

A Rare Cause of Acute Abdomen in an Adult Burn Patient: Jejunio-Jejunal Intussusception

To the Editor:

Small intestine intussusception is a rarely occurring clinical condition with symptoms of intestinal obstruction such as abdominal pain, vomiting, rectal bleeding, and feeding intolerance.¹⁻⁵ It most commonly develops in children younger than two years of age.² In adult patients, intestinal intussusception commonly manifests with abdominal pain alone. Other findings are not usually encountered or too insignificant to suggest it.²⁻⁴ In spite of the low incidence of intestinal intussusception in burn patients, it requires emergency laparotomy to open intestinal obstruction; otherwise, bowel ischemia, necrosis, and perforation may develop.

A 25-year-old woman was admitted to our burn unit after sustaining a 20% TBSA burn. She had been burned about 30 days earlier, when pouring fuel into a burning stove in Syria. Systemic infection treatment and meticulous wound care were started immediately after the hospitalization. Three days later, severe epigastric pain, nausea, and vomiting developed. A few hours later, epigastric tenderness and rebound tenderness were detected. There was nothing found remarkable on the laboratory analyses and direct abdominal radiography. An abundance of free fluid appeared in both lower quadrants of the abdomen in the abdominal ultrasonography. Abdominal computerized tomography showed edematous enlargement of all segments of the small intestinal wall and proximal jejuniojejunal intussusception at the left abdominal quadrant. As a result of these findings, the patient underwent an urgent laparotomy and intestinal intussusception was detected. As ischemia and necrosis were observed at the antimesenteric side of the small

intestinal wall, approximately 15 cm of the segment was resected and end to end anastomosis was performed. Skin grafting was subsequently performed for the coverage of her burn wounds.

In conclusion, intestinal intussusception may occur as a rare emergency situation in adult burn patients as well as in children. The burn surgeon should keep in mind that clinical suspicion for it in a patient with severe abdominal pain is crucially important to facilitate urgent diagnosis and to avoid life-threatening complications of mechanical obstruction.

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