

Suture Line: A Lead Point for Prograde Ileoileal Intussusception

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Prograde intussusception due to suture line is an extremely rare entity. The authors report a case of prograde ileoileal intussusception in a 42 years old man. The feature of interest is the suture line of a previous ileal repair acting as the lead point for the prograde ileoileal intussusception.

Key Words: Intussusception, suture line

Prograde ilcoecolic intussusception is the most common type seen in infants^{1,2}. History of intussusception is about 300 years old. Paul Barbette first described this condition in the mid seventeenth century and suggested operative reduction. There was one reported case of jejunojejunal intussusception in a child due to suture line³. However we found no case, in adults or children, in which suture repair in ileum acted as a lead point for prograde intussusception.

Case Report

A male patient named Noor Muhammad 42 years of age and a known case of diabetes for last 4 years and a known case of cardiomyopathy for 2 months presented with the complain of backache following a fall from the bicycle 14 months back. He also felt pain in his right thigh 4 months back followed by similar pain in the left thigh 2 months later, for the last 2 weeks he complained of paresis in both lower extremities (paraparesis) along with incontinence for urine and faeces.

He was operated on 25-12-1997 to carry out cord decompression after 10th rib resection, diaphragm and pleura were incised. Pus was evacuated along with collapsed bodies of T11, T12 and L1 vertebrae. Bone grafts taken from iliac crests, put in and anterior spiral fixation was done (Wehli/Monley). A small tear in ileum caused during surgery was repaired.

On second post operative day, the patient developed abdominal distension which persisted despite conservative management (i.e. i/v fluids and nasogastric aspiration).

Laparotomy was performed on 5-1-98 for intestinal obstruction through an upper midline incision, there were

distended loops of small bowel proximal to an intussusception (ileoileal) about two feet away from the ileocaecal junction. This was reduced with difficulty. There were ischaemic patches over the intussusception. Resection with end to end anastomosis was carried out.

Discussion

Antegrade intussusception due to suture line is a rare condition. This may occur after gastrojejunostomy or cholecystojejunostomy⁴. Many lesions have been described as lead points for intussusception, but an anastomotic suture line without associated stricture had been reported only once in case of small bowel³. We present a case in which the lead point was a suture line. Intestinal obstruction within two weeks of bowel surgery should alert the surgeon for a possibility of intussusception along with the common causes of obstruction such as adhesions, oedema at suture line, technical stenosis and volvulus.

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