

Background

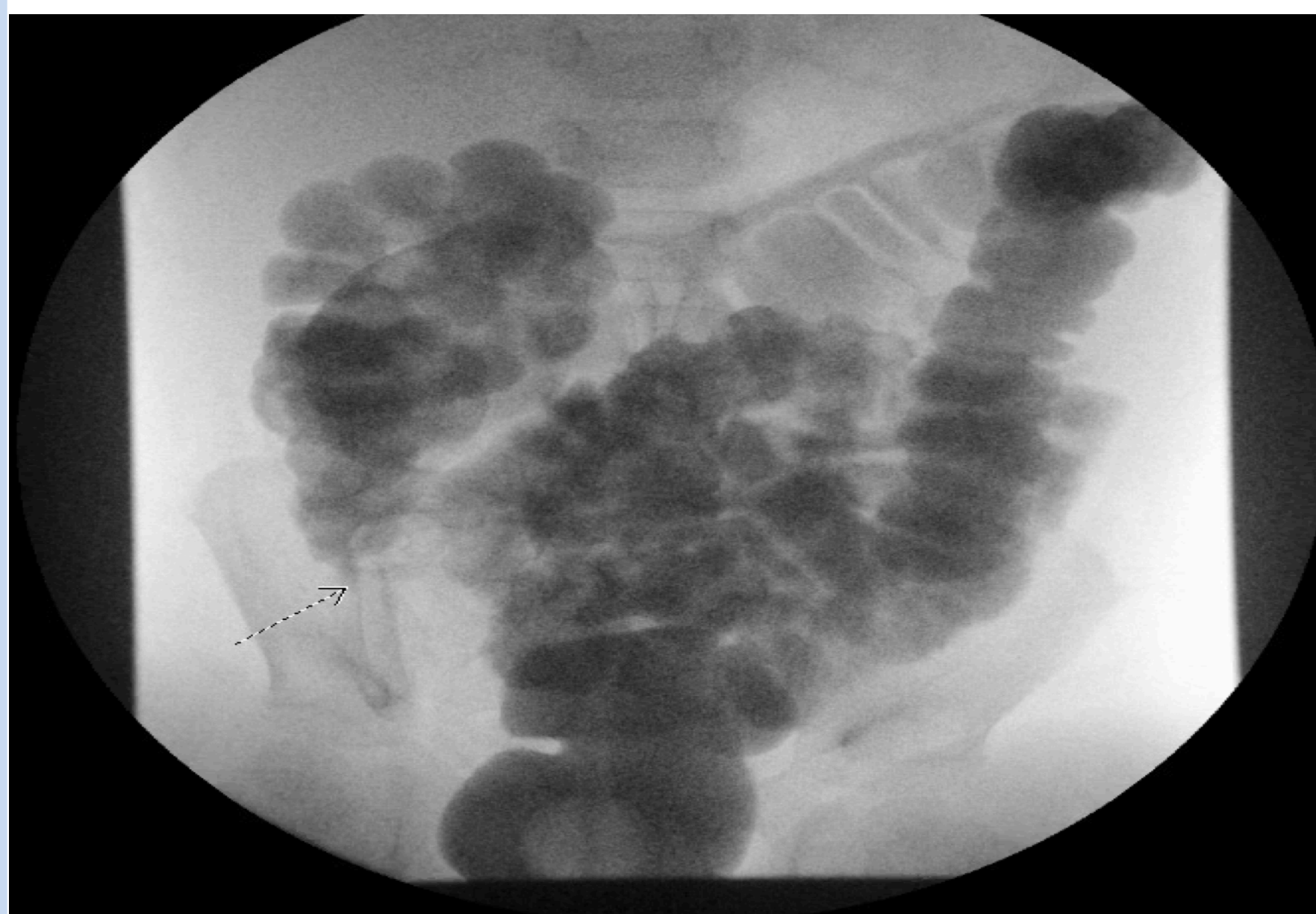
- Primary intussusception of the appendix is exceedingly rare with an estimated incidence of 0.01%

Case Description

- 21-month old female was admitted with a 3 day history of intermittent abdominal pain lasting 45 minutes in duration, nausea, vomiting, & hematochezia
- The day prior to admission she was seen by her pediatrician and diagnosed with strep throat.
- She was discharged to home, but presented the following day with recurrent symptoms. Repeat abdominal ultrasound confirmed recurrent ileocolic intussusception



