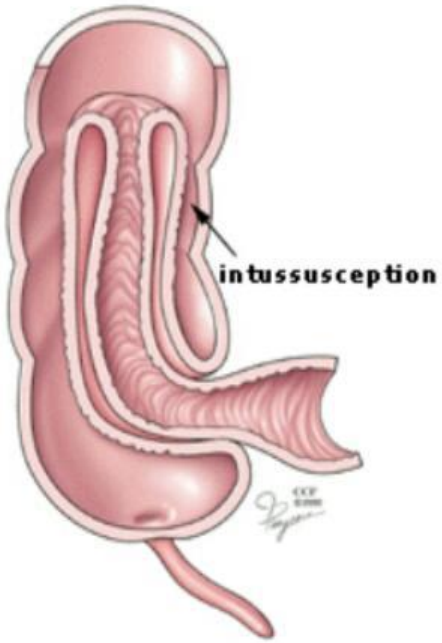
Intussusception



Incidence

- Common in 5-10 months of age.
- Males are more commonly affect than Famales.
- In 90% the cause is idiopathic.

Pathology

- Intussusception is a process in which a segment of intestine invaginates into the adjoining intestinal lumen, causing bowel obstruction.
- With appropriate treatment , mortality is less than 1 %.

Pathology

- Iliocolic intussusceptuption is common in children.
- Colo colic intussusceptuption is common adult.

Association

- May be associated with ,

1. URTI
2. Meckel's diverticulum
3. Lymphoma
4. Gastroenteritis

Clinical features

1. Sudden onset pain
2. Abdominal distention
3. Vomiting and diarrhea of ,10% of patients.
4. Red current belly stool.
5. Sausage shaped mass around umbilicus.

Clinical features

- The classical presentation of intussusception is with episodes of screaming and drawing up legs of the previously well male infant.
- The attacks last for a few minutes and recur repeatedly.

Clinical features

- Classically ,the abdomen is not initially distended, a lump that hardens on palpation may be discerned but this present only in 60% of cases.
- There is also the sign of dance on examination.

Investigations

1. Barium enema – Indicate the claw sign.

2. USS – shows Target sign and Pseudokidney sign.

Incidence

- CT scaning is currently considered the most sensitive radiological method to confirm the intussusception.
- Reported diagnostic accurancy is 58%-100%.
- Sign is Target sign.

Investigations

- A plain abdominal field usually reveals evidence of small or large bowel obstruction with an absent caecal gas shadow in the ileocolic cases.
- A soft tissue opacity is often visible in the children.

Treatment

1. Saline or hydrostatic reduction
2. Radiological reduction.
3. Surgery.

Treatment

- In the infant with ileocolic intussusception , after initial resucitation with fluids, broad spectrum antibiotics and nasogastric drainage , non operative reduction can be attempted.

Treatment

- Non operative reduction can be done using Air or barium enema.
- Successful reduction can only be accepted , if there is free reflux of air or barium into the small bowel ,together with resolution of symptoms and signs of the patient.

Treatment

- Non operative reduction is contraindicated if there are signs of peritonitis or perforation ,there is a known pathological lead point or in the presence of profound shock.

Treatment

- More than 70% of intussusception can be reduced non operatively.

Treatment

- Surgery is required when radiological reduction has failed or contraindicated.
- After resuscitation , a transverse right sided incision provides a good access.

Treatment

- The last part of the reduction is most difficult .
- After reduction, the terminal part of the small bowel and the appendix will be seen to be bruised and oedematous.

Treatment

- Reduction is achieved by gently compressing the most distal part of the intussusception towards its origin.
- The viability of the whole bowel should be checked carefully

Prognosis

- Perforation of colon during pneumatic or hydrostatic reduction is a rare complication.
- Recurrent intussusception occurs up to 10% of patients after non operative reduction.