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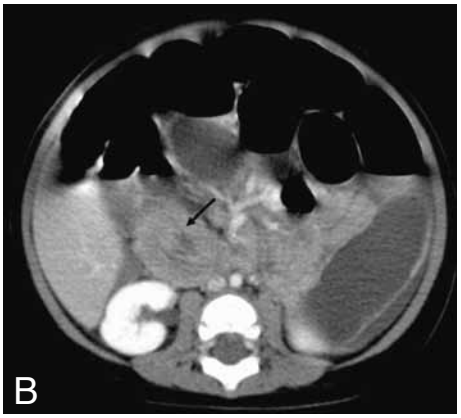
IMAGES IN CLINICAL RADIOLOGY



Intestinal intussusception in an infant

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A 10-month-old baby girl was admitted to our emergency department because of vomiting, poor appetite, irritable crying for 3 days, and one episode of currant-jelly stool. Physical examination revealed hypoactive bowel sounds. Plain abdominal film showed ileus (Fig. A). Abdominal ultrasound study had an indeterminate result due to ileus. A low-dose computed tomography (CT) was then arranged and showed the classic appearance of intussusception, with a target-like lesion (Fig. B, *arrow*) and coronal reformatted image showed the invagination of the distal ileum into the colon (Fig. C, *arrow*). Surgical intervention revealed ileo-ileocolic type intussusception, and the lesion was successfully reduced manually. Lymphoid hyperplasia was identified on gross examination. The patient recovered without complication and was discharged on the fifth day after surgery.

Comment

This is a typical presentation of intussusception in an infant, which is the most common cause of acute bowel obstruction in infants (1). Accurate assessment, including clinical examination and imaging study, is mandatory in management of childhood intussusception.

Plain abdomen radiograph is the initial examination to be done in a case with suspected ileus. In general, most physicians are using ultrasound to diagnose intussusception, followed by air contrast or barium enema for reduction, or immediate operation if the baby appears to be perforated. However, in this case, the risk of perforation is higher with longer duration before presentation despite indeterminate ultrasonographic findings; hence surgical intervention should be considered alternatively. CT scan can be helpful in accurate assessment of intussusception and pneumoperitoneum due to perforation.

Reference

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