

Endoscopy is important in the management of jejunogastric or jejunojejunogastric intussusception

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Dear Editor,

Re: Endoscopy is important in the management of jejuno gastric or jejunojejuno gastric intussusception

I read the report by Makni et al (1) with great interest. The authors described a 65-year-old man with previous gastric surgery presented with a retrograde jejuno gastric intussusception (JGI). No enhancing abnormality of the intestinal wall was noted on the pre-operative computed tomography (CT). At the time of emergency laparotomy, after manual reduction of the intussuscepted loop, another segment of jejunum was noted to be telescoping within the loop. No intestinal resection was undertaken. Whether any jejunal pathology was actively looked for was not mentioned.

I would like to make two comments. Firstly, I would suggest that the condition should be more appropriately named retrograde jejunojejuno gastric intussusception. Secondly, the authors described a number of functional and mechanical factors for the development of this condition. However, a lesion of the jejunal wall was not mentioned as a possible factor. In contrast to childhood intussusception, adult intussusception has a demonstrable pathology as a lead point in 70% to 90% of cases (2). Such a lesion may be small and may not be visible on the pre-operative CT. It may also be not easily palpable during operation either because it is small or is soft in consistency or because the gut has become oedematous as a result of intussusception. I have previously described the use of intra-operative peroral endoscopy in a patient with jejunojejuno gastric intussusception (3). A 2cm x 1cm polyp, subsequently confirmed to be a lipoma, was found in the jejunum on endoscopy. If left untreated, such pathological lead point may result in recurrent intussusception. Intra-operative instead of post-operative endoscopy is indicated as it would obviate the need for a second operation in case the lesion could not be dealt with endoscopically.

References

1. Makni A, Rhaiem R, Maghrebi H, Haddad A, Ben Safta Z. Jejuno gastric intussusception: shall we think about it? ANZ J Surg. 2019;89(6):770-2.
2. Azar T, Berger DL. Adult intussusception. Ann Surg. 1997;226(2):134-8.
3. Wong KH, Chu KM. Retrograde jejunojejuno gastric intussusception. Gastrointest Endosc. 2004;59(4):544.