

CASE REPORT:

# INTUSUSCEPTION WITH PATHOLOGICAL CAUSE

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# 7-year-old female patient

- ▶ This case presented to our emergency department because of intermittent abdominal pain with 10 days in duration.
- ▶ She also had a history of vomiting.
- ▶ On physical abdominal examination there was tender mainly in the left upper quadrant and no palpable mass. There was no rectal bleeding.

# **RADIOLOGICAL FINDINGS:**

**Abdominal ultrasound: evidence of bowel inside bowel, suggesting intussusception at left hypochondrium with sluggish movement.**

**CT SCAN OF ABDOMEN AND PELVIS WITH IV CONTRAST REVEALED: Stomach distended with air fluid level and evidence of dilated small bowel loops { proximal part of jejunum } and evidence of bowel mass formed by lumen inside lumen (mass measuring about 5cmx4cm at the left hypochondrium region).**

*Abdominal radiograph*



# OPERATIVE FINDINGS

## **Exploratory Laparotomy:**

**Jejunal polyp was identified 20cm from DJ JUNCTION AS a leading point of intussusception 2.9x1.6x1.6cm. The intussusception was reduced manually with viable bowel, part of jejunum with polyp was resected and an end-to-end anastomosis was done in two layers.**

**The lesion was sent to histopathology = juvenile polyp**







# CONCLUSION...

- ▶ Intussusception typically presents between 6 and 36 months of age.
- ▶ CT scan and ultrasonography are the best investigation tools for early preoperative diagnosis of intussusception.
- ▶ Usually, small bowel intussusception occurs in terminal ileum due to mackle's diverticulum or lymphoma but in this presented case it was in the jejunum due to a **JUVENILE POLYP**(which is **extremely rare in children**).

**THANK  
YOU**

