

Chronic Jejuno-Jejunal Intussusception

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Abstract

Intestinal intussusception is an anomaly seen usually in young children [1]. Its occurrence in adult is not common but is reported from time to time [2]. However, in case of adults, the most usually occurring intussusceptions are in the ileal region, and its occurrence in the jejunal region is more uncommon [3].

In the present case while performing cadaver dissection, on an embalmed cadaver in the School of Medicine, a cadaver aged 62 years showed chronic Jejuno-jejunal intussusception. An attempt was made to pull out the intussusception, which was not a complete success. The intussuscepted part was then dissected longitudinally to see its cross section. Careful examination showed the invaginated (distal) end of the jejunum enlarged in diameter, which gave a reason to believe that the intussusception was chronic.

Keywords: *Jejuno-Jejunal Intussusception; Intestinal intussusception*

Introduction

Intestinal intussusceptions are conditions in which the small intestine along with the mesentery is invaginated into itself, causing of intestinal obstruction (by obstructing itself). Intussusceptions cause difficulty in passage of food and can give rise to chronic to acute intestinal pains, regurgitation of food, improper digestion, haemorrhage and it can involve lypomas, lymphangiomas etc. in it to make it more complicated [4]. Intestinal intussusceptions are common in children, but they are uncommon in adults, accounting for only 5% of intussusceptions and 1% of all intestinal obstruction [3,5].

Adult intestinal intussusceptions sometimes do not exhibit significant symptoms, and instead the patients just complain about mild abdominal pain, nausea and difficulty in digestion [6]. Hence because of the rare appearance of the intussusceptions and non-severity of the symptoms, the intussusceptions may be missed in initial diagnosis, and delayed till the patient requires surgery [1,6,7].

In children, the more commonly occurring intussusceptions are ileo-ileal, ileo-colic or ileo-ceacal. In Adults, unlike children a lead point is usually found in adults which would be the cause of intussusception [1]. In adults intussusceptions are usually ileocolic, colocolic, enteroenteric or jejuno-gastric and Jejunal intussusception are rare in adults [1,7].

Case Report

While performing regular dissection practical classes, we came across the case of jejuno-jejunal intussusception in a 62 year old cadaver (known age). The site of this intussusception was 20 cm from the fourth part of duodenum. On primary observation, the intussuscepti-

on looked very long. Upon measuring, the length of the intussusception was found to be 17 cm. Further the invaginated part of the jejunum had large diameter (5.8 cm). From these observations it was concluded that the intussusception was chronic.

After palpation it felt like the intussusception can be pulled out, hence an attempt was made to pull out the intussusception by pushing the intussuscepted part of the jejunum from its distal end and simultaneously pulling it from its proximal end. When it remained about 5 cm, the intussusception could not be further pulled out, most probably due to post mortem muscle rigidity. It was then decided to dissect the intussusception by a longitudinal incision.

After the longitudinal incision, the intussuscepted part of the jejunum could be pulled out. There was no noticeable reason found for the intussusception. The diameter of the part of jejunum before the intussusception was measured and was found to be 2.2 cm, however the diameter of the part of jejunum after the intussusception was slightly more 2.8 cm. Noticeably the stomach of this person was smaller than the average size of stomach. The diameter of duodenum was 3 cm (approximately) and the walls of the duodenum were thin.



Discussion

Although the jeuno-jejunal intussusceptions are rare, they are not as uncommon as believed to be [8]. In our case we not only found a jejunal intussusception in an adult but also it was observed that the intussusception was chronic, which makes it even more rare. Intussusceptions can be antegrade- towards the peristalsis or retrograde- opposite to the peristalsis [9]. In the present case, the intussusception was antegrade. Although intussusceptions are symptomatic, chronic intussusceptions can be asymptomatic [6] and can go undetected as in the present case, although, the cause of death of the person was unknown. The anatomical changes observed, such as the smaller stomach and thin walls of the duodenum might have been caused by the jeuno-jejunal intussusception.

There can be many causes of Jejunal intussusceptions such as a small mesentery, strong peristalsis, adenomas, lymphomas, etc., and the intussusceptions can also be idiopathic [10,11]. In the present case, we could not determine the exact cause, and no noticeable anomaly was observed, which would be the cause of the intussusception.

Jawad, *et al.* studied Chronic Intussusceptions in a child aged 2 and half year, the lead point being a non-Hodgkin Lymphoma in the ileocecal region. They mention that the intussusception lasting more than 14 days are defined as chronic [12]. Faridi, *et al.* studied the chronic intussusception in 20 year old male involving 3 polypoid masses and one of them forming the lead point [13]. In the study conducted by Azar and Berger, the intussusceptions had a male to female ratio of 1.8:1 and they were found to be more frequent in the small intestine [7].

In case of adult intussusceptions, the average age of affected patients was found to be 54 and the patients most commonly have issues of, nausea, regurgitation and even blood in stools [7].

Considering the enlarged diameter of the invaginated part of the Jejunum, in this case, it can be said that the intussusception was very chronic and may have even lasted for months, so as, to cause major anatomical changes in the invaginated part of jejunum.

Conclusion

Chronic adult jejunal intussusceptions can go undetected for long time, they can exist without any tumors or lead point and can cause Anatomical changes in the affected parts, such as seen in this case, enlargement of diameter of the invaginated part of Jejunum, and the jejunum distal to it, also to the stomach and duodenum. The intussusceptions can be asymptomatic externally. The chronic possible outcome however can be slow weight loss, loss of appetite, nausea and regurgitation. These signs may suggest intestinal intussusceptions and the possibility of which should not be ignored.

Conflicts of Interest

None.

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