

Spontaneous acute intussusception in a pregnant woman: Diagnostic traps and management difficulties

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Acute intussusception in adults is rare and particularly so in pregnant women. Its incidence ranges from 0.067% to 0.0015%. The non-specific presenting symptoms may be attributed to the pregnancy itself, making the diagnosis difficult. When it happens, however, it causes considerable morbidity and mortality for the pregnant woman and the fetus. In adults, such intussusceptions are mainly secondary to an intestinal disease and frequently a tumor. We present the case of a 21-year-old pregnant woman at nine weeks of gestation, gravida one para

one, without medical history, was admitted with sudden start, permanent and paroxysmal pelvic pain two days prior to admission associated with rectorrhagia. She denied metrorrhagia, nausea, vomit, constipation or fever. The abdominopelvic ultrasound examination found an evolutive pregnancy at nine weeks of gestation with adnexal mass with ring of fire sign and a small amount of fluid in the cul-de-sac. An emergency surgery was performed by laparoscopy. Histology of the resected bowel segment ileocecal intussusceptions without evidence of malignancy. In summary, intussusception in pregnancy is a rare condition. The combined expertise of the obstetrician, radiologist, and surgeon are needed to manage the pregnant patient.

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