IMAGE

Multidetector computed tomographic findings in jejunogastric intussusception

A 65-year-old man presented with an episode of massive hematemesis. He gave a history of previous gastric surgery for peptic ulcer disease. Examination revealed an ill-defined mass in the left hypochondrium. A multidetector computed tomography (MDCT) revealed a post-gastrojejunostomy status. Nearly the entire mesentery along with the accompanying jejunal loops were noted to lie within a dilated stomach suggestive of jejuno-gastric intussusception (Figs. 1,2). The patient underwent emergency surgery which confirmed jejunogastric intussusception, and about 60 cm of gangrenous jejunum, which was within the stomach, was resected.

Jejunogastric intussusception is a rare cause of hematemesis. Five types of jejunogastric intussusception have been described,¹ viz: a) antegrade invagination of the afferent loop, b) retrograde invagination of the efferent loop, c) combined afferent and efferent loop invagination, d) combined afferent and efferent loop plus an extra jejunal loop invagination, and e) invagination through a Braun side-to-side jejuno-jejunal anastomosis.¹ In our case, almost the entire proximal mesentery and accompanying jejunal loops were found invaginating into the stomach. An important role for CT is to define the type of intussusception and assess the viability of the invaginated bowel loop.

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Reference

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Fig. 1 Contrast MDCT study of abdomen reveals post gastrojejunostomy status with invagination of the entire proximal mesentery and jejunal loops into the stomach (white arrow)

Fig. 2 Coronal reformatted MDCT reveals enterogastric intussusception (white arrow). The duodenum and pylorus are seen (white arrow head)