Jejunojejunal Intussusception: An Unusual Complication Of Feeding Jejunostomy.

R Lone, M Wani, A AHANGER, A Dar, Z Hussain, M BHAT, G LONE

Citation

Abstract
BackgroundImportance of early postoperative enteral feeding by placement of feeding jejunostomy catheter is widely accepted after oesophagogastrectomy. However very little attention has been paid to the surgical complications and their consequences following feeding jejunostomy. Feeding jejunostomy can lead to serious surgical complications necessitating relaparotomy.Methods150 patients underwent oesophagogastrectomy for carcinoma oesophagus between Jan 2005 to Jan 2008. In all these patients feeding jejunostomy was done at the end of procedure for postoperative enteral feeding. All these patients were prospectively evaluated in the database for surgical complications related to feeding jejunostomy.ConclusionFeeding jejunostomy for enteral feeding after oesophagogastrectomy can lead to severe surgical complications sometimes necessitating relaparotomy. Modifying surgical technique does decrease the incidence of jejunojejunal intussusception. Relaparotomy lead to increased morbidity in these patients.

INTRODUCTION
Feeding jejunostomy is a very frequently performed procedure following oesophagogastrectomy, for early postoperative enteral feeding. Feeding catheter induced Jejunojejunal intussusceptions is an infrequent complication of feeding jejunostomy.

Only case reports has been published about jejunojejunal intussusception following feeding jejunostomy needing relaparotomy. Zahur et al and Tsung-Hsien reported two separate cases of jejunojejunal intussusception from two different hospitals. Our series consists of three cases including one reported by Zahur et al.

PATIENTS & METHODS
Sheri-Kashmir institute of medical sciences is one of referral centres for surgical management of carcinoma oesophagus for the entire state of J&K. In all patients needing Oesophagogastrectomy, feeding jejunostomy was added for early enteral feeding. Patients in our setup cannot afford parentral nutrition due to low socioeconomic status. All these patients who underwent feeding jejunostomy were studied from Jan 2005 to Jan 2008 for surgical complications of feeding jejunostomy.

A total of 150 patients were operated for oesophagogastrectomy. All these patients underwent feeding jejunostomy for early enteral feeding in postoperative period. We start enteral feeding on 2nd post operative day.

Three patients presented with unremitting leakage in 2nd postoperative week at jejunostomy site who did not responded to conservative management. These patients also had abdominal pain and distension. These patients were explored for refashioning of jejunostomy. Jejunojejunal intussusception was found on exploration. Primary reduction of intussusception was done as there were no gangrenous changes in any of the patients.

RESULTS
All the three patients were re-explored for persistent leakage at jejunostomy site. Jejunojejunal intussusception was the operative finding in all the three patients. Patients were managed by primary reduction of intussusception.

Jejunostomy was refashioned in all the three patients. All these patients did well postoperatively and were discharged home. Jejunostomy catheter was removed after two weeks when oral feeds were started. We modified the technique of feeding jejunostomy by wrapping omentum around
jejunojejunal intussusception induced by jejunostomy catheter was first reported radiologically in a series of four patients with small bowel intussusception, three of whom had transient finding of delayed antegrade flow of contrast material. These patients did not have any clinical sign or symptom of intussusception and resolved spontaneously.

Case reports about feeding jejunostomy catheter induced jejunojejunal intussusception has been reported by Tsung-Hsien et al and Zahur et al in 2005 and 2006 respectively.

CONCLUSION

Jejunojejunal intussusception is a very rare complication of feeding jejunostomy which needs vigilant clinical suspicion in a patient of persistent leakage at jejunostomy site.

References
Author Information

Reyaz A Lone, (Mch)
Department Of Cardiovascular And Thoracic Surgery, Sheri-Kashmir Institute Of Medical Sciences Soura Srinager

Mohd Lateef Wani, (MS)
Department Of Cardiovascular And Thoracic Surgery, Sheri-Kashmir Institute Of Medical Sciences Soura Srinager

A G AHANGER, (Mch)
Department Of Cardiovascular And Thoracic Surgery, Sheri-Kashmir Institute Of Medical Sciences Soura Srinager

Abdul Majeed Dar, (Mch)
Department Of Cardiovascular And Thoracic Surgery, Sheri-Kashmir Institute Of Medical Sciences Soura Srinager

Zahur Hussain, (Mch)
DEPARTMENT OF CARDIOVASCULAR AND THORACIC SURGERY, SHERI-KASHMIR INSTITUTE OF MEDICAL SCIENCES SOURA SRINAGER

M A BHAT, (Mch)
Department Of Cardiovascular And Thoracic Surgery, Sheri-Kashmir Institute Of Medical Sciences Soura Srinager

G N LONE, (Mch)
Department Of Cardiovascular And Thoracic Surgery, Sheri-Kashmir Institute Of Medical Sciences Soura Srinager