INTUSSUSCEPTION IN AN INFANT CAUSED BY ABERRANT PANCREAS

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The etiology of most intussusceptions is unknown. However, there are a few intussusceptions which are initiated by lesions of the bowel, so-called leading points. Occasionally an aberrant pancreatic tissue may cause intussusception in the paediatric age group. Such a case of aberrant pancreas leading to ilco-ileal intussusception in an infant is presented.

CASE REPORT

An eight month old male was transferred to our department for bilious vomiting, abdominal distension and failure to pass gas and stool. Past medical and family history were unremarkable and the boy had been perfectly well prior to the onset of these symptoms. On physical examination the abdomen was distended hut soft, no mass was palpable. Rectum was empty on digital rectal examination. He had the signs and symptoms of dehydration. Laboratory studies showed a mild leukocytosis with a slight left shift and moderately severe metabolic acidosis. Abdominal film demonstrated dilated proximal small bowel with air-fluid levels (Figure 1).

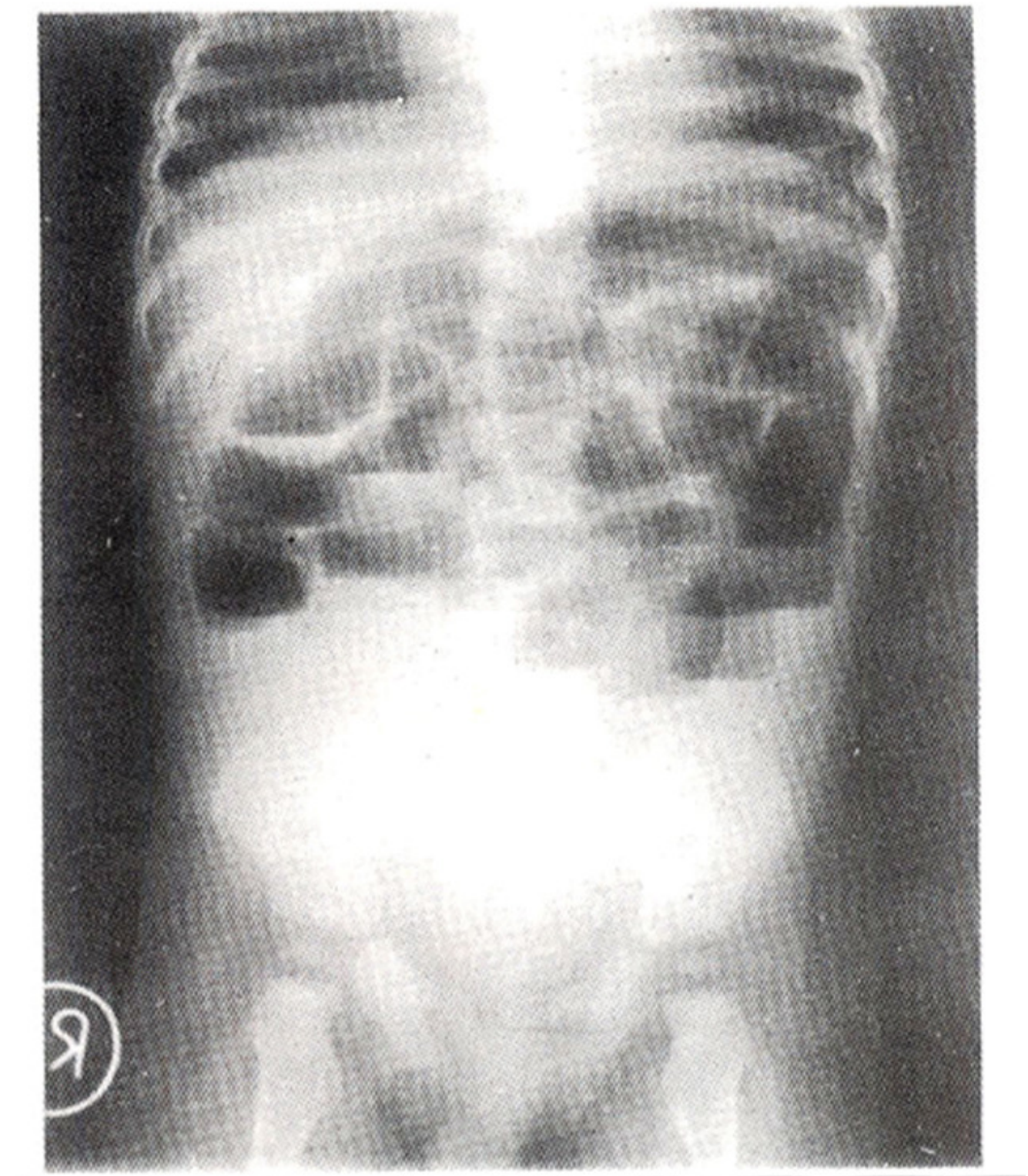

Figure 1. Abdominal film showing dilated loops of proximal small bowel with air-fluid levels.

After fluid and electrolyte correction the infant was explored with the preoperative diagnosis of intestinal obstruction. At laparotomy, an ileo-ileal intussusception approximately 50 cm from the ileo-cecal valve was found. Attempts to reduce the intussusception were unsuccessful, the involved segment was resected and end-to-end anastomosis was performed. The postoperative course was uneventful.

