

RETROGRADE JEJUNOGASTRIC INTUSSUSCEPTION—A RARE COMPLICATION OF PREGNANCY

by

A. K. SHARMA*

B. SINGH*

J. AGARWAL**

and

A. K. PENDSE***

Introduction

Retrograde intussusception is a rare complication of gastric surgery. Its importance lies in the fact that an acute form is almost invariably fatal unless treated surgically (Conklin and Markowitz, 1965). First authentic case of such a complication was reported by Steber in (1917). We are reporting a case of acute retrograde jejuno-gastric intussusception associated with and probably precipitated by pregnancy.

Case Report

Patient F., 38 years was admitted for pain in abdomen-2 days, vomiting and constipation-1 day. She was also having amenorrhoea of 6

months duration. About 2 years back she had been operated for pyloric stenosis for which retrocolic isoperistaltic posterior gastrojejunostomy was done. There was generalised tenderness in the abdomen but there was no rigidity or guarding. Uterus was 24 weeks size, foetal movements and foetal heart were present. Rectal examination did not reveal any surgically significant finding. She was put on conservative line of management, with nasogastric decompression, I.V. fluids, and antibiotics. For the first 3 days she was passing flatus as well as motion. Ryles tube suction was 1500 cc. on an average daily. On fourth day of admission she developed absolute constipation with silent abdomen. Immediate exploratory laparotomy was done. Exploration revealed that the efferent loop of previous gastrojejunostomy was entering into the stomach through the stoma of anastomosis. The gravid uterus was occupying the lower part of the abdominal cavity and was pushing the abdominal contents upward.

Intussusception was reduced manually. There was no gangrene of any part of the intussusceptum.

From: R.N.T. Medical College, Udaipur-313 001.

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