

Case Report

A Rare Case of Recurrent Intussusception

Babukumar S*, Balakasi B**

*Associate Professor, **Post graduate, Department of Gastroenterology, Chettinad Hospital and Research Institute, Chettinad Academy of Research and Education, Chennai, Tamil Nadu, India.



Dr. Babu kumar is an International Medical Gastroenterologist and Hepatologist. He did his MBBS and MD General Medicine from Coimbatore Medical College and DM from Kilpauk Medical College. Currently he is working as an Associate professor in the Department of Medical gastroenterology, Chettinad Hospital and Research Institute.

Corresponding author - Dr. Babu Kumar-(drsbabukumar@gmail.com)

Chettinad Health City Medical Journal 2019; 8(3): 85 - 86

Abstract

Intestinal polyps are one of the common cause of Intussusception in children. Most of the polyps are located in the rectum. Sigmoid colon polyp causing recurrent Intussusception is a rare entity. We report a case of Sigmoid colon polyp causing recurrent Intussusception in a 4 year old girl. Patient underwent colonoscopy which revealed large pedunculated polyp of about 3cm in size. Standard Endoscopic snare polypectomy was done, using ERBE electrocautery. Biopsy was reported as Juvenile retention polyp.

Key Words: Intestinal Polyp, Recurrent Intersusception, Colonoscopy.

Introduction

Intussusception is one of the most common causes of acute abdominal pain in the pediatric population. Pediatric patients presenting with documented intussusception should be screened for possibility of a colonic polyp or other mass lesion.¹ Pediatric intussusceptions are idiopathic without pathologic lead point.² Intestinal polyps in children are usually solitary and majority of polyps are location in rectum 80-90% of case.^{3,4} Juvenile polyp causing intussusception is a rare entity.⁵



Figure 1 : Colonoscopic picture of Polyp



Figure 2 : Gross specimen



Figure 3 : HPE -Cystically dilated glands and hyperplasia of lamina propria

Case Report

We report a case of 4 year old female child presented with recurrent Colocolic Intussusception for the past 2 months treated conservatively elsewhere. No history of bleeding per rectum. Physical examination was unremarkable. Routine blood investigations were within normal limits. Abdominal Ultrasound was normal. Colonoscopy was performed which revealed a large, single, pedunculated polyp of size 2x3cm was observed in the sigmoid colon (Figure 1). After an epinephrine solution (1:10,000) had been injected into the base of the lesion, standard Endoscopic snare polypectomy was done using ERBE electrocautery (Figure 2); Base of polyp was clipped with instant Haemoclip to avoid post polypectomy bleeding.

Discussion

The commonest symptom of polyp in children is painless bleeding from the rectum and anaemia.^{6,7} If the polyp extrudes sufficiently into the lumen it may be propelled distally by peristalsis and traction on

the polyp can lead to an intussusception. Most of the polyps in children are located in the rectum. A Sigmoid colonic polyp causing recurrent intussusception is a rare entity. Lot of studies emphasize the importance of colonoscopy in children with recurrent episodes acute abdominal pain. Our patient neither had a history of any polyposis syndrome in their families and no signs of syndromic disorders were found on physical examination. Histopathology (Figure 3) revealed juvenile retention polyp.

Conclusion

Juvenile polyp occurs in a wide range of clinical spectrum (Hematochezia, Iron deficiency anaemia, intestinal obstruction) in various locations and has variable sizes and number. The aim of this report was to emphasize the importance and necessity of colonoscopy in Pediatric age group who present with recurrent abdominal pain. Colonoscopic polypectomy is a simple, safe and effective therapeutic method in children.

References

1. Mahmudloo R, Gheibi S, Vahed SN. Colocolic Intussusception without Lead Point; A Case Report and Literature Review. *Iran J Pediatr.*2008; 18(4):373-6.
2. Eklof OA, Johanson L, Lohr G. Childhood intussusception: hydrostatic reducibility and incidence of leading points in different age groups. *Pediatr Radiol.* 1980;10(2):83-6.
3. Jalihal A, Misra SP, Arvind AS, Kamath PS. Colonoscopic polypectomy in children. *J Pediatr Surg.* 1992;27:1220-2.
4. Poddar U, Thapa BR, Vaiphei K, Singh K. Colonic polyps: experience of 236 Indian children. *Am J Gastroenterol.* 1998;93:619-22.
5. Chen JY, Lin RI, Chao HC, Kong MS, Hsueh C, Lou CC. Neonatal ileoileocolic intussusception associated with ileal polyp: report of one case. *Zhonghua Min Guo Xiao Er Ke Yi Xue Hui Za Zhi.* 1998; 39(3):203-5.
6. Cynamon HA, Milov DE, Andres JM. Diagnosis and management of colonic polyps in children. *J Pediatr.* 1989;114:593-6.
7. Yashiro K, Tanabe M, Iizuka B, Yaguchi T, Hasegawa K, Nagasako K. Polypectomy of a large juvenile polyp in the ascending colon. *Endoscopy.* 1984;16:79-80.