Article

PAMJ Clinical Medicine

Images in clinical medicine

Trans-anal prolapsed gangrenous intussusception in infant

Ayman Elhosny, Behrouz Banieghbal

Corresponding author: Ayman Elhosny, Paediatric Surgery Department at Tygerberg Children´s Hospital, Faculty of Medicine & Health Sciences, Stellenbosch University, Cape Town, South Africa. ayman.elhosny@gmail.com

Received: 27 Aug 2020 - **Accepted:** 12 Nov 2020 - **Published:** 13 Nov 2020

Keywords: Trans-anal, rectal, prolapse, intussusception, gangrenous, infant

Cite this article: Ayman Elhosny et al. Trans-anal prolapsed gangrenous intussusception in infant. PAMJ Clinical Medicine. 2020;4(95). 10.11604/pamj-cm.2020.4.95.25780

Available online at: https://www.clinical-medicine.panafrican-med-journal.com//content/article/4/95/full

Trans-anal prolapsed gangrenous intussusception in infant

Ayman Elhosny[1,&], Behrouz Banieghbal[1]

[1]Paediatric Surgery Department at Tygerberg Children´s Hospital, Faculty of Medicine & Health Sciences, Stellenbosch University, Cape Town, South Africa

[&]Corresponding author

Ayman Elhosny, Paediatric Surgery Department at Tygerberg Children´s Hospital, Faculty of Medicine & Health Sciences, Stellenbosch University, Cape Town, South Africa

Image in medicine

A 4-months-old boy who was previously well, was referred from a primary health service with 4 days history of progress non-bilious vomiting and rectal prolapse. The infant looks dehydrated, lethargic and irritable. In abdominal examination was essentially normal but rectally revealed prolapse gangrenous mass with a gap between the prolapse part and the anus, which allow the examining finger to pass between it. These findings were consistent with diagnosis of prolapse intussusception (A). Urgent laparotomy was undertaken with extended right hemicolectomy after excision of the gangrenous bowel. Ileo-sigmoid colon anastomosis was performed. It is important for clinicians to know “how to

differentiate between the rectal prolapse that should be reduced manually in contrast to prolapsed intussusception which requires laparotomy"? This is simply done by rectal examination (B,C). This permits the treating doctor to swiftly decide on proper treatment preference.

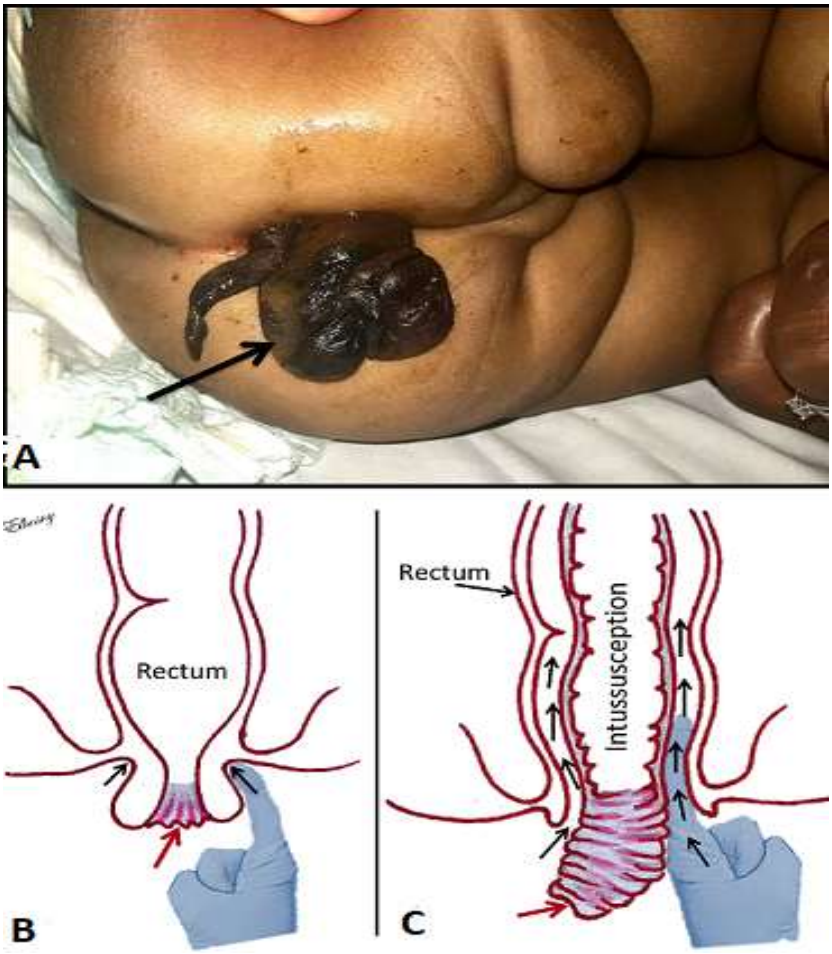

Figure 1: (A) trans-anal prolapsed gangrenous Intussusception (black arrow); (B, C) schematic representations show the clinical findings to differentiate between the rectal prolapse and prolapsed Intussusception: (B) rectal prolapse; straight section of the rectum is prolapsed with an outward appearance of anal crypts (red arrow) and no gap between the prolapsed part and the anus (black arrows); (C) prolapsed Intussusception; the prolapsed part curves due to mesenteric traction (red arrow) as well as a gap on the side of the prolapsed part and the anal verge, which allows for the examining finger to pass in between the two structures (black arrows)