Intussusception: Highlighted Aspects

Intussusception is a clinical disorder characterized by the telescoping of a proximal part of the bowel into its distal part. The point that invaginates into its adjacent part is known as the "Intussusceptum" (also referred to as the lead point), while the distal segment that receives the folding is known as the "Intussuscipien". This is one of the most important causes of acute abdomen in children, particularly infants and toddlers (3 months - 3 years), however it is a rare condition in adults and brings about a variety of symptoms and patterns; be it acute, intermittent, or chronic. This disorder particularly triggers worrisome matters that are deemed target worthy in the clinical setting. One of these matters is managing the possible shock that comes about with the excessive compromise of the mesenteric blood supply, which ends up thickening the intestinal wall leading to fatal complications of ischemia and perforation. Intussusception's diagnostic approach also happens to be its therapeutic approach, which is non-operative reduction (be it air or barium enema). The recurrence risk of Intussusception is one that demands a cautious observation in an in-patient setting, as the reduction management helps in limiting said risk allowing the recurrence to alter between 24 and 48 hours onwards. In recent years, there has been a presentation of this disorder in children who were provided with the Rotavirus vaccine bringing about different post-marketing surveillances to understand the possible risks of developing Intussesception. Along with the general overview on the topic of Intussusception the following highlights will be included: an emphasis on the potential complications of Intussesception, its distinguishing presentation between children and adults, favoring air over liquid enema in reduction management, and Intussesception's increasing risk if/when the Rotavirus vaccine is given.

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