

IMAGES IN EMERGENCY MEDICINE

Ultrasound

Point-of-care ultrasound outperforms computed tomography by revealing an unexpected cause of pediatric abdominal pain

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Meetings: This work has never been presented.

1 | PATIENT PRESENTATION

A 13-year-old female with no past medical history was transferred from an outside hospital after a computed tomography (CT) scan of the abdomen and pelvis performed for abdominal pain demonstrated jejunojejunal intussusception (Figure 1). The patient had recently returned from Ecuador where she developed abdominal pain, nausea, and diarrhea. Upon transfer, her vital signs were normal and her physical examination was remarkable only for diffuse, mild abdominal tenderness. A point-of-care ultrasound demonstrated no intussuscep-



FIGURE 1 Computed tomography of the abdomen and pelvis with intravenous contrast showing jejunojejunal intussusception.

tion, but revealed intestinal foreign bodies consistent with intestinal parasites (Figures 2A and B). The patient was treated with albendazole and discharged.

2 | DIAGNOSIS

2.1 | Intestinal parasites

No clear consensus on the incidence of pathologic lead points (PLP) in small bowel intussusception exists, though some authors have cited an incidence as high as 56%.¹ Whether or not a PLP exists in any particular patient, spontaneous reduction of the intussusception is common,² as seen in our patient.

Point-of-care ultrasound can be used with accuracy to identify intestinal pathology and should be considered before CT in the evaluation of children with undifferentiated abdominal pain. Ultrasound is both sensitive and specific for diagnosing intussusception and should be considered first-line imaging when this diagnosis is being considered because it avoids radiation exposure.³⁻⁵ When small bowel intussusception is identified, it is common for it to spontaneously reduce; thus, if the patient is asymptomatic, observation is often appropriate.⁶ Patients with persistent symptoms or recurrent intussusception should be evaluated by general surgery to determine a plan for management that may include surgical exploration.^{2,6}

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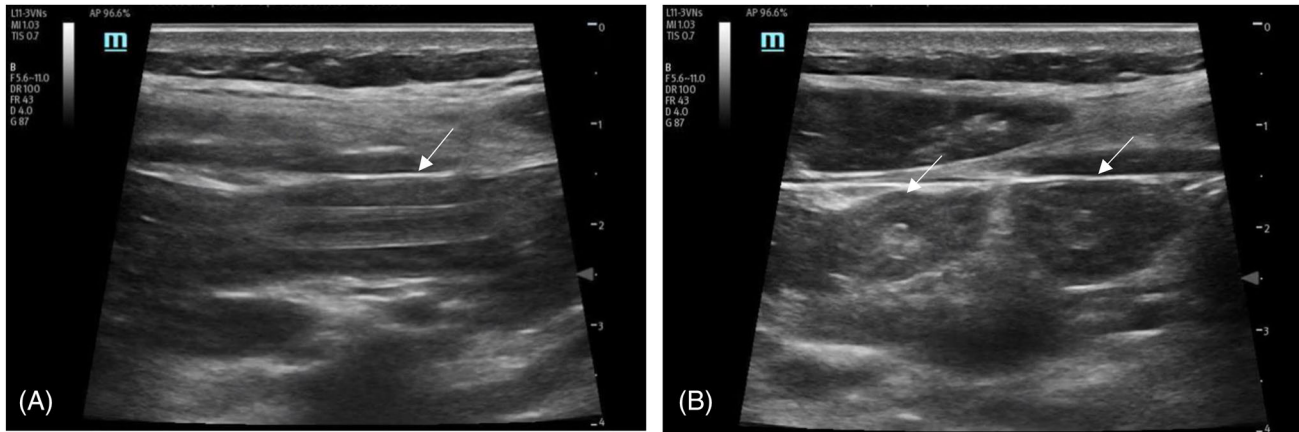


FIGURE 2 (A) Point-of-care ultrasound showing intractable parasite, long axis view. (B) Point-of-care ultrasound showing intractable parasite, short axis view.

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