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## Unexpected twists: Intussusception as a long term sequelae of bariatric surgery

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# Unexpected Twists: Intussusception as a Long Term Sequelae of Bariatric Surgery

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## Abstract

Bowel intussusception is rare in adults and accounts for less than 5 % of all cases, occurs in only 1 % of patients with bowel obstruction and in 0.64 % of patients following Roux-en-y bypass surgery with a female predominance. Our case underscores the unusual size and configuration of intussusception, wherein the distal segment telescopes into the proximal segment, defying the conventional presentation. Notably, the rarity of observing intussusception following Roux-en-Y gastric bypass surgery is also highlighted. It is important to be clinically vigilant and keep long term sequelae of bariatric surgery on the differential. A 56-year-old female with a remote history of Roux-en-Y gastric bypass surgery presented with epigastric pain radiating to the lower left and right quadrants, nausea, and vomiting of 1-day duration. She was on a prolonged outpatient course of non-steroidal anti-inflammatory drugs and steroids for pain management following recent orthopedic procedure. In the emergency department, she was afebrile, saturating well on two liters of oxygen, and normotensive with sinus tachycardia. Labs showed leukocytosis with mildly elevated lipase, alkaline phosphatase, and lactic acid. Initial CT abdomen pelvis with contrast was unremarkable. The patient continued to experience abdominal pain with worsening lactic acid. Repeat imaging revealed a 10 cm enteroenteric intussusception containing proximal jejunum with the gastric bypass Roux limb acting as the intussusciens. No obvious mass or lead point was identified. Ulceration/stricture at the jejunojejunal anastomosis was thought to be contributory to this. The patient underwent successful laparoscopic surgery.

**Keywords:** Intusseption, Bariatric surgery, Complications

A 56-year-old female with a remote history of Roux-en-Y gastric bypass surgery presented with epigastric pain radiating to the lower left and right quadrants, nausea, and vomiting of 1-day duration. She was on a prolonged outpatient course of non-steroidal anti-inflammatory drugs and steroids for pain management following recent orthopedic procedure. In the emergency department, she was afebrile, saturating well on two liters of oxygen, and normotensive with sinus tachycardia.

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abdominal pain with worsening lactic acid. Repeat imaging revealed a 10 cm enteroenteric intussusception containing proximal jejunum with the gastric bypass Roux limb acting as the intussusciens. No obvious mass or lead point was identified. Ulceration/stricture at the jejunojejunal anastomosis was thought to be contributory to this. The patient underwent successful laparoscopic surgery.

Bowel intussusception is much more common in children than in adults, with a ratio of approximately 20 to 1. In adults, it accounts for less than 5 % of all cases and occurs in only 1 % of patients with bowel obstruction. It is rarely seen in surgical reports, occurring in fewer than 1 in 1300 abdominal

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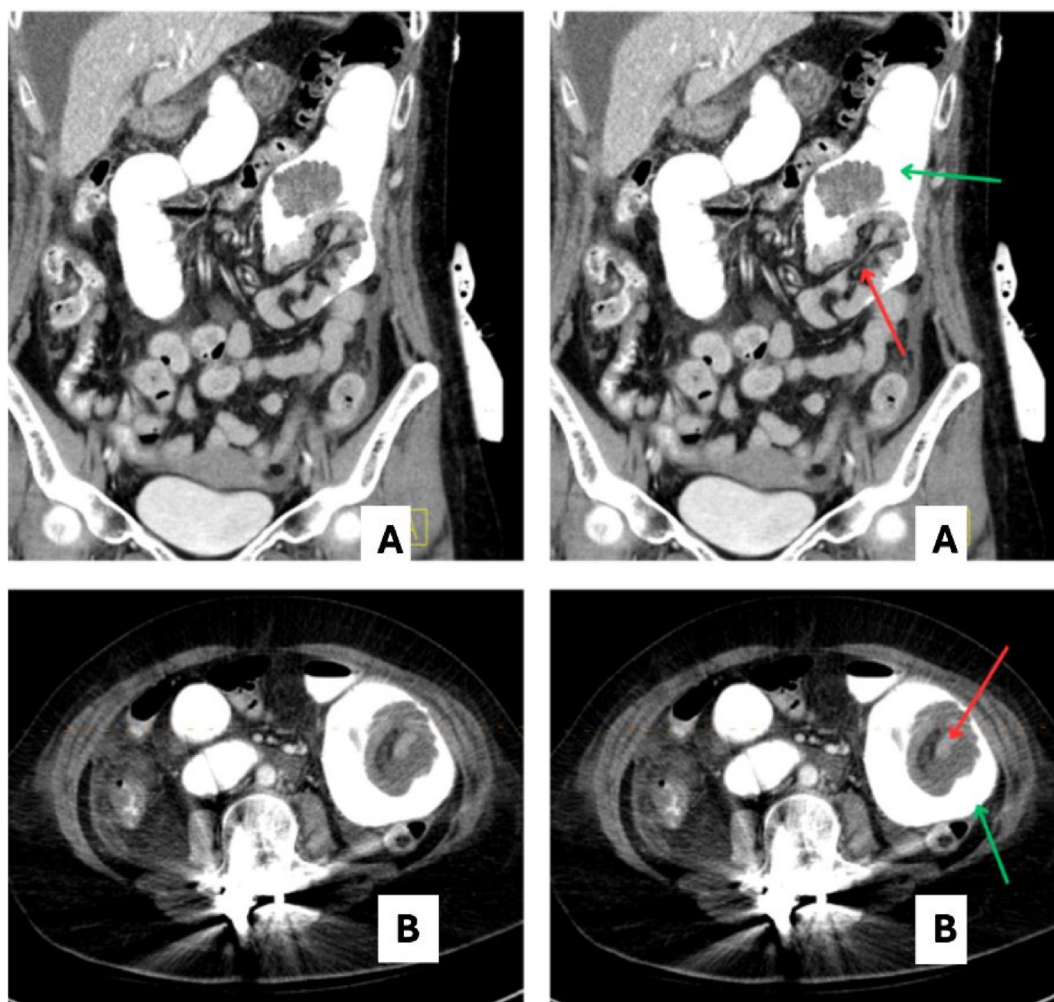


Figure 1. A and B show coronal section and crosssectional views respectively with reflux of contrast material into both the Roux limb and the pancreaticobiliary limb, signaling enteroenteric intussusception. Specifically, the gastric bypass Roux limb serves as the intussusciens (Green arrow) for a sizable 10 cm intussusception containing proximal jejunum (Red arrow).

operations.<sup>1</sup> According to a previous meta-analysis that assessed the incidence of intussusception following Roux-en-Y gastric bypass, it was found that the incidence of intussusception is only 0.64 % with a predominance of females compared to males.<sup>2</sup> Another study demonstrated that in Roux-en-Y gastric bypass patients, an intussusception length exceeding 100 mm on CT is a reliable indicator of small bowel obstruction (SBO) that may necessitate emergent surgical intervention as in our case.<sup>3</sup> Our case underscores the unusual size and configuration of intussusception, wherein the distal segment telescopes into the proximal segment, defying the conventional presentation. Notably, the rarity of observing intussusception following Roux-en-Y gastric bypass surgery is also highlighted. It is important to be clinically vigilant and keep long term sequelae of bariatric surgery on the differential (Fig. 1).

## Informed consent

Informed consent was obtained from patient.

## Financial disclosure

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