PP037 INTUSSUSCEPTION: ON TARGET

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INTRODUCTION

Intussusception refers to the telescoping of a segment of the intestines into itself. It is amongst the most important cause of abdominal emergency in paediatric populations. Often, there may be delay in diagnosis, as the presentation is commonly confused with acute gastroenteritis or dysentery. Not all children present with the classical triad of intermittent abdominal pain, vomiting, and bloody stools.

CASE REPORT

A 5-month-old infant presented to the ETD within 24 hours from the onset of irritability, emesis and passing red-currant-jelly stool. The parents recounted that the infant had awoken in the middle of the night with inconsolable crying for 1 hour prior to vomiting. Relieved by the purge, the infant resumed sleep soundly till the next morning. At about noon, the infant had an episode of passing red-currant-jelly stool. Physical examination and laboratory investigations were unremarkable. Ultrasound showed presence of target sign and pseudo-kidney sign in the right hypochondrium suggestive of intussusception. The infant was given fluid resuscitation with IV boluses of Hartman solution and promptly referred to the paediatric surgical team. A second ultrasound done 8 hours later, showed extensive gas shadowing of the abdomen, however no target sign, thickened bowel wall or free fluid were visible in the entire abdomen. The intussusception was presumed to have reduced spontaneously.

DISCUSSION

An infant may not be able to articulate his abdominal pain. The symptoms and signs in the very young may be nonspecific, posing a challenge in diagnosis. In infants, the strongest clinical predictors are emesis, irritability, and bloody stool. Ultrasound remains the modality of choice in diagnosing intussusception. Some cases resolve spontaneously. Otherwise, if treated early, almost all can be reduced by enema or surgery.

CONCLUSION

Intussusception is the most common abdominal emergency in childhood, particularly in children younger than 2-years-old. Early recognition of clinical features and diagnosis aided by ultrasound allow early intervention and prevention of adverse sequelae.