Retrograde Intussusception in a Patient with a Gastric Bypass Involving both the Roux and Biliary Limbs: A Case Report

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INTRODUCTION

Jejunojejunal intussusception is a rare complication after gastric bypass surgery which can present in a delayed fashion. It differs from other causes of small bowel intussusception in that there is usually no lead point. If unrecognized, this can lead to obstruction and possibly necrosis.

CASE DESCRIPTION

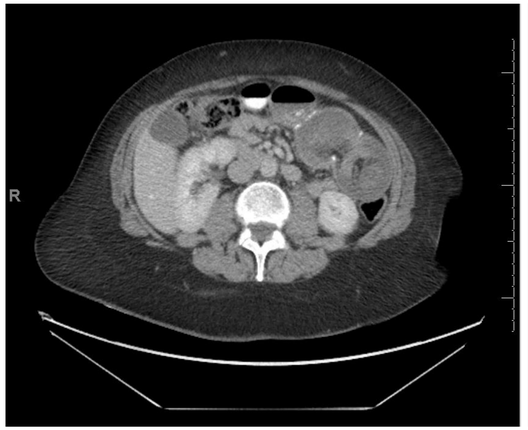
This is a 58 year old female with a history of laparoscopic gastric bypass 16 years prior who presented with acute onset abdominal pain and CT findings concerning for intussusception at the jejunojejunal anastomosis. Despite hemodynamic stability and no concerning laboratory work, clinical exam was concerning due to significant tenderness. She was taken to the OR for diagnostic laparoscopy where she was found to have a retrograde intussusception at the jejunojejunostomy site. The intussusceptum was found to have traveled retrograde up the roux limb, doubled back on itself and then continuing in retrograde fashion traveled up the biliary limb, totaling roughly 30 cm of involved small bowel. We were unable to reduce the intussusception laparoscopically and converted to open, however we were still unable to manually reduce the intussusception. We ultimately resected the entirety of the involved small bowel and revised the jejunojejunostomy. We opened the specimen on the back table and confirmed the entirety of the intussusceptum was edematous and necrotic, which had precluded us from reducing it manually. After a literature research, to our knowledge there has not been a reported case of the intussusceptum involving both the roux and biliary limbs.

CONCLUSIONS

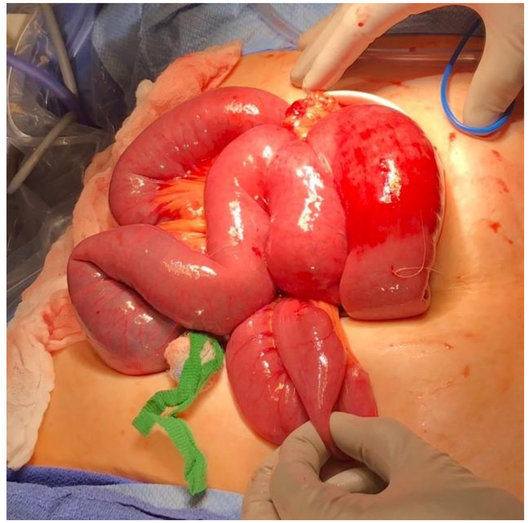
Small bowel intussusception is a rare condition in the adult population, but is becoming more prevalent with the increasing number of gastric bypass procedures being performed. Unlike other small bowel intussusceptions, these typically have no lead point but are rather associated with altered motility secondary to altered small bowel anatomy. Presentation can be vague, but the intussusception can lead to obstruction and necrosis. Therefore, the general surgeon must be familiar with this entity to allow for timely diagnosis and management.

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Retrograde Jejunojejunal Intussusception After Gastrectomy: Report of Four Cases Anticancer Research December 2015, 35 (12) 6829-6832;







Images:

Top Left: CT scan at time of presentation showing intussusception, axial cut

Top Right: CT scan at time of presentation showing intussusception, coronal cut

Left: Intraoperative picture of intussusception going retrograde into the common channel, later found to travel up the roux limb, double back on itself and into the biliary limb

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