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Infantile Intussusception

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An 8-month-old, strictly breast-fed boy presented to our emergency department for persistent hematochezia. Frank bloody stools have been present since age 2 months, when he was diagnosed as having a presumed milk protein allergy; however, restriction of maternal dairy and soy milk since that time brought little improvement. Physical examination was unremarkable and laboratory studies revealed normal coagulation indicators and microcytic anemia with low iron levels. Diagnostic endoscopy was performed upon hospital admission.

Colonoscopy revealed a polypoid lesion, which was encountered in the proximal transverse colon. The base of a stalk was not visualized; rather the proximal colon was filled with viable-appearing intussusceptum (Fig. 1 and video, <http://links.lww.com/MPG/A300>). The patient was transferred to the operating room for laparotomy. The intussusception was surgically reduced and a mid-ileal hyperplastic polyp, acting as a lead point, was resected (Fig. 2). Additionally, a remote Meckel diverticulum was discovered and excised.

Juvenile polyps typically occur in the 2- to 8-year-old age range, and majority of lesions are located in the rectosigmoid colon (1,2). An ileocolonic juvenile polyp causing intussusception happens rarely but has been reported in a 26-day-old neonate (3). In this case, the Meckel diverticulum could have independently contributed to the hematochezia, but its role here is unclear.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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The authors report no conflicts of interest.

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FIGURE 1.
Polyp attached to intussusception.

FIGURE 2.
Mucosal view of polyp in resected ileum.