Small Bowel Intussusception in Celiac Disease: Revisiting a Classic Association

A 4-year-old female presented with acute periumbilical pain, distension, and bilious emesis. She had an upper respiratory infection 2 weeks before admission, but was without prior gastrointestinal or cutaneous symptoms. Her examination was notable for a distended abdomen with diffuse epigastric tenderness. An abdominal radiograph suggested a small bowel obstruction, and a computed tomography scan (Fig. 1) confirmed multiple dilated loops of small bowel, ascites, and an enlarged, fluid-filled enhancing appendix. At exploratory laparoscopy, she had 6 discrete small bowel intussusceptions (Fig. 2) that were easily reduced and a normal appendix. Subsequent celiac serological testing (tissue transglutaminase >100) and endoscopic biopsies were diagnostic.

Intussusception is a common cause of bowel obstruction in children, and is often idiopathic. Children with cystic fibrosis, familial polyposis, Crohn disease, and celiac disease are at higher risk (1,2). Reported cases of intussusception in celiac disease suggest that it may be asymptomatic, transient, and limited to the small intestine, and rarely requires surgical intervention (3); however, enteropathy-associated T cell lymphoma should be considered in the differential diagnosis.

Proposed causes include diffuse inflammation and wall thickening, which lead to hyperperistalsis and increased dilatation of the proximal small bowel, or in combination with a focal lead point in lymphomas (4). As such, evaluation for celiac disease may be indicated in patients with single or multiple intussusceptions in the absence of another high-risk disorder.

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The authors report no conflicts of interest.

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REFERENCES

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