Ileocolic intussusception in a premature neonate

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DESCRIPTION

Intussusception is a well-recognised condition in young children but very rare in newborns, with preterm neonates accounting for only 0.3–1.3% of all cases of intussusception.¹ The aetiology is not well defined: it is possibly related to episodes of intestinal hypoperfusion, dysmotility or intestinal stenosis. Duplication cysts, Meckel's diverticuli or meconium plugs can act as a mechanical lead point, provoking the subsequent invagination.² Clinically, it can be indistinguishable from necrotising enterocolitis (NEC), with abdominal distention, feed intolerance and haematochezia; however, it does not have the radiological signs of NEC, such as intestinal pneumatosis or gas in the portal vein. Usually, the diagnosis is made during surgery, and the evolution is related to the viability of the intestine and necessity or extent of intestinal resection.³

A 28-week gestation female newborn, clinically well, showed sudden worsening at day 32 of life, with rapid onset of marked abdominal distension, feed intolerance and absent bowel movements. There was no haematochezia and no palpable abdominal mass. A plain X-ray of the abdomen revealed massive ileal distension. Laboratory parameters were not diagnostic. The infant was initially treated for presumed NEC. Owing to further clinical decline, the abdominal film was repeated, showing worsening ileal distension, with an apparent fixed loop in the lower right quadrant, without intestinal pneumatosis or gas in the portal vein (figure 1). She underwent urgent exploratory

Figure 1 Abdominal X-ray with distended intestinal loops.

Figure 2 Bowel in surgery.

laparotomy 12 h after the first symptoms. An ileo-cecocolic intussusception (figure 2) was corrected without intestinal resection. Currently, at 4 years, the child remains clinically well.

Learning points

- ▶ Although very rare in premature neonates, intussusception should not be ruled out as a cause of an acute abdomen based on gestational age alone.
- ▶ Early diagnosis is a key element in prognosis. In stable infants, an abdominal ultrasound can be of use in establishing the diagnosis of intussusception.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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