INTUSSUSCEPTION

Intussusception is defined as a **telescoping** of a part of the intestine into the lumen of adjoining intestine.

This most often occurs idiopathically; however, a **lead point** may be implicated (e.g. enlarged Peyer's patches or sites of anatomic abnormality)

PRESENTATION

HISTORY

Epidemiology
- ❑ Male > female
- ❑ 3 months to 3 years old (peak 6 to 12 months)
- ❑ Recent viral illness

Clinical Symptoms
- ❑ Episodic abdominal pain
- ❑ Lethargy
- ❑ Vomiting
- ❑ Red "currant jelly" stools (uncommon)
- ❑ Poor feeding

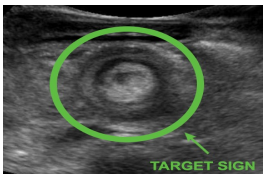
PHYSICAL EXAM

General Exam
- ❑ Tachycardia, hypertension, pallor
- ❑ Patient is uncomfortable & unwell
- ❑ **Late sign:** hypovolemic shock (tachypnea, tachycardia, lethargy)

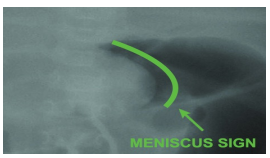
Abdominal Exam
- ❑ May be normal
- ❑ Palpable abdominal mass
- ❑ Abdominal distension
- ❑ **Late sign:** peritonitis (rigidity, guarding, rebound tenderness)

DIAGNOSIS

Abdominal Ultrasound
- ❑ Can be used as quick initial diagnostic test if diagnosis is uncertain
- ❑ Look for 3-5cm mass deep to abdominal wall with target sign appearance



Enema (Liquid Contrast or Air)
- ❑ Most sensitive and specific test that is both diagnostic and therapeutic
- ❑ Look for meniscus sign or filling defect



Abdominal Plain-Film X-Ray
- ❑ Poor sensitivity and specificity for diagnosis of intussusception
- ❑ Useful to rule out suspected obstruction or perforation of bowels

CONSULT SURGERY IMMEDIATELY if suspected peritonitis, shock or free intra-abdominal air
(note: enema is contraindicated in these cases)

MANAGEMENT

- ❑ Fluid resuscitation (isotonic IV)

Enema Reduction
- ❑ Best option for clinically stable patients
- ❑ Enema can be air, saline, water soluble contrast, or ultrasound-guided (note: no clear advantage among enema modalities)

OR

Surgical Reduction
- ❑ Best option for unstable patients (hypovolemic shock, peritonitis)
- ❑ Laparoscopic or open surgery to milk out the intussusception
- ❑ If reduction fails or bowel is non-viable, resection of bowel area is performed

PROGNOSIS

Excellent prognosis if treated early

Late diagnosis can lead to bowel ischemia, sepsis and risk of mortality

Intussusception reoccurs after ~10% of enema reductions, 2-5% of surgical reductions

November 2023
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