Poster No. 100

CHRONIC INTUSSUSCEPTION IN CHILDREN

PRADEBAN RAMESH[1] & JEREMIAH DING DECK SHEN[1]
[1]HOSPITAL BINTULU, SARAWAK, MALAYSIA

INTRODUCTION

Intussusception is a frequent cause of intestinal obstruction between the ages of two months to two years. The child may present with intermittent severe abdominal pain or unexplained lethargy.[1]

CASE DESCRIPTION

A 9 year 11-month-old Melanau girl with no known medical illness presented intermittent abdominal pain associated with vomiting and weight loss for the one-month duration. Upon examination, she was alert and hemodynamically. The child abdomen was soft and non-tender with no palpable mass. Her blood investigation was only significant for leucocytosis, and venous blood gas revealed no metabolic acidosis. Abdomen radiographs demonstrated dilated small bowel, and formal ultrasound abdomen found features suggesting intussusception. The emergent operative manual reduction of intussusception, limited right hemicolectomy, and primary bowel anastomosis were performed. The ileocolic intussusception, which invaginates until the transverse colon, was noted intra-operatively. The resected limited right hemicolectomy and mesenteric lymph node were sent for histopathological examination. The result showed enteric duplication cyst and reactive lymphoid hyperplasia. Postoperatively, the child started on parenteral feeding and subsequently recovered with no postoperative complications.

DISCUSSION

Chronic intussusceptions are primarily present with episodes of non-specific abdominal pain of a prolonged duration of more than two weeks. Thus, because of non-specific symptoms of intussusception, such reported cases may be misdiagnosed primarily. For this case, it was treated as acute gastritis on multiple visits at primary health care facilities within one month. As chronic intussusception is non-strangulated, it may reduce intermittently or advance to strangulation.[2,3,4,5] A conspicuous feature of chronic intussusception is a loss of weight attributed to protracted episodes of vomiting. Given the high rate of unsuccessful hydrostatic reductions and increased incidence of a specific pathological lead point, all instances of chronic intussusception should be treated surgically.[6] It was evident that this child had an enteric duplication cyst as the leading point in this case.

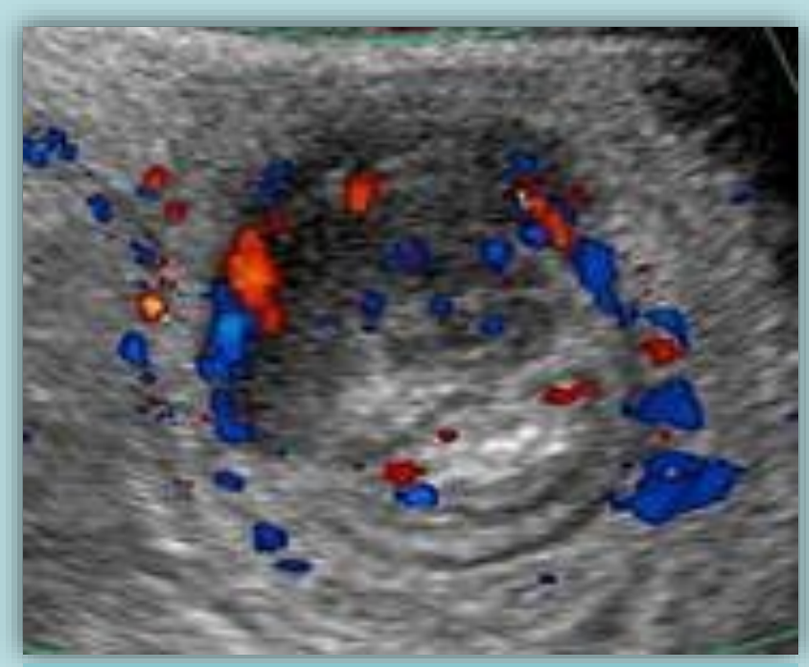

Image 1: Target sign seen keeping with intussusception.

