CR-7

A BOY WITH RECURRENCE INTUSSUSCEPTION WITHIN 48 HOURS – VAGUE HINT NOT TO BE MISSED IN PRIMARY CARE

Mohd Shaiful Ehsan Bin Shalihin[1], Nina Syazmeen Binti Mohd Din[2],

[1] Department of Family Medicine, Kulliyyah of Medicine, International Islamic University of Malaysia, Kuantan.

[2] Centre of Foundation Studies, International Islamic university of Malaysia Gambang Campus, Pahang.

INTRODUCTION

Intussusception is the most common abdominal emergency in early childhood, involving invagination of intestinal part into itself.[1] Most cases are idiopathic. Even though a currant-jelly stool is one of the pathognomonic features, it only presents in less than 15% of cases.[1] The clinical diagnosis is often missed in its early presentation as it can mimic other more common non-urgent cases such as viral gastroenteritis. Recurrence case within 48 hours of reduction intervention is even rare and can be falsely suspected as normal presentation in the post procedure sequalae.[2] We highlighted a recurrence case in a 3- year-old boy who was initially well after discharge to home and caused an initial dilemma in the diagnosis.

CASE REPORT

A 3-year-old boy presents with isolated mild lower abdominal pain for six hours. Each episode lasts for less than a minute and is resolved on its own. Otherwise, the child is ambulating well, tolerating orally and able to pass bowel and flatus as usual. He was discharged surgically about 48 hours prior to the onset of current new presentation for intussusception reduction. Medical attention was sought initially but was informed that it could be a usual post-operative symptom which should be resolved in a few days. Nevertheless, his mother seeks second opinion from us in primary care in view of its persistent frequency pattern. Without delay, we advise for readmission of the child for suspected intussusception recurrence despite no other concomitant symptoms and signs. Following are the intraoperative findings suggestive of the recurrence.

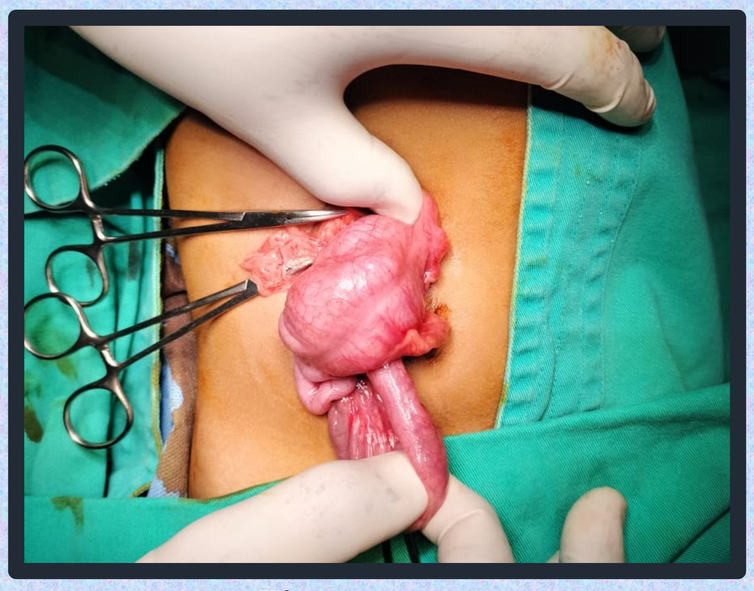

Figure 1a

Figures 1a and 1b show intussusceptive features of the child's small bowels.

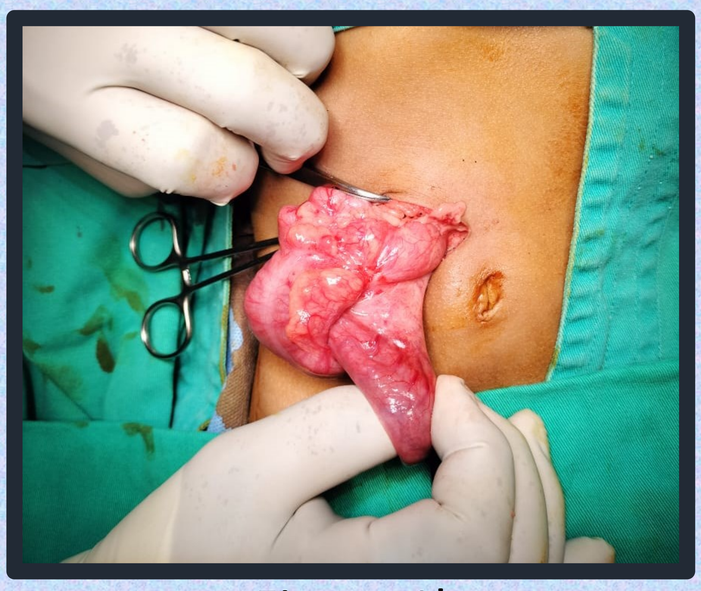

Figure 1b

DISCUSSION

Regardless of the mild severity of gastrointestinal symptoms, the possibility of intussusception recurrence should be suspected despite presumed success of the initial intervention. Each caregiver should be given safety netting to bring back the child to the treating team in any case of suspicious.

REFERENCES

1.Charles T et al. Intussusception in Children: A Clinical Review. Acta Chir Belg. 2015;115(5):327-333.

2.Guo WL et al. Risk factors for recurrent intussusception in children: a retrospective cohort study. BMJ Open. 2017;7(11):e018604

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Garden of Knowledge and Virtue
LEADING THE WAY
KHALĪFAH • AMĀNAH • IQRA' • RAHMATAN LIL-ĀLAMĪN
LEADING THE WORLD
INTERNATIONAL MULTI-AWARD WINNING INSTITUTION FOR SUSTAINABILITY