

INTUSSUSCEPTION FOLLOWING CAESEREAN SECTION

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Introduction

Intussusception after caeserean section has not been reported in literature.

CASE REPORT

Mrs. D., aged 25 years, primigravida, was admitted on 7-7-82 at 36 weeks of pregnancy. She had constipation for 4 days at the time of admission, but the constipation was not absolute. She was having intermittent colicky pain in the epigastrium.

On abdominal examination uterus was 36 weeks. Presenting part was breech. F.H.S. was present. Normal intestinal sounds were heard.

On 25-7-82, the patient had cord prolapse in the ward. Immediately caesarean section was done. A deeply asphyxiated preterm male child was extracted. The baby was resuscitated and revived. Post-operatively the patient

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was managed with nasogastric aspiration and I.V. fluid for 48 hours. After 48 hours, intestinal motility returned. Abdomen was soft and patient passed flatus. The aspiration was discontinued. The patient remained well for 24 hours and was on oral fluid. On 30-7-82, patient had abdominal distension with billious vomiting. Her bowel sounds were exaggerated. She was again put on nasogastric aspiration and I.V. fluids with a tentative diagnosis of "Post-operative intestinal obstruction." An ill defined lump was palpated in the right lumbar and iliac region lateral to the site of incision.

Straight X-ray of abdomen in erect posture showed multiple fluid levels. She was operated for the second time on 2-8-82. An ileo-ileal intussusception was encountered 4 ft. proximal to ileocaecal junction. The intussusception was resected and ileo-ileal anastomosis was done. There was no evidence of Meckel's diverticulum or any tumour in the lumen of the gut, nor was there any obstruction distal to the site of intussusception. The abdomen was closed in layers. Patient was kept on nasogastric aspiration and fluids postoperatively.

See Fig. on Art Paper II