Laparoscopic Management of Intussusception in an Adolescent

Praneetha Narahari, MD

Saint Agnes Medical Center, Fresno, CA

Introduction

Intussusception in adults is rare, and represents 1% of small bowel obstruction with the most common cause being a tumor. A high index of suspicion is needed due to non specific symptoms.

We report a case of Ileocolic intussusception in an adolescent.



Figure 1: Target Sign in RLQ

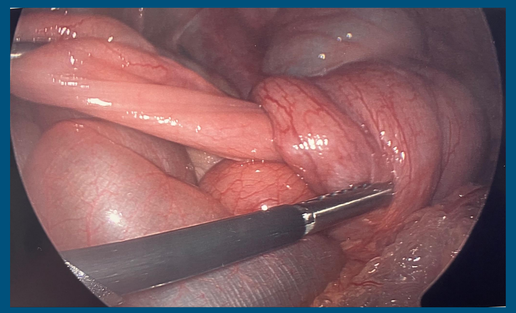


Figure 3: Ileocolic Intussusception in RLQ on Laparoscopy



Figure 2: Target Sign with Proximal Bowel Dilatation

Case Summary

18 yr old female presented with severe right sided abdominal pain. Initial US diagnosed a stone in gallbladder. Repeat visit to the ER, and a CT was suspicious for intussusception (Fig 1 & 2). Small bowel series was negative. Patient had recurrent abdominal pain and taken for diagnostic laparoscopy. There was an ileocolic intussusception with TI up to the mid ascending colon (Fig 3). The intussusceptum could not be reduced with laparoscopic instruments. An extraction port made in the peri umbilical area, and manual reduction was performed. When the bowel was exteriorized at about 2 feet in the distal ileum, an area of puckering, suggesting malignancy (Fig 4). There was no sign of Meckel's. Enterectomy was performed, and a large lymph node in the drainage basin also removed. There was a mass that served as the lead point when specimen was opened. Pathology of the mass, the lead point, and the lymph node was suggestive of Lymphoproliferative Disorder, Stage IIA- DLBCL, Diffuse large B cell lymphoma. The patient did well, discharged POD 2, from the surgery and received six cycles of R-CHOP and is in remission.

Figure 4: Puckering noted when the intussusception reduced and extracted from port

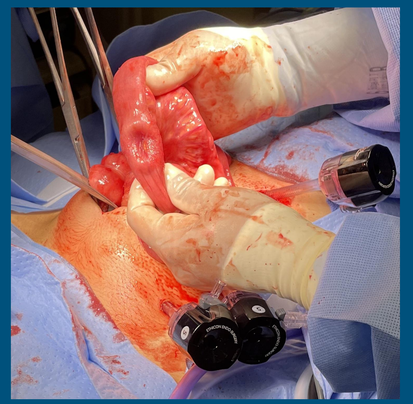
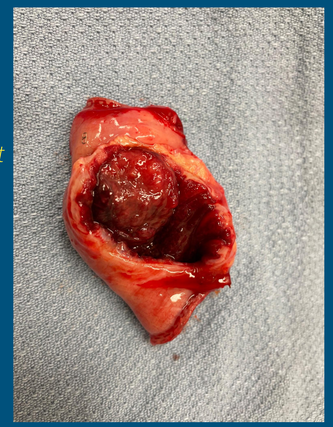


Figure 5: Lymphoma as lead point



Conclusion

Diagnostic laparoscopy, and laparoscopic assisted bowel resections enable quicker healing by reducing the size of the incision, future hernia and quicker recovery. They may aid in diagnosis in confounding and complex cases. Resuscitation and expedient intervention can also avoid potential bowel necrosis from ischemia. We encourage the use of diagnostic laparoscopy in acute care surgery for optimal outcomes.