

Intussusception in Older Children

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Intussusception secondary to a definite lead point is more common in older children than in infants(1). These children are at an increased risk if the lead point is a malignant condition(1,2). In this study we have reviewed our 12 yr experience of intussusception in the post-infancy period.

Subjects and Methods

The case records of all patients with intussusception treated over the last 12 yr were screened and the records of those children whose age was one yr or more

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were selected for the study. Complete details were unavailable in seven of these records.

Results

There were 26 patients in the post-infancy group comprising 30% of the total number of intussusceptions. The commonest age group was 4-12 yr (12 cases-48%), followed by 2-4 yr age group (8 cases) and 1-2 yr age group (6 cases). There was predominance of males in the 4-12 yr age group only(5:1). Of the 26 children, 13 had features of acute intestinal obstruction and 6 had recurrent pain abdomen associated with occasional vomiting. Nineteen of them had a palpable abdominal mass at different regions depending upon the progress of the intussusception; it was palpable per rectum in 2 of them. Radiological confirmation by contrast study was done only in those with chronic symptoms. Twenty one children were operated. In 12 patients the intussusception was reducible; in the other 9 resection and anastomosis was needed because of irreducibility in 2, gangrene in 2, and a lead point in 5 patients. Two children were successfully treated by hydrostatic barium enema reduction. In one child spontaneous reduction of the intussusception occurred while awaiting surgery. The parents of two

children with chronic symptoms refused any kind of treatment. Out of 21 children, 7 (33%) had a lead point which was responsible for the intussusception, and among them 5 were in the 4-12 yr age group. The lead point was located in the small intestine in 2 (Meckel's diverticulum, anastomotic site) and in the cecum in 5 (2 non-Hodgkin's lymphoma, 1 each of duplication cyst, polyp and inflammatory mass). One patient died in the postoperative period following resection anastomosis.

Discussion

Intussusception occurring in post infancy period is uncommon. Our incidence of such intussusceptions is 30%, similar to the reported incidence of 27-34% in the literature(1,3). The reported incidence of lead points is high(12-25%) in intussusception occurring in older children with a greater preponderance in the older age group(1,4,5). All the children with the lead points except one presented with recurrent pain abdomen. The exception was a child with ileoileal intussusception due to Meckel's diverticulum. The commonest site of lead points in this study was in the cecum. Of the lead points reported previously and in this series, anastomotic suture line acting as a lead point for an intussusception was the rarest(6,7).

The incidence of non-Hodgkin's lymphoma acting as a lead point is reported to be as high as 17%(2), and even higher (more than 50%) in children over 4-6 yr of age(1,4). In our study non-Hodgkin's lymphoma accounted for 28%

of all lead points. Our findings emphasize the treatment of all intussusceptions in older children by surgery rather than the non-operative methods of hydrostatic or pneumatic reduction.

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