PP60 CASE REPORT: CHRONIC INTUSSUSCEPTION IN CHILDREN

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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.

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 reduction of intussusception, manual 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. child started on Postoperatively, the 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. A conspicuous feature of chronic intussusception is a loss of weight to protracted episodes attributed of vomiting. Given the high rate of unsuccessful hydrostatic reductions and incidence increased of а specific pathological lead point, all instances of chronic intussusception should be treated surgically. It was evident that this child had an enteric duplication cyst as the leading point in this case.

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.

KEYWORDS: Abdominal pain, children, chronic intussusception