

Retrograde Jejunogastric Intussusception: A Rare Complication of Gastric Surgery

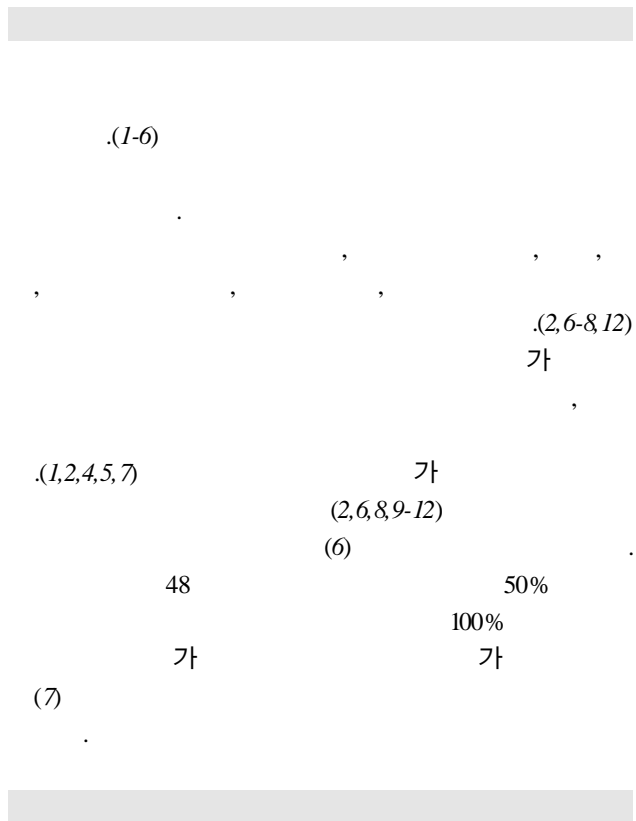
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Retrograde jejunogastric intussusception is a rare complication of gastric surgery. We report a case of retrograde jejunogastric intussusception that developed after a gastric resection. The patient was a 62 years old female patient who complained severe epigastric pain, vomiting and hematemesis. She had a gastric resection and Billroth II anastomosis performed using the Braun procedure 6 months prior because of early gastric cancer. At the time of admission, the plain abdomen revealed an ileus change, but the vital signs and symptoms had worsened. An emergency operation was therefore performed and a strangulated retrograde jejunogastric intussusception of efferent loop was discovered. Surgical management consisted of a segmental resection of the jejunum. It is recommended that treatment be done as early as possible in order to prevent a strangulation of the invaginated segment. This case illustrates the rare complications of a type 2b retrograde jejunogastric intussusception that developed more than 6 months after a gastric resection and a Billroth II anastomosis using the Braun procedure. (J Korean Surg Soc 2002;62:508-511)

Key Words : Gastrectomy, Jejunogastric intussusception, Billroth II anastomosis

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62 (2001 2) (stage
 Ia) Billroth II Braun
 3 4 200 cc
 L-
 1
 400 cc
 180/100 mmHg, 104 / ,
 38.5°C
 15×8 cm 가
 15.6×
 10³/uL, 11.5 g/dl, BUN 44 mg/dl, creatinin 1.1

mg/dl CRP가 1.030 가 (Fig. 2). 2.5×2.9 cm L-
 132 mEq/L 가 (Fig. 1). QT ST X- 가
 가 X- 가 Braun Billoth II 가
 (Fig. 1). X- (Fig. 3A, B). 가

(bezoar)

가



Fig. 1. Simple abdomen. Ileus change of small bowel at central portion of abdomen.



Fig. 2. Abdominal USG. Inhomogenous echoic round mass (2.5 × 2.9 cm).



Fig. 3. (A) Gross finding. Strangulated retrograde jejunojejunal intussusception is seen. (B) Strangulated jejunal segment was resected.

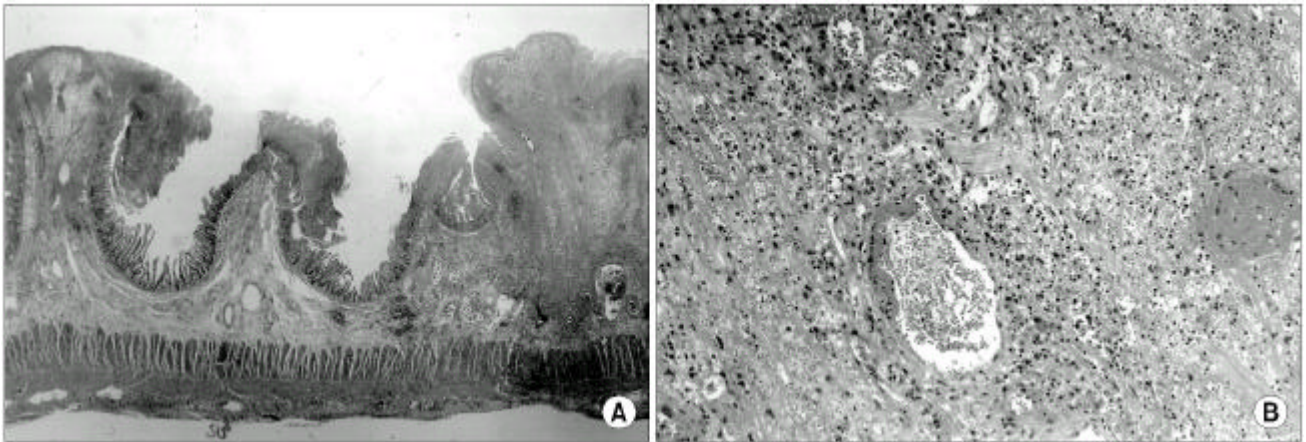


Fig. 4. (A) Microscopic finding. Markedly congested necrotic change of mucosa. (H&E stain, × 100). (B) Specimen shows markedly acute inflammatory change, congestion and necrosis. (H&E stain, ×400).

(Fig. 4A, B).

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