

telescopes into a more distal segment, pulling the mesentery with it. The mesentery is compressed and angled, resulting in lymphatic and venous obstruction. As the edema from the obstruction increases, pressure within the area of intussusception increases. When the pressure equals the arterial pressure, arterial blood flow stops, resulting in ischemia and the pouring of mucus into the intestine. Venous engorgement also leads to leaking of blood and mucus into the intestinal lumen, forming the classic currant jelly-like stools. The most common site is the ileocecal valve (ileocolic), where the ileum invaginates into the cecum and then further into the colon ([Fig. 22-7](#)). Other forms include ileoileal (one part of the ileum invaginates into another section of the ileum) and colocolic (one part of the colon invaginates into another area of the colon) intussusceptions, usually in the area of the hepatic or splenic flexure or at some point along the transverse colon.

Nursing Alert

The classic signs and symptoms of intussusception (abdominal pain, abdominal mass, bloody stools) is present in fewer than 30% of children ([Kennedy and Liacouras, 2016](#)). A more chronic case may be presented, characterized by diarrhea, anorexia, weight loss, occasional vomiting, and periodic pain. Because intussusception is potentially life threatening, be aware of such signs, and closely observe and refer these children for further medical evaluation.