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IMAGE | SMALL BOWEL

Retrograde Jejunogastric Intussusception: A Rare Cause of Abdominal Pain

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Case Report

A 61-year-old woman presented with 4 days of subacute generalized abdominal pain, associated nausea, and 4 episodes of coffee ground emesis. She had a gastrojejunostomy 35 years previously. An intravenous and oral contrast abdominal/pelvic computed tomography (CT) showed a large lobulated mass with small bowel morphology within the stomach suggestive of a duodenal and proximal small bowel intussusception into the stomach and subsequent incarceration (Figure 1 and Figure 2). The intussusception was laparoscopically reduced and adhesionolysis was performed.

Intussusception, which accounts for 1% of bowel obstructions in adults, is described when a proximal loop of bowel (intussusceptum) telescopes into the lumen of adjacent distal bowel (intussuscipiens).[1] Intussusception is most common in the pediatric population and can occur in any part of the bowel. In adults, the main risk factor for intussusception is prior surgery or intervention, and idiopathic intussusception is uncommon, occurring in 8-20% of cases.[2] Adults typically present with non-specific symptoms, and 90% have an associated lead point.[3] Diagnosis is often difficult, and abdominal CT is the gold standard diagnostic test in adults, while ultrasound the diagnostic standard in children.

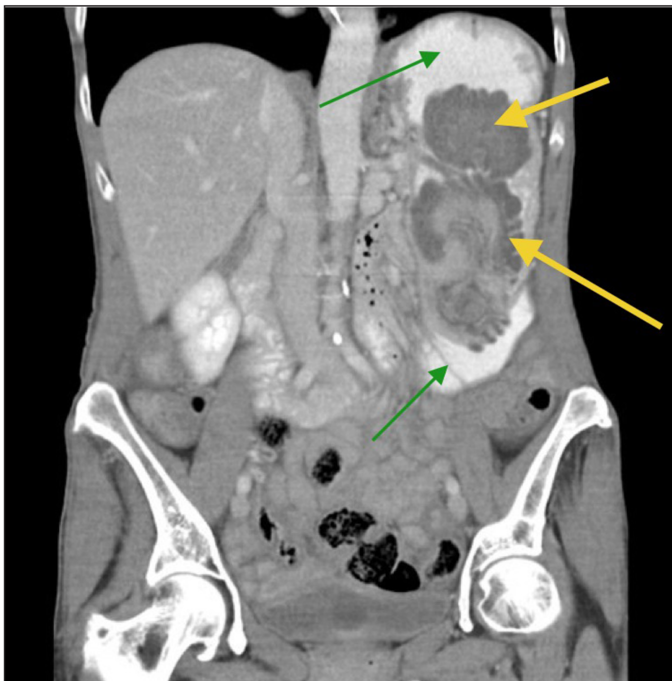

Figure 1. Abdominal/pelvic CT showing a large retrograde jejunogastric intussusception with intragastric strangulation of jejunal loops via a gastrojejunostomy (yellow arrows). The stomach is distended with oral contrast (green arrows).

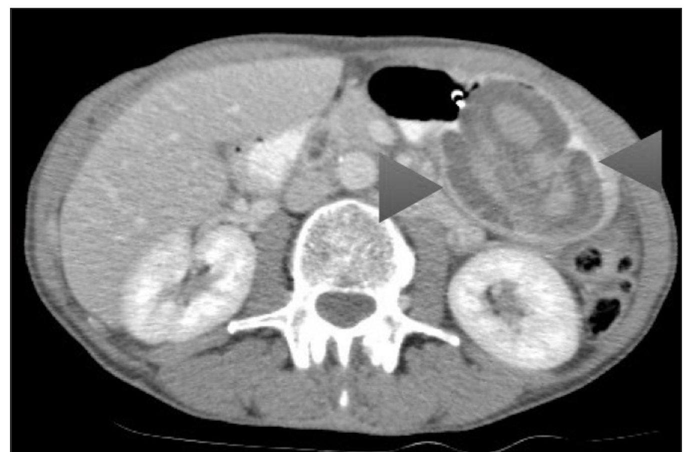

Figure 2. Axial pelvic CT showing a large retrograde jejunogastric intussusception with intragastric strangulation of jejunal loops via a gastrojejunostomy (arrows).

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