



Air enema reduction of intussusception: is duration of symptoms a prognostic indicator?

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Background

- Intussusception is the most common abdominal surgical emergency in infants and toddlers
- Incidence: 1-4 per 2,000 infants and children.
- If there are no contraindication *non operative* pneumatic or hydrostatic enema can be performed.
- The purpose of this study was to to identify if duration of symptoms are predictive factor for enema reduction outcome.





Pneumatic reduction advantages:

- cost-effective
- quick to perform;
- lower radiation dose compared with hydrostatic reduction;
- higher success rate.





Duration of symptoms has been reported to be a significant predictor of outcome.



Many authors suggest that duration of symptoms >48h Should be considered high risk for failed pneumatic reduction



Methods

- Pneumatic reduction performed between January 2011 to December 2021
- Retrospective analysis of medical records in our database
- BSPR guidelines
- Sedation and antibiotics not routinely used.



Methods

• The criteria for successful reduction was demonstrated fluoroscopically with reflux of air into the small bowel.



• All patients in whom pneumatic reduction failed underwent surgery.

Results

- 100 patients satisfied the inclusion criteria and were enrolled in the study.
- Median age 10 months
- Duration of symptoms: median 24 hours
- Predominantly ileocolic.

REDUCTION RATE





Results

| Findings | Number of patients = 34 |
|---------------------------------|-------------------------|
| | |
| Ileo-ileo colic intussusception | 2 |
| Colo-colic intussusception | 1 |
| Ileocolic intussusception | 14 |
| Meckel diverticulum | 7 |
| Polyps | 4 |
| Other causes | 6 |

Results

| Outcome | Duration of symptoms average |
|---------|------------------------------|
| Success | 50.35820896 |
| Failure | 48.57575758 |

No difference was found in duration of symptoms between children with successful outcome (median 24 hours, IQR 24 – 72, range 4 – 240) and those with failed reduction (median 32 hours, IQR 24 – 72, range 7 – 168), p 0.408.

Conclusions

- The number of procedures has decreased over the 11 year period.
- Overall good successful rate in agreement with international standard.
- Failed procedures were associated with negative prognostic factor.
- 7 on 8 recurrences were successfully treated with a new attempt of air enema in agreement with literature.

Conclusions

Intussusception reduction should be considered in all patients presenting with intussusception, if absolute contraindications are not present.

Thank you for the attention!

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