CASE REPORT

Post operative recurrent acute jejuno-jejunal intussusception

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Abstract A case of recurrent acute jejuno-jejunal intussusception presenting in the post operative period of the surgery for acute ileocolic intussusception is presented. Post operative intussusception is defined as intussusception occurring within 30 days of the primary surgery [1]. This is a rare entity. Jejuno-jejunal intussusception is also rare. Recurrent intussusception is uncommon. The present case is a combination of all these rarities.

Keywords Recurrent intussusception · Jejuno-jejunal intussusception · Post operative intussusception

Case report

A 6-months-old female baby presented with vomiting of 1 day duration. In the night i.e., about 12 hours of the initial symptoms baby had one bout of minimal bleeding per rectum. The next morning baby was feeding well but used to vomit 15–20 min after the feed. On examination, the baby was irritable and not dehydrated. Abdominal examination revealed no palpable mass. With a clinical diagnosis of acute intussusception, laparotomy was done. There was ileocolic intussusception. The intussusceptum had progressed till hepatic flexure. Reduction was done. The bowels were viable. Incidental appendicectomy was done and the abdomen was closed. The surgery was quick with minimal bowel handling, as reduction was easy. Post operative recovery was uneventful without any vomiting (No prolonged paralytic ileus). After the baby was tolerating feeds, it was discharged on 2nd post operative day.

On 6th post operative day, baby vomited 4–5 times. Vomitus was bilious. Baby was not taking feeds. There was no bleeding per rectum. Plain X ray abdomen erect was done, which showed dilated loops of small bowel in the upper abdomen (Fig. 1). With a diagnosis of acute intestinal obstruction due to post operative adhesions, laparotomy was done. Exploration revealed dilated loops of jejunum. Ileocecal junction was normal. To our surprise, Jejuno-jejunal intussusception was found and the intussusceptum had progressed for about 10 cm (Fig. 2). Intussusception was reduced. Bowels were viable. Abdomen closed. Post operative recovery was uneventful. Baby was discharged on 4th post operative day. Baby was healthy without further recurrence at 1 month follow up.

Discussion

Post operative intussusception is defined as acute intussusception occurring within 30 days of primary surgery. This

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Fig. 1 X ray showing dilated loops of small bowel in upper abdomen

Fig. 2 Operative photo showing jejuno-jejunal intussusception

can follow any surgery. This is rare. Eke N and Adotey [1] found only 2 cases after a literature review on post operative intussusception. (Performed by searching the Medline between 1966 and 1998 together with relevant references in publications on the subject). It differs from primary intussusception. No specific etiology has been found. Predisposing factors based on disorder of peristalsis have been proposed. Patients with prolonged postoperative ileus after prolonged surgery with extensive dissection or after a postoperative regimen of radiation and/or chemotherapy are at risk. The diagnosis requires a high index of suspicion. Contrast radiology is not reliable in the diagnosis. The preferred treatment is operative reduction, but resection may be

indicated. There are no reports of recurrence after surgical treatment in this group of patients. Preventive measures include gentle handling and avoidance of drying of intestines at surgery.

Recurrence after operative reduction of intussusception is rare. Chee Chee Koh et al reported 4% recurrence after manual reduction and incidence was similar after manual reduction plus ileopexy [2]. They concluded that ileopexy is not better than simple manual reduction in preventing recurrence of ileocolic intussusception in children. Causes reported are many: e.g., intestinal duplication, intestinal lymphoid hyperplasia, Puetz Jogher's syndrome, inflammatory polyp, lipoma, metastatic melanoma etc... but in majority of cases no cause is identified. In a retrospective review of charts of 11 years at Children's Hospital and Medical centre, Seattle, Champoux et al found that out of 257 cases of intussusception, 23 cases were recurrent (8.94%) with 7 cases of more than 2 recurrences (2.72%) [3], thus making 33 episodes of recurrence. Further, they found that recurrence was less in whom operative reduction was done in comparison with reduction by barium enema (of the 33 episodes of recurrences, only 1 (3%) episode followed operative reduction and the rest 32 (97%) episodes followed Ba enema reduction). Blood in the stool was significantly less in recurrent cases (5% Vs 52%; $P < 0.002$).

Majority of acute intussusception are of ileocolic variety. Koh et al [4] reported 2 cases of jejuno-jejunal intussusception out of total of 173 cases of intussusception. Air or Ba enema reduction failed to reduce the intussusception in both the cases.

Conclusions

After a search of literature we failed to find a similar case. Though we could find recurrent, post operative and jejuno-jejunal intussusception cases separately, a combination of all these was not found. Hence, we are reporting the case. High index of suspicion is the key to success as symptoms are less dramatic.

References

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