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Jejunojejunal Intussusception- A rare complication of Feeding Jejunostomy

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Clinical Image

After a month of corrosive consumption, a 35-year-old male patient was taken to the hospital with complaints of total dysphagia. The feeding jejunostomy was created by using the Whitzels technique and a 14 Fr nasogastric tube. After initiating the feeds through FJ, the patient was discharged. Three months later, the patient complained of colicky stomach pain and distension. The patient's relatives reported that the feeds are being obstructed. Contrast-enhanced Computed Tomography scan (CECT) abdomen was performed with the clinical diagnosis of intestinal obstruction. CECT revealed a target sign suggestive of jejunojejunal intussusception around the FJ tube (Figure 1). A 15 cm long intussusception that was 10 cm distal to the Fj fixation was discovered during exploration (Figure 2), and the tip of the Fj tube was found to be the lead point. Intussusception was reduced. Postoperatively, the patient had an uneventful recovery and tolerated jejunostomy feeds.

Jejunojejunal intussusception is a relatively rare complication that requires a high index of suspicion. Therefore, if a postoperative patient with FJ presents with intestinal obstruction, it is important to consider this rare possibility. CECT is quite sensitive for diagnosing intussusception. All patients who do not respond to expectant treatment require surgical intervention.



Figure 1: CECT revealed a target sign suggestive of jejunojejunal intussusception around the FJ tube (black arrow).

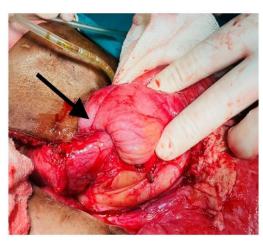


Figure 2: Jejunojejunal intussusception around the Fj tube on exploration (black arrow).

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