The resected specimen consisted of a 25 cm length of small bowel. A microscopic section of this specimen showed that it consisted of submucosal pancreatic tissue with necrosis and foci of hemorrhage (Figure 2).

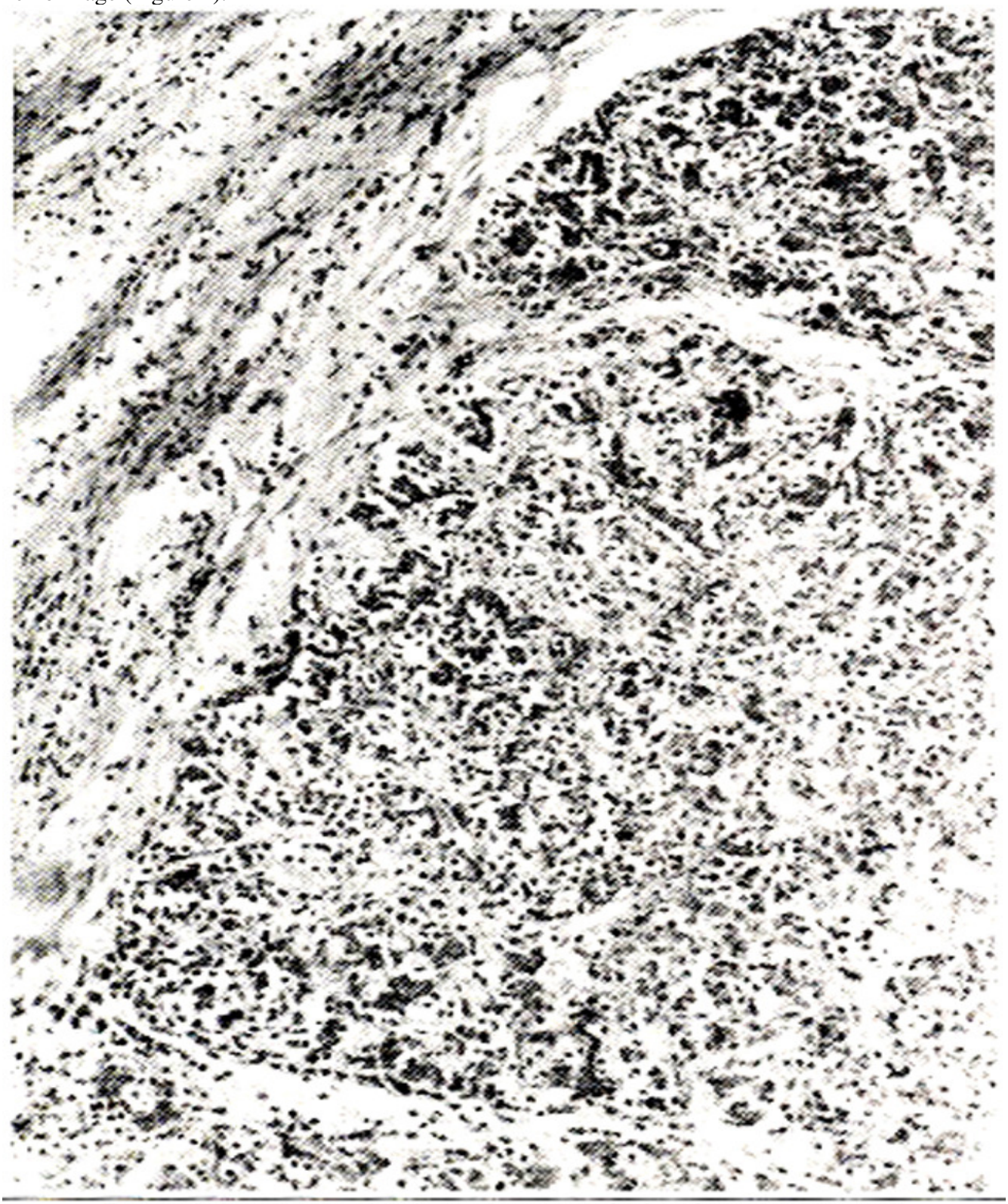

Figure 2. Microscopic section showing lobulated pancreatic acini.

DISCUSSION

Childhood intussusception is usually idiopathic in origin. In only a small proportion is a pathological lesion at the leadpoint identified. The most common specific leadpoini. causing intussusception is a Meckel's diverticulum, followed by small bowel polyps, lymphosarcomas and duplication cysts[1,2]. Occasionally, aberrant pancreatic tissue may be found in abdominal and intrathoracic locations[3]. Although aberrant pancreas and intussusception are not unusual conditions, the association of the two is seldom seen. Only four paediatric cases of heterotopic pancreas causing small bowel intussusception were found in literature[4-7]. Heterotopic pancreas is a rare cause of small bowel intussusception but must be considered as a leadpoint. Sections should be taken of all leading edges of intussusceptions to demonstrate the possible presence of a small, submucosal aberrant pancreas. The treatment of choice for ectopic pancreas in bowel wall is a segmental resection of the involved intestine.

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