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Persistent Vitellointestinal Duct Beyond Neonatal Period: A Unique Presentation of Transumbilical Prolapse of Latent Vitellointestinal Duct With Prolapsed Orthograde Ileal Intussusception

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CASE REPORT

A 6-month-old boy presented in the emergency department with a 2-day history of prolapse of intussuscepted both proximal and distal ileal loops through a prolapsed persistent vitellointestinal duct (PVID) with edema and ischemic changes (Figure 1). There was no history of discharge of pus, bile, or fecal matter through the umbilicus. The baby had been thriving well, and weaning had recently been started. The diagnosis was confirmed under anesthesia, and intussusception reduced; ileal resection and anastomosis was performed (Figure 2).

A PVID is a common gastrointestinal congenital anomaly, and its incidence may be commoner than reported.[1,2] It usually presents as umbilical discharge in neonatal period; however, it can be patent or latent and may manifest with mucosal prolapse through the umbilicus. It can also present with prograde (proximal limb), retrograde (distal limb), or orthograde (both limbs) intussusception in patients if the VID is short and wide.[3] However, delayed infantile presentation of latent VID with spontaneous orthograde intussusception through a transumbilical prolapsed PVID, as present in our patient, is unique.

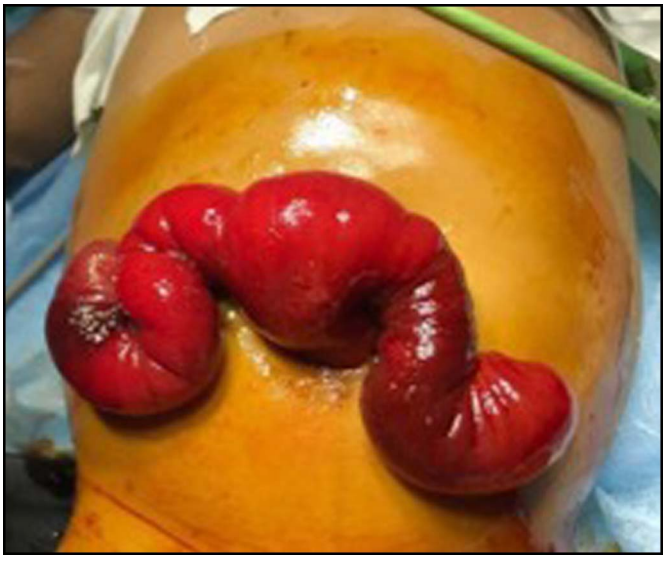

Figure 1. Clinical image showing persistent vitellointestinal duct with prolapsed intussuscepted both proximal and distal ileal loops with edema and ischemic changes.

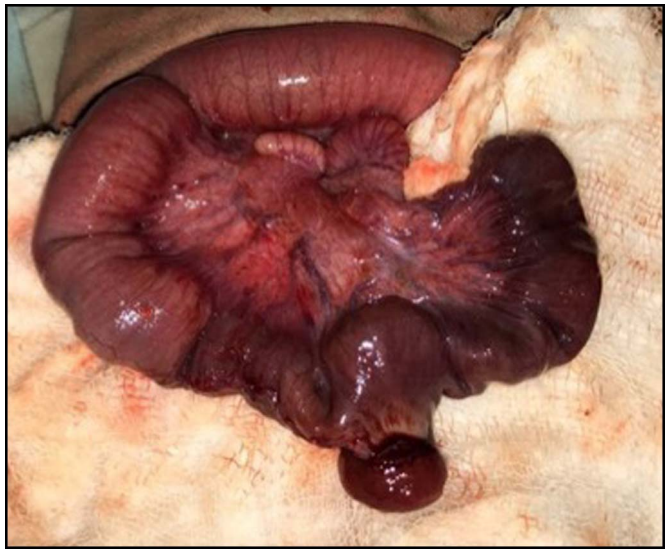

Figure 2. Intraoperative image showing the ischemic ileal segment with persistent vitellointestinal duct after reduction of both proximal and distal limb intussusception.

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A relevant literature search revealed only a few similar cases; all were mostly diagnosed in neonatal period.[1] One patient was a 2-month-old infant who present with retrograde intussusception in immediate postoperative period after a corrective cardiac surgery.[1] This strengthens the fact that congenital anomalies can present in an uncommon and atypical way even beyond the neonatal period. A PVID would usually be missed in routine neonatal screening as umbilical cord is still attached, unless there is some discharge (bilious or fecal). A high index of suspicion, a relevant history, and an ultrasound abdomen would aid in diagnosis.[4] Management includes reduction of intussusception and definitive surgery—wedge resection or ileal resection anastomosis as per the viability of the involved bowel.

DISCLOSURES

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