

## Ileo-ileal Intussusception Secondary to Meckel's Diverticulum Presenting as Small Bowel Obstruction in Children: A Case Report

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### Abstract:

**Introduction:** Intussusception is one of the most common causes of acute abdomen and intestinal obstruction in children, typically occurring between 6 months and 3 years of age. While most pediatric cases are idiopathic and ileocolic in nature, small bowel intussusception is rare, and when present, often suggests an underlying pathological lead point. Meckel's diverticulum, the most frequent congenital anomaly of the gastrointestinal tract, can rarely act as a lead point for small bowel intussusception in children. This case highlights a rare presentation of ileo-ileal intussusception secondary to Meckel's diverticulum in a pediatric patient.

**Materials and Methods:** A 6-year-old male child presented to the pediatric emergency department with complaints of intermittent abdominal pain, non-bilious vomiting, and decreased appetite for the past 24 hours. There was no history of rectal bleeding or prior abdominal surgeries. Physical examination revealed mild abdominal distension with tenderness in the periumbilical region and sluggish bowel sounds. Laboratory investigations were unremarkable. An abdominal ultrasound showed a "target sign" in the mid-abdomen, raising suspicion for intussusception. A subsequent contrast-enhanced computed tomography (CECT) scan confirmed an ileo-ileal intussusception. The child was scheduled for emergency exploratory laparotomy due to signs of bowel obstruction and failed non-operative reduction.

**Results:** Intraoperative findings revealed an ileo-ileal intussusception approximately 50 cm proximal to the ileocecal junction. A Meckel's diverticulum was identified as the lead point. The affected bowel segment was ischemic and was resected along with the diverticulum, followed by end-to-end anastomosis. The child tolerated the procedure well and had an uneventful postoperative recovery. Histopathological analysis confirmed Meckel's diverticulum with heterotopic gastric mucosa and no evidence of malignancy.

**Discussion:** Although most cases of intussusception in children are idiopathic, particularly ileocolic, the presence of a pathological lead point should be considered in children older than 2 years or in