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Hepaticojejunal Intussusception After Pancreatoduodenectomy

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1. Clinical Image

Intussusception after pancreatoduodenectomy is exceedingly rare with only four cases reported in the literature [1-4]. Three cases of jejunogastric intussusception and one case of jejunojejunal intussusception. Three cases presented with intussusception in late postoperative period after nine [3], 18 [2] and 60 months [4] after primary operation and one case of acute jejunogastric intussusception on the 6th postoperative day [1]. We present a unique case of acute intussusception in the hepaticojejunostomy leading to persistent jaundice. A 81-year-old man presented with a two weeks history of jaundice. CT scan showed a 3 cm tumor in the head of the pancreas with dilatation of the main pancreatic duct and the biliary tree. No vascular invasion or distant metastases are observed. Multidisciplinary team decided for upfront surgery. An open pancreato-duodenectomy with isolated pancreatic loop was performed as previously reported by our team [5]. Patient recovery was uneventful, and he was discharged on the 8th postoperative day. Five days after discharge the patient presented recurrence of the jaundice. He then underwent MRI with cholangiogram that disclosed an intussusception of the jejunum at the level of the hepaticojejunostomy (Figure 1). He was then conservatively treated with ursodeoxycholic acid and anti-spasmodic drugs with full recovery.

Surgical treatment is often necessary in cases of intussusception. In all reported cases the definitive treatment was surgical exploration with resection of the jejunum and stomach [1, 3], total pancreatectomy [4] or reduction of the intussuscepted loop [2]. However, in our case the reconstruction of the alimentary tract was different, and we used two jejunal loops [5]. Therefore, the intussusception attained only the hepaticojejunostomy and its progression was halted by the bile duct, making this acute complication a limited one. In conclusion, intussusception after pancreatoduodenectomy is rare but is a cause of acute complications that may lead to reintervention. Its incidence is unknown and probably under diagnosed and several patients may be oligosymptomatic. In some situations, treatment can be conservative but surgical exploration is mandatory if symptoms recur.

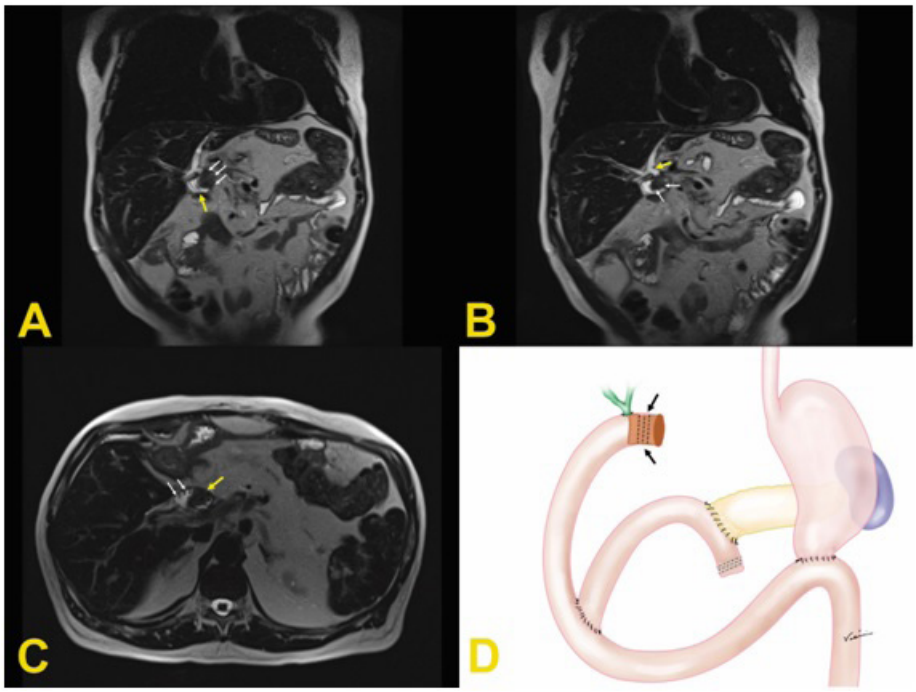

Figure 1: MRI shows hepatico-jejunostomy intussusception

A. MRI coronal view shows distal part of jejunum (white arrows) intussuscepted through jejunal loop (yellow arrow).

B. MRI coronal view shows distal part of jejunum (white arrows) intussuscepted causing biliary tree dilation (yellow arrow).

C. MRI axial view shows distal part of jejunum (yellow arrow) intussuscepted through jejunal loop (white arrows).

D. Schematic drawing of double jejunal loop technique for reconstruction of the alimentary tract after pancreatoduodenectomy. Distal part of jejunum is intussuscepted through jejunal loop (black arrow)

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