

INTUSSUSCEPTION DUE TO ECTOPIC PANCREATIC TISSUE IN A NINE – MONTH – OLD CHILD*

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SUMMARY: Salman B, Beşbaş N, Coşkun T, Yılmazbayhan D, Sarıalioğlu F. (Departments of Pediatrics, Hacettepe University Faculty of Medicine, Ankara, and Diyarbakır State Hospital, Diyarbakır, Turkey). Intussusception due to ectopic pancreatic tissue in a nine-month-old child. Turk J Pediatr 34: 255-258, 1992.

Ileo-colic intussusception was diagnosed in a nine-month-old male infant who presented with abdominal distention, irritability, and bilious vomiting. After reduction of the invaginated segment, a mass measuring one cm was palpated at the antimesenteric border of the terminal ileum. Pathological examination of the mass revealed ectopic pancreatic tissue, which most likely caused the intussusception. *Key words: intussusception, ectopic pancreas.*

Intussusception, the most common cause of acute abdomen in children under one year of age seldom results from recognizable lesions^{1,2} such as Meckel's diverticulum, ectopic pancreatic tissues, polyps, enterogenous cysts, or tumors, which are generally observed in patients over one year of age³⁻⁵.

In this paper, we report a case of Intussusception caused by ectopic pancreatic tissue with the aim of stressing the possibility of its occurrence even in a nine-month-old infant.

Case Report

A nine-month old boy was admitted with complaints of abdominal distention, Irritability and bilious vomiting which began two days prior to admission. The patient was found to be dehydrated at the time of admission. A sausage-like mass was easily palpable in the right lower quadrant of the abdomen.

Following digital rectal examination, a strawberry jelly-like stool discharged through the anus. Plain abdominal radiographs revealed wide-based air-fluid levels with intestinal loops over the bony pelvis.

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The patient was hospitalized with the diagnosis of intussusception. The hemoglobin level, white blood cell count and routine urinalysis were all within normal limits. Blood biochemistry revealed hyponatremia with a serum Na^+ level of 126 mEq/L. Because of wide-based air-fluid levels, reduction of the invaginated intestinal segment by barium enema was not attempted, and surgical treatment was planned. Following fluid and electrolyte replacement, an emergency laparotomy was performed through a transverse abdominal incision and an ileo-colic intussusception was detected. Intussusception located in the mid-transverse colon was easily reduced. After reduction of the ileo-colic intussusception, a mass measuring one cm in diameter and located at the antimesenteric border of the terminal ileum and ten cm proximal to the ileo-cecal valve was discovered (Fig. 1). Although the reduced intestinal segment was in good



Fig. 1: Macroscopic appearance of the resected intestinal segment. Note the nodule located at the antimesenteric edge of the small intestine.

condition, a resection and anastomosis were performed to remove the mass. The pathological examination of the specimen revealed the mass to be composed of acini, ductuli and islands of Langerhans consistent with the histological appearance of pancreatic tissue (Figs. 2, 3). The postoperative course was uneventful.

Discussion

Only two to eight percent of intussusceptions is the result of a recognizable cause², which is usually encountered in patients over one year of age^{3,4}. Although



Fig. 2: Microscopic appearance of the intestinal mucosa with underlying lymphoid hyperplasia and ectopic pancreatic tissue (H.E. x 32).

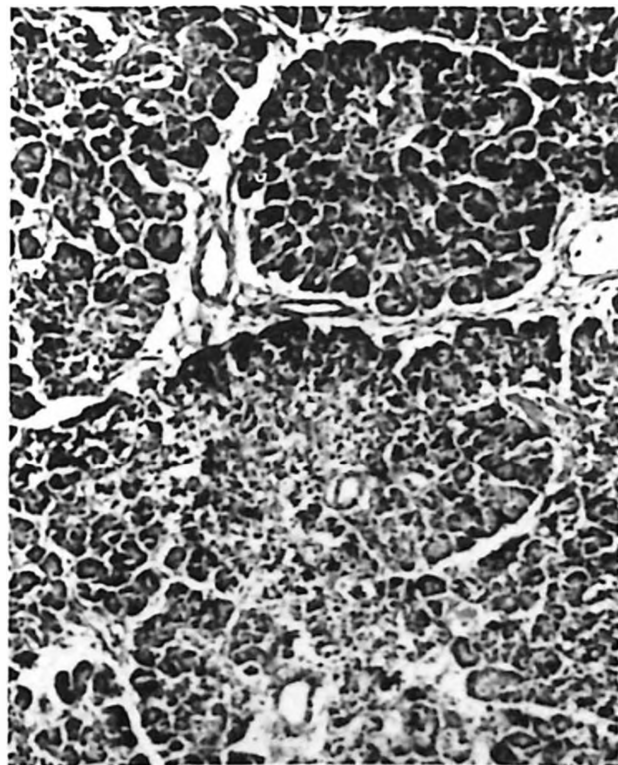


Fig. 3: Microscopic appearance of the nodule. Note the typical structure of the pancreas with acini, ductuli and islands of Langerhans (H.E. x 125).

reports of many large patient series have listed various recognizable causes, ectopic pancreatic tissue is rarely included^{2,5}.

In the case presented, the small-sized mass, which could hardly be palpated because of intestinal edema, urged us to perform a resection and anastomosis. Subsequent microscopic examination of the specimen revealed ectopic pancreatic tissue.

In the light of the findings regarding this patient, we conclude that in young infants who generally suffer from idiopathic intussusception, the proximal intestine should be examined carefully, even if manual reduction is easily accomplished.

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