



A RARE CASE REPORT: INTUSSUSCEPTION IN A 20 WEEKS PREGNANT WOMAN

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Article Info Received 15/04/2015 Revised 27/04/2015 Accepted 22/05/2015 Key words: Intussusception, Pregnancy, Ultrasound, Maternal fetal mortality, Morbidity.	ABSTRACT Intussusception during pregnancy is a very rare condition and is very challenging for both the obstetrician and the surgeon. If not diagnosed in time results in increased maternal and fetal mortality and morbidity. We are reporting a case of a 24 year old woman- G2P1L1 with 20 weeks of pregnancy came with complaints of pain abdomen and vomiting since 1 day. USG showed features of intussusception. The patient underwent laparotomy, small bowel resection and anastomosis was done and the patient went home without any post-operative complications.
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INTRODUCTION

Intussusception is defined as the telescoping of a proximal segment of the gastrointestinal tract within the lumen of the adjacent segment. It is an uncommon surgical presentation in adults accounting for only 1% of all cases of small bowel obstruction

CASE REPORT

Patient aged 24 yrs old G2P1L1 with 20 weeks of amenorrhea with previous caesarian section complaints of pain abdomen, vomiting and loose stools since 1 day, came to the labour room, was diagnosed as acute GE and treated symptomatically and was sent for a routine obstetric and an upper abdominal scan, USG showed left lumbar small bowel intussusceptions. Jejunojejunal - measuring 8.5X3.5cm with no vascular compromise, bowel thickened and edematous. Surgical opinion was taken and planned for conservative management, but the patient found no relief and symptoms were aggravated hence decided for

emergency laparotomy. On exploration there was jejunal intussusception with gangrenous small bowel. Gangrenous bowel segment resected and jejunojejunal anastomosis was done. Post operative period was uneventful. Patient discharged on tenth post operative day after suture removal. Review obstetrics scan was normal. HPE report showed features of cavernous hemangioma of the intussusciens.

- HPE shows cavernous haemangioma with thrombosis and calcification.
- *Intussusciens* congestion patency and mucosal necrosis.
- *Intussusceptum* entire thickness of the bowel is gangrenous.

DISCUSSION

Intussusception is a rare condition during



Pregnancy [1]. This condition may mimic the symptoms of small bowel obstruction. It accounts for 1-5% of small bowel obstructions in adults [2]. Intussusception has been classified into four types according to the site of origin and they are: enteric, ileocolic, ileocecal, and colonic.

The possible causes for the intussusceptions are benign, malignant or idiopathic causes. The majority of intussusceptions arising in the small bowel are due to benign neoplasms. Responsible lesions include lipoma, leiomyoma, hemangioma, adhesions, Meckel's diverticulum, lymphoid hyperplasia, adenitis, trauma, celiac disease, intestinal duplication and Henoch-Schönlein purpura [3].

The common presentation is with pain abdomen, nausea, vomiting, constipation and abdominal mass [4].

The pain in intussusceptions is periodic and intermittent which makes diagnosis difficult. Intestinal obstruction during pregnancy incidence 1 in 2500-3500. Most commonly secondary to adhesions and gastrointestinal volvulus [5]. Incidence of Maternal and perinatal mortality of 6% and 26% respectively is found to be associated with intestinal obstruction in pregnancy [6].

Diagnosis of intussusception in pregnancy is all the more difficult because of restricted use of imaging modalities CT and X ray, MRI can be done in some selective cases [7]. USG is the modality which is useful in diagnosis as it is easily available and safe in pregnancy [8,9]. If not diagnosed in time there is increased morbidity and mortality in both the mother and the fetus. Surgery is the definitive treatment.

Figure 1. Proximal segment invaginating into the distal segment.



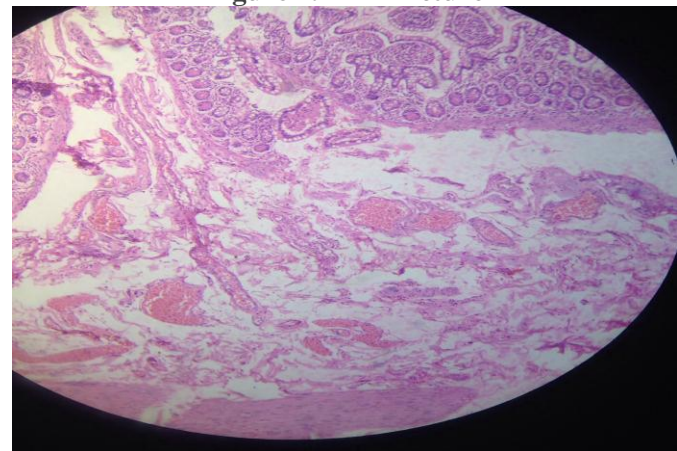
Figure 2. Necrotized segment of the bowel



Figure 3. Resection of the necrotized segment



Figure 4. HPE Picture



CONCLUSION

Even though intussusceptions have a rare incidence in pregnancy obstetricians should be aware about the possibility of occurrence of intussusceptions during

pregnancy and early diagnosis and prompt intervention is necessary to prevent the morbidity and mortality of both the fetus and the mother.

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