deserves.

So, I appeal to you with the rest of the Belialba and Villamor Family to help us raise fund for the needed liver transplant of Myonique. Our doctor said that we need at least P4M for the hospitalization to be done in Taiwan, my wife as her donor. Please help us save Baby Myonique.

From her Father, Mio

I can still remember when my 3rd daughter was born and that even on the 2nd day of her birth I still have not decided what name to give her. A lot of our close relatives and friends suggested names but it just doesn't fit her. I just knew that my newborn baby has something unique in her that her name should reflect that uniqueness.

And boom ! I know, this baby from now on will be called "Myonique".

And indeed, after her 5th month we all saw and experienced her uniqueness. She has this gift that made us all realized how life can be so precious.

Precious in the sense that every moment is treasured, taking our lives one day at the time, not looking at the days ahead of us. Realizing that God will always be there guiding us and in the end, he will shows us the way.

I just can not think of a way to thank Myonique because even if still can not talk or express how she feels she already made us better parents.

And as I promised God when I decided to build this family that I will be a good father as He did to all of us.

Please, help us in this time of trial.

From her Mother, Jen

The saddest part of my life is seeing Myonique suffering from this kind of illness. I couldn't eat, I feel depressed and keep on thinking why and how this has happened. But I realized that I still have two daughters who needs my attention, love and care.

As we go along with the treatment going back and forth the hospital, I saw hope because of what our doctor has told us. "Don't worry Mommy, pera lang ang kailangan and this will be all over"

We may not be able to pay you back but we promise to give it back to those who will be on the same situation. This is a commitment that we will be giving you and God for helping us.

From her Ate Myonna (5 yrs old), when asked:

Sana mawala na sakit ni Yuki,

Pagalingin ni Jesus si Yuki kasi kawawa naman si Yuki, mag thank you ako

Sana huag nang magkasakit pag galing nya Malungkot ako, gusto ko kasi ng baby.

From her Ate Nayomi (3 yrs old), while praying in the church:

The name of the father, son and the holy spirit, Bless Yuki. Bless Mommy, Bless Daddy, Bless Myonna ...



Help us Save Baby Myonique

Contact Information:

Ramiro Belialba / Jennifer Belialba, Parents
737 Sunstone Street, Palmera Hills 2, Taytay, Rizal

Tel # 669-0409, 409-4021 & 853-4166
Cell Phone # 09189089050, 09204800932

MARIA ESTELA R. NOLASCO, MD

F.P.P.S., D.P.S.P.G.N.

GEN. PEDIATRICS • PEDIATRIC GASTROINTESTINAL DIS.

Name

Myongju Park

Date

May 20, 2018

R_x

current studies suggest

Neurotact cholesterin

probably 2 L

Diagnosis: Atresia



MD

Lic. No. 2481

PTR

S2

SONOGRAPHY

PATIENT NAME:	AGE	SEX	PIN	DATE & TIME OF EXAM
BELIALBA, MYONIQUE VILLAMOR	05M	F	0522125	04-23-2008 075
REFERRING PHYSICIAN	RMBD	REQUEST DATE	OR/CI No.	
MARIA ESTELA R. NOLASCO, M.D. (CHBC NT 81)	OPD	04-22-2008	CR94385	(MEDC005)

EXAMINATION: **GB, LIVER**

INTERPRETATION:

HISTORY: Jaundice.

The liver is slightly prominent but with homogeneous echopatttern.

No identifiable mass noted. No evidence of ductal dilatation.

The gallbladder appears to be partially contracted despite proper fasting. (4 hours). A probable common bile duct is noted.

The portal vein is normal looking.

Negative for ascites.

IMPRESSION: SLIGHTLY PROMINENT LIVER WITH PROBABLE CONTRACTED GALLBLADDER DESPITE PROPER FASTING. THIS FINDING MAY SUGGEST BILIARY ATRESIA. HOWEVER, CORRELATION WITH HIDA SCAN IS SUGGESTED.

