Retrograde ileo-ileal intussusception

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Summary

A case of retrograde ileo-ileal intussusception in a boy of 16 years is reported. There was no apparent predisposing cause. The patient was treated by resection-anastomosis of the ileum and recovered uneventfully.

KEY WORDS: intussusception, intestine (small).

Case report

A 16-year-old boy was admitted in August 1982 with abdominal pain of 2 days' duration. The pain had started around the umbilicus and shifted to the right iliac fossa. The patient had four bouts of vomiting and absolute constipation. He had suffered from a similar attack about 8 years before and was treated conservatively elsewhere.

The patient was afebrile. The abdomen was moderately distended, with marked localized distension of the lower abdomen. Bowel sounds were absent. X-ray showed distended loops of bowel with a single large fluid level in the lower abdomen. Routine blood and urine examinations were normal.

At laparotomy, the proximal intestine was found to be hypertrophied and distended. The caecum and ascending colon were mobile on a long mesocolon. A retrograde ileo-ileal intussusception was present about 15 cm proximal to the ileo-caecal junction. The distal bowel was collapsed. The intussusception could not be reduced and the loop of ileum containing the intussusception was resected and an end-to-end anastomosis performed.

On opening the resected part, it was found that the intussusciens was formed by a stomach-like sac of thickened and dilated proximal loop, the distal loop entering it in a retrograde fashion. The tip of the intussusceptum was gangrenous, with marked inflammation all around. No other pathology or

abnormality was detected. The postoperative recovery was uneventful.

Discussion

Retrograde intussusception is extremely rare—Gross (1953) recorded an incidence of 0.2% in a total of 702 cases of intussusception—despite the frequency with which one sees at autopsy retrograde 'agonal' intussusceptions of the small bowel (Shepherd, 1968).

One of the earliest reports of retrograde intussusception was by Fitzwilliams (1908), with six cases of the retrograde type in a series of 1,000. Deterling, O'Malley and Knox (1953) reported six cases of the retrograde variety, five of which were apparently associated with the presence or withdrawal of a Miller-Abbott tube. An interesting case was reported by Campbell, Devereux and Forrest (1982) where a retrograde intussusception was concealed inside an antegrade intussusception, the latter being secondary to the pseudo-tumour formed by the former.

The present case was interesting inasmuch as it was a case of retrograde ileo-ileal intussusception, most probably acute-on-chronic, without any predisposing cause.

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