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GI IMAGE

Intussusception After Bariatric Surgery

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Abstract

A case of bowel intussusception in a 43-year-old woman with a history of Roux-en-Y gastric bypass surgery is presented.

Keywords Roux-en-Y gastric bypass · Laparoscopic · Morbid obesity · Intussusception

Small bowel intussusception after laparoscopic Roux-en-Y gastric bypass (LRYGB) is a rare but significant event with a reported incidence of about 0.1–0.3%.[1]

A 43-year-old woman with a retrograde intussusception 3 years after a LRYGB is presented. She had lost 50% of excess weight. She complained of paroxysmal, severe abdominal pain as well as nausea and vomiting although, on examination, no peritoneal signs were present. Laboratory data were unremarkable. Abdominal contrast-enhanced computed tomography (CT) showed a "target sign" mass consistent with small bowel intussusception (Figs. 1 and 2). An emergent laparoscopy was performed, finding a jejunal-jejunal intussusception located 40 cm from the gastrojejunal anastomosis, at the alimentary loop (Fig. 3).

A reduction of the intussusception was achieved. No organic lesion causing the disease was found, and resective procedures were not necessary because no signs of intestinal distress were present.

A gastroduodenoscopy and a double-balloon enteroscopy were performed without pathological findings. After 2 years of surgery, the patient remains asymptomatic.

Clinical presentation is not specific. CT of the abdomen with contrast is the diagnostic test of choice, with an accuracy of 80%. Pathognomonic findings include a "target sign" (Fig. 1). Treatment remains controversial but an early identification and surgical intervention seems to reduce morbidity and prevents recurrence. Laparoscopic approach is the treatment of choice and most cases are resolved with simple reduction if the small bowel is viable, with or without enteropexy.

The origin of intussusception after gastric bypass is different from that of intussusception of other causes, in that there is usually no lead point. Peristalsis disturbances in the divided small bowel, especially in the Roux limb, have been proposed as a pathophysiological mechanism, but the origin appears to be multifactorial. The ultimate causes of intussusception after bariatric surgery still remain unclear.[2,3] Familiarity with this

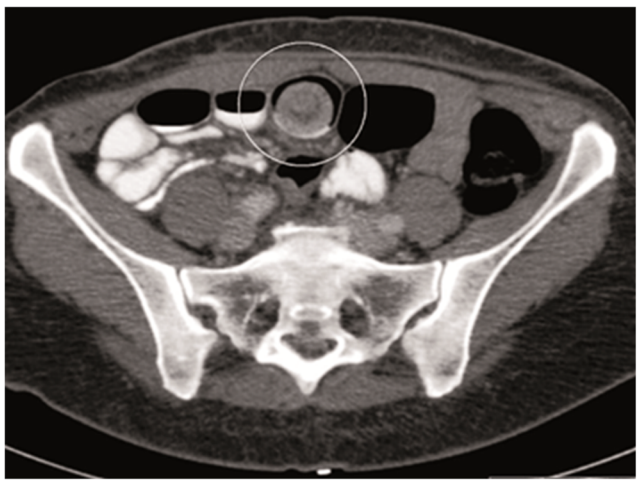

Fig. 1 Abdominal computed tomography scan with oral and intravenous contrast showing the pathognomonic "target sign"

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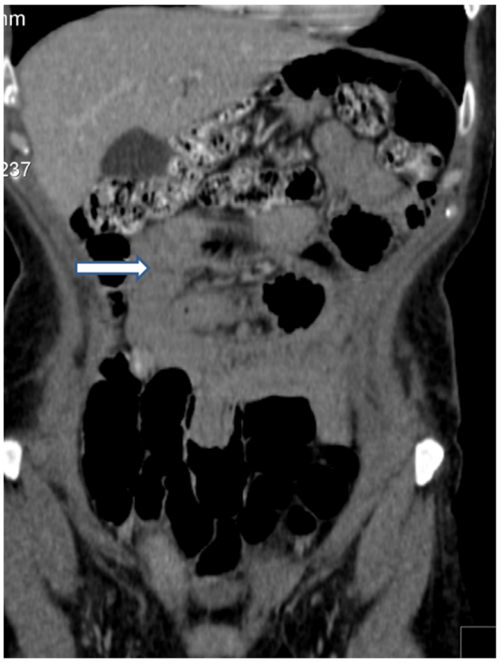

Fig. 2 Coronal CT image noting bowel within bowel, suggesting intussusception

rare entity and a high index of suspicion are required to make the correct diagnosis and provide prompt treatment.

Compliance with Ethical Standards

Competing Interests The authors declare that they have no competing interests.

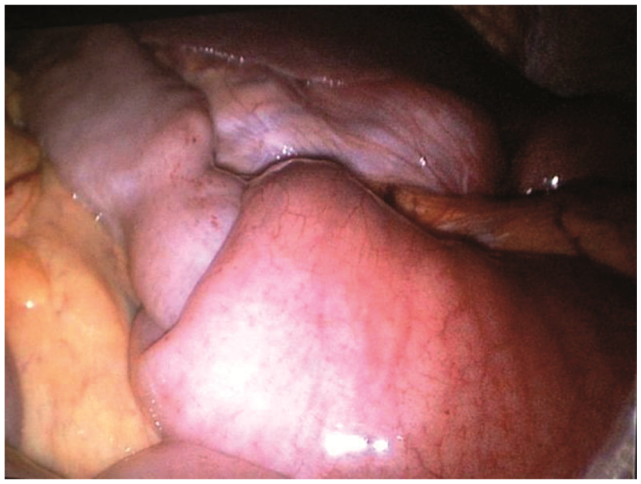

Fig. 3 Intussusception of the small intestine towards jejuno-jejunal anastomosis

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