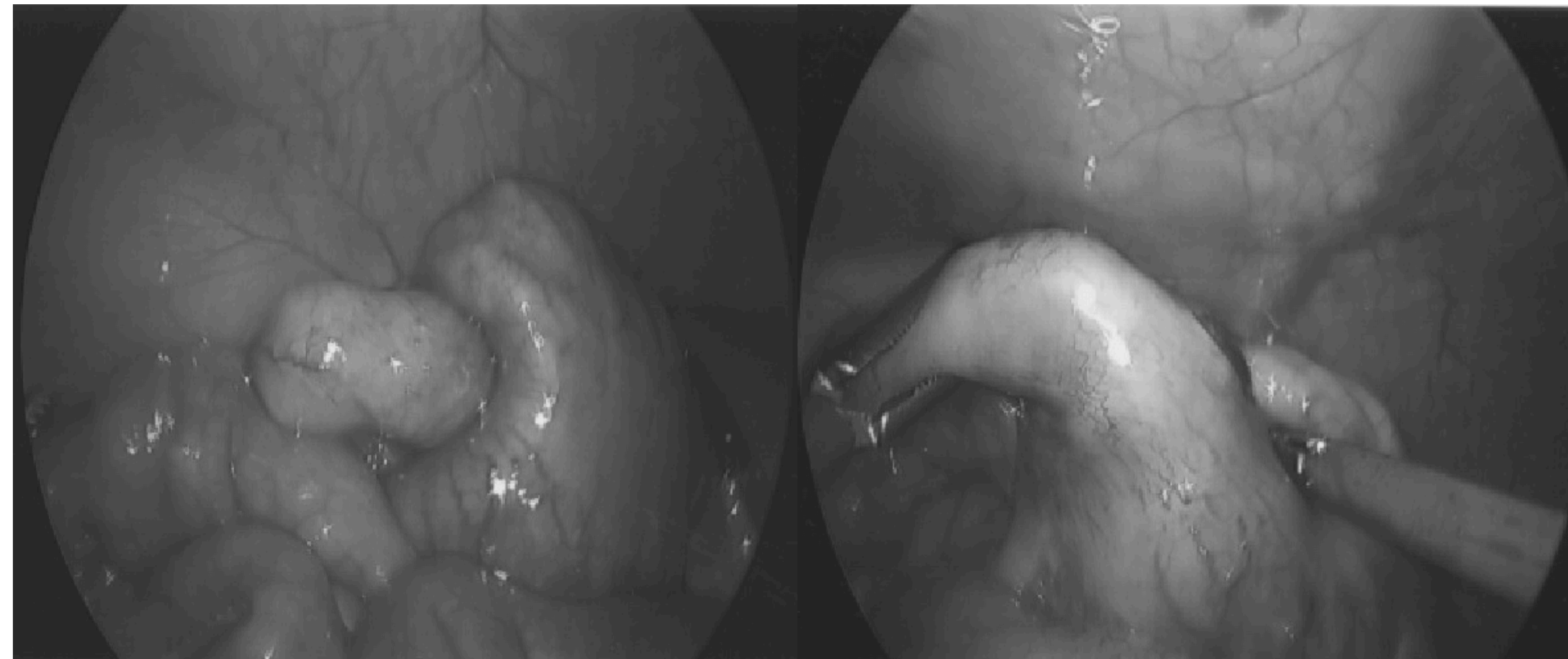
Admission abdominal ultrasound demonstrating target/ donut sign with cystic structure within the center. This was not noted in the initial interpretation



Fourth barium contrast enema demonstrating persistent filling defect at the base of the cecum. This was consistent with the coiled spring sign

Operation

- Laparoscopic reduction of the appendix was preformed followed by an appendectomy, with excision of a generous Cecal cuff



McSwain Type III Appendiceal intussusception and post reduction image of appendiceal intussusception with edematous base

Pathology

- Follicular hyperplasia of the appendix

Conclusion

- Cecal filling defect following barium enema for presumed ileocolic intussusception is indicative of underlying Appendiceal intussusception
- Surgical intervention is the mainstay of management
- Reducible lesions are best treated with appendectomy that includes a rim of cecum