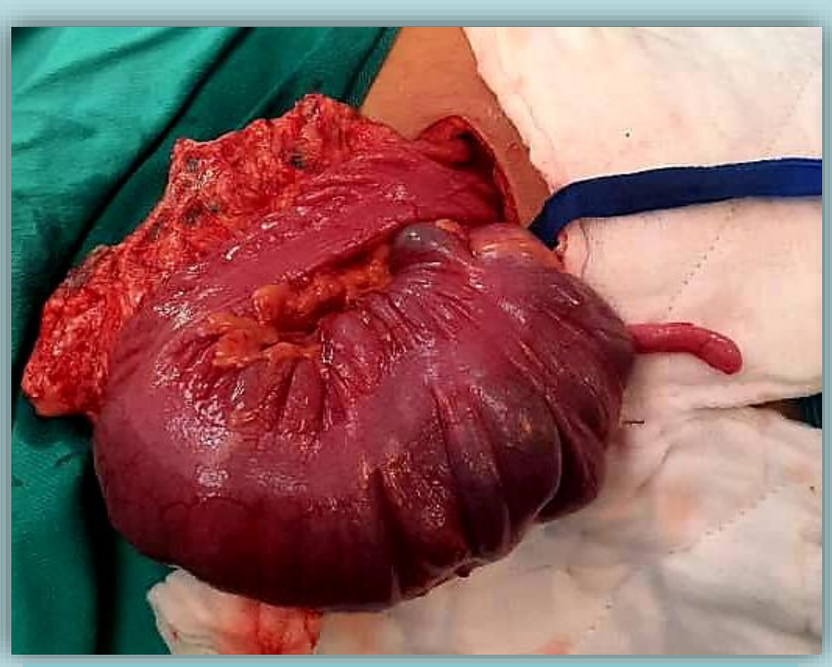

Image 2: Ileo-colic intussusception invaginates until transverse colon, lead point over the ileocecal junction.

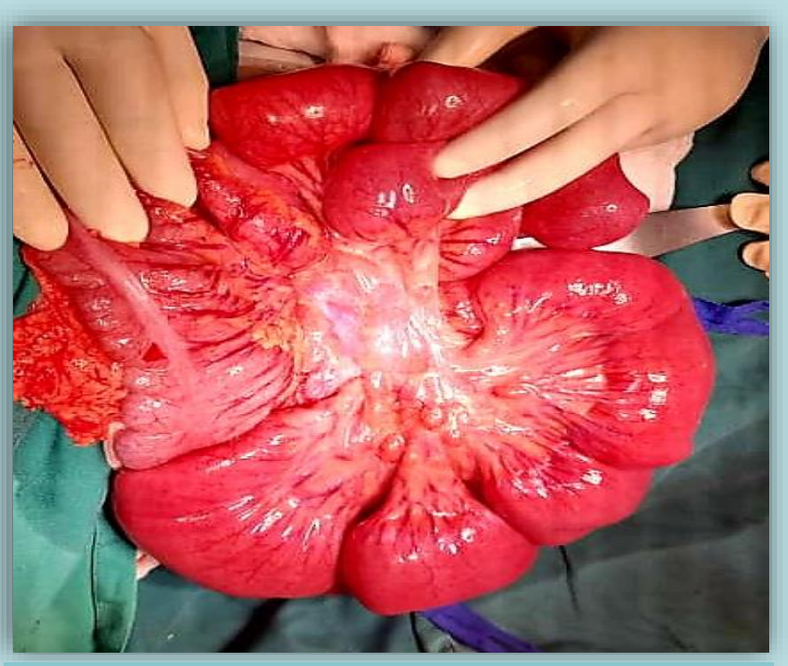

Image 3: Multiple mesenteric lymph node with healthy bowel seen.

CONCLUSION

Chronic intussusception is the infrequent cause of children intestinal obstructions, which may occur in older children that shouldn't be missed by health personnel, especially those with prolonged vague abdominal symptoms. An early high index of suspicion ensures a favourable outcome for the patient.

ACKNOWLEDGEMENT

We want to thank the child and her parents for their consent to use this case for educational and research purposes. The authors also thank the Ministry of Health Malaysia and Emergency and Trauma Department, Hospital Bintulu Sarawak, Malaysia, for providing governance for this case report and the Director-General of Health Malaysia's permission to publish this e-poster.

DECLARATION OF CONFLICT

The authors declare that there is no conflict of interest.

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