

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

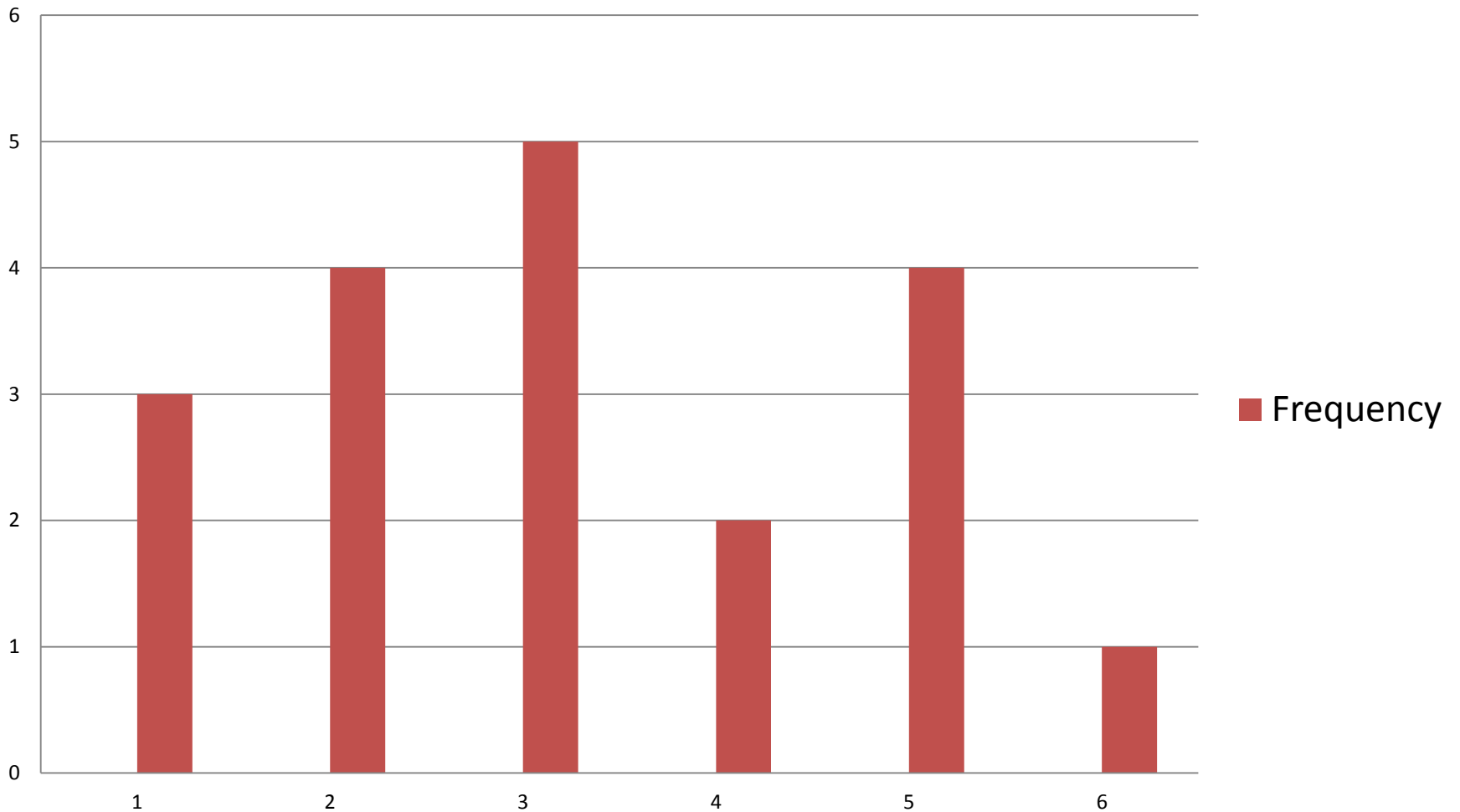


Results

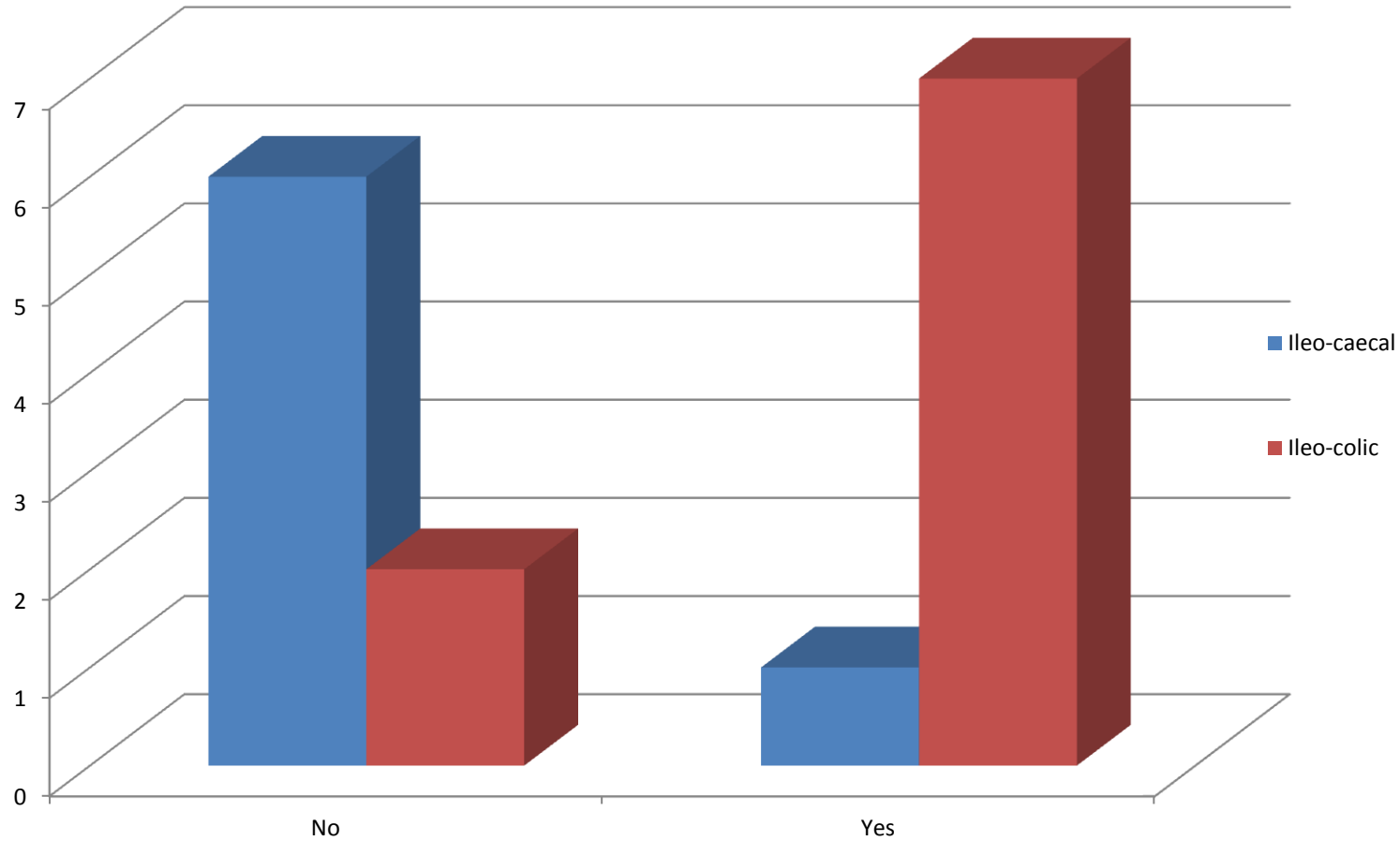
- Age distribution – 3-12months with a mode of 5-6months
- Sex : M:F = 1.7:1

Results

Days Before Intervention



Intra-operative findings: Yes or No Resection



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