Its:)

RUN DATE/TIME:
 Apr 23, 2008 11:38 AM

R
 SONYA M. RAMIREZ-DY, M.D. *RD*
 RADIOLOGIST(S)

HEPATOBIILIARY SCINTIGRAPHY

File #

PATIENT'S NAME	AGE	SEX	PIN	DATE OF EXAM
BELIALBA, MYONIQUE RITES	05M	F	0522071	04-29-2008
REFERRING PHYSICIAN	RMBD	REQUEST DATE	OR/CI No.	
MARIA ESTELA R. NOLASCO, M.D. (CHBC NT 81)	OPD	04-23-2008	CR94446	

HEPATOBIILIARY SCINTIGRAPHY

A 5-month old female presenting with jaundice was referred for hepatobiliary scintigraphy.

Imaging of the hepatobiliary tract was obtained after IV injection of 2.15 of Tc 99m-mebrofenin. Dynamic imaging of the liver was acquired for 2 hours. Additional static images were then obtained at 3rd, 4th and 24 hours post injection.


The dynamic images show decreased extraction in the liver with a consequent increase in the cardiac blood pool and background tracer activity. Renal tracer clearance is also increased. The gallbladder and intestines are not visualized during the entire dynamic phase.

Delayed static images at 3, 4 and 24 hours show persistent tracer uptake in the liver. There is no evidence of tracer flow to the gallbladder nor to the intestines.

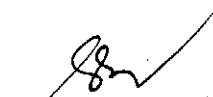
INTERPRETATION:

Abnormal Hepatobiliary Scintigram with Hepatic Retention, Pattern suggestive of Hepatocellular Dysfunction.

Non-visualization of the Gallbladder with no evidence of Biliary to Bowel Transit consistent with Biliary Atresia.



SUSAN G. CAMOMOT, M.D.
 Nuclear Medicine Resident



VINCENT PETER C. MAGBOO, M.D., DPSNM



JONAS F. Y. SANTIAGO, M.D., DABNM, DASNC



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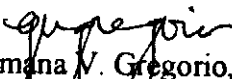
To whom it may concern:

Re: BELIALBA, MYONIQUE

This is to certify that the above patient has decompensated liver disease secondary to biliary cirrhosis secondary to extrahepatic biliary atresia. The only mode of treatment for long term survival is a liver transplant.

This certificate is being issued upon the request of the parents for whatever purpose it will serve.

Faithfully yours,


Germana V. Gregorio, MD
Attending Pediatric Hepatologist & Gastroenterologist
PRC No: 59308

Consultants

Elizabeth G. Martinez, M.D.
Jossie M. Rogacion, M.D.

Juliet O. Sio, M.D., MSc
Germana V. Gregorio, M.D., PhD

SURGICAL PATHOLOGY CONSULTATION REPORT

PATIENT NAME	AGE	SEX	STATUS	RMBD	PIN	S.P. NO.
BELIALBA, MYONIQUE VILLAMOR	06M	F		OPD	0522125	08-05747
DATE OF REQUEST	DATE & TIME OF RELEASE		CI/OR No.			
05-30-2008	06-02-2008	1059AM	1508583			

ATTENDING PHYSICIAN

Requested By:

Clinical Diagnosis: Jaundice since birth

Specimen: liver biopsy

Date Received: 05-30-2008 **Time Received:** 0628PM


Diagnosis

CONSISTENT WITH BILIARY ATRESIA.
BILIARY CIRRHOSIS.

Gross/Microscopic Description

GROSS : The specimen consists of a green tan, soft tissue strip measuring 3.2x0.1x0.1 cm. and labeled as liver biopsy. Entire specimen submitted. b1 / Dr. Mary Rose Palencia

MICROSCOPIC EXAMINATION DONE.


FRANCISCO V. NARCISO M.D.
Pathologist