

Postoperative Intussusception in Children after Nissen Fundoplication: A Case Report

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Dear Editor-in-Chief,

Postoperative intussusception (POI) is a rare complication after various kinds of operations, the incidence of POI is 0.01–0.25 % of children following laparotomy (1); and it accounts for 5–10 % of postoperative intestinal obstructions (2). We reported and analyzed a case of a patient who developed postoperative intussusception following laparotomy for Nissen fundoplication. A 6-month-old female who has been hospitalized for severe bronchiolitis and her chest X-ray showed a digestive clarity in the right lung field. Thoracic CT and contrast radiography showed a large right hiatal hernia with gastric contents (**Figure.1**). She was operated by median laparotomy and Nissen fundoplication was made. At the 5th postoperative day, the patient developed bilious vomiting. The standard X-ray showed pelvic hypo-aeration and the abdominal ultrasound showed an intussusception (**Figure.2**). So the patient was operated by the same incision and in exploration we founded an ileoileocolic intussusception which was manually reduced with in appearance a good intestinal vitality. The postoperative course was simple.

POI is a rare complication in children receiving surgery. Early recognition of this entity is difficult because of the rarity and atypical clinical presentations (1). Nonspecific symptoms of POI make the early recognition difficult. Postoperative ileus following major abdominal operation may confuse the diagnosis of POI also. It is reported to occur after a symptom-free postoperative interval of less than a week (1). In our case symptom appear 6 days after the Nissen operation and we had symptoms of occlusion. Abdominal X-ray is a valuable primary radiologic study for initial recognition of the obstruction and for differentiation from a paralytic situation (3). Ultrasonography is a highly accurate, supportive diagnostic method in POI as in primary intussusception (4). In our patient the ultrasound made the diagnosis of intussusception. The pathophysiology in POI is unclear, despite there being some putative explanations for altered peristalsis, which include early postoperative adhesions, prolonged and excessive bowel manipulation, electrolyte disturbances in lengthy surgeries, anesthetic drugs, opioid analgesics, and neurogenic factors (5). POI differs from the other cases of invagination with respect to the pathogenesis, clinical presentation, localization, and therapeutic approach. Diagnosis must be suspected in patient who had occlusion symptoms after abdominal surgery and ultrasound was highly accurate in diagnosing postoperative intussusception in children.

Key Words: Children, Nissen, Postoperative intussusception.

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Fig.1: Contrast radiography showed a large right hiatal hernia.



Fig.2: The abdominal ultrasound showed an intussusception.

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