CASE REPORT:

INTUSUSCEPTION WITH PATHOLOGICAL CAUSE

MONA S. ALOGALY

MASTER PEDIATRIC SURGERY, BENGHAZI CHILDREN'S HOSPITAL, LIBYA

UNDER SUP. PROF. SALEH. M. ALGOMATI, BCH, M.B.B.S. LIBYAN BOARD OF SURGERY

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 FINIDINGS:

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

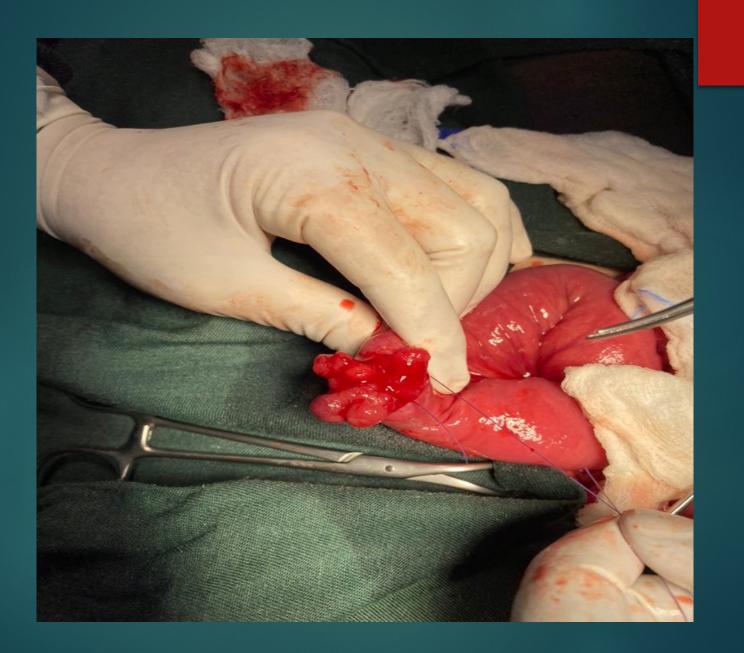


OPERATIVE FINDINGS

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).

