

Intussusception: A Three-Year Review

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Abstract

Introduction: Intussusception is the commonest cause of intestinal obstruction in infants and young children. **Materials and Methods:** This report reviews the clinical presentation, investigations and outcomes of patients with intussusception treated at the KK Women's and Children's Hospital between 1 May 1997 and 30 April 2000. **Results:** The study population comprised 160 consecutive patients treated for intussusception at our hospital over this 3-year period. The commonest symptom was vomiting; present in 135 patients (84.4%). A palpable abdominal mass was present in 90 patients (56.3%). The classical features of vomiting, abdominal pain, abdominal mass and rectal bleeding were present together in only 12 patients (7.5%). Abdominal ultrasonography was performed in 155 patients. One hundred and fifty-two patients (98.1%) had the classical target lesion on ultrasonography. Air enema reduction was attempted in all except 6 patients. In the majority of patients (130 or 84.4%), the intussusception was reduced successfully by air enema reduction. There was no association between the duration of symptoms before radiological reduction and the outcome of radiological reduction. **Conclusions:** As the four classical features of intussusception were present together in only 7.5% of our patients, a high index of suspicion is necessary when any of the signs and symptoms are present in an infant or young child. Abdominal ultrasonography is the diagnostic investigation of choice. Air enema reduction was successful in 84.4% of patients and the duration of symptoms did not reduce the success rate. Thus, air enema reduction should be attempted in most patients unless they have absolute contraindications.

Ann Acad Med Singapore 2002; 31:81-5

Key words: Air enema reduction, Intestinal obstruction, Target lesion

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