Addressing Challenges in The Management of Paediatric Intussusception in The District Hospital

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Background

The problem

Management options

• Operative

• Non-operative
  – Pneumatic (Abantanga et al 2008)
  – Hydrostatic( Mensah et al 2011)

Challenges in the district setting

  – Radiologists, paediatric surgeons
  – Logistics- fluoroscopy, ultrasound
  – Patient factors
Aim

- To identify a cost effective way of managing paediatric intussusceptions in under resourced centers
Methodology

• Retrospective review of consecutive cases of intussusception managed in the Holy Family Hospital Techiman from 2008-2013
• 19 cases reviewed: 15 had operative, 4 pneumatic reduction
• Selection Criteria
  • **Monitoring of Reduction Via NG tube**
Methodology

- Catheter inflated with 30-40ml air
- Connect to hand bulb and aneroid gauge
- Strap gluteal folds together
- Air insufflated to max120mmHg
- THE WAIT......
Methodology
Results

• Age distribution – 3-12 months with a mode of 5-6 months
• Sex : M:F = 1.7:1
Results

Days Before Intervention

- Frequency
Intra-operative findings: Yes or No Resection

![Bar chart showing intra-operative findings for ileo-caecal and ileo-colic resections.

- For 'No' resection:
  - ileo-caecal: 7
  - ileo-colic: 3

- For 'Yes' resection:
  - ileo-caecal: 4
  - ileo-colic: 7]
Discussion

• Demographics comparable to those reported in the sub region
• Reduced rate of surgical intervention for select number of children
• Mortality remains high for patients with operative intervention

• Limitations
  – Small sample size
Conclusion

• Children with uncomplicated intussusception in the district should not be denied the benefit of pneumatic reduction
• The improvised pneumatic device can be used to achieve reduction in select patients thereby reducing surgical intervention
• Cheap, readily available, easy to assemble no high tech equipment needed, any qualified doctor can use it
THANK YOU