## Case 13802



### Innate stomach invagination

Published on 08.07.2016

DOI: 10.1594/EURORAD/CASE.13802

**ISSN:** 1563-4086

Section: Abdominal imaging

Area of Interest: Abdomen Gastrointestinal tract

Stomach (incl. Oesophagus) **Procedure:** Contrast agent-oral

Imaging Technique: Conventional radiography
Special Focus: Congenital Case Type: Clinical Cases

**Authors:** Barbara Bonnesen **Patient:** 12 months, male

#### **Clinical History:**

Twin born by caesarean section at gestational age 37+0. Was -35% weight at birth and given gavage due to low blood sugar. Problems with daily vomiting of full meals 2 - 30 min after ingestion. Poor development, did not meet developmental milestones.

#### **Imaging Findings:**

Radiography of the abdomen after ingestion of per oral contrast shows contrast in the fundus and antrum of the stomach, but a void in the area of the corpus of the stomach. Upon closer examination the outline of the stomach seems normal, however, the luminal space is reduce to almost nothing due to invagination.

#### Discussion:

Gastrointestinal invagination/intussusception is a frequent cause of bowel obstruction in young infants [1, 2], and can be treated safely and efficiently using laparoscopy [3]. The disease involves the telescoping of the bowel into itself, usually including both the large and small bowel. The typical age of presentation is between 4 and 10 months. There have been rare reported cases of infants under 2 months of age with intussusception. In most infants, the intussusception involves the ileum invaginating through the ileocaecal valve into the caecum. [4, 5]

Invagination/intussusception of the stomach and oesophagus was first reported in a child in 2004 [6], and invaginations/intussusceptions in this section of the gastrointestinal tract are probably rare. In this child symptoms have been present since birth, and the condition may have been consistent throughout.

**Differential Diagnosis List:** Innate stomach invagination/intussusception, Stenosis, Malrotation, Innate malformation

Final Diagnosis: Innate stomach invagination/intussusception

#### References:

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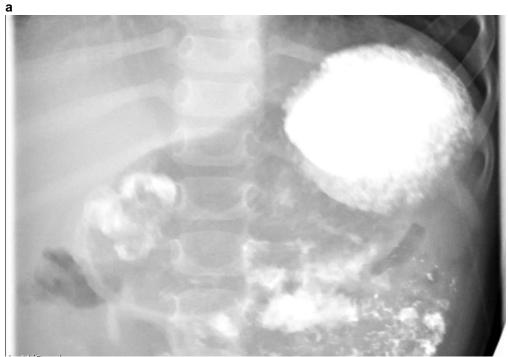
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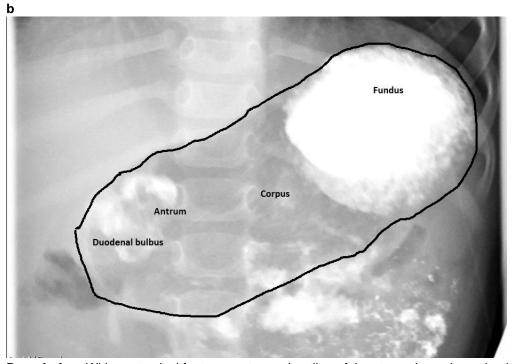
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Lukish JR, Eichelberger MR, Henry L, Mohan P and Markle B. (2004) Gastroesophageal intussusception: a new cause of acute esophageal obstruction in children. J Pediatr Surg 39(7):1125-7 (PMID:15213914)

# Figure 1



**Description:** Invagination of the stomach as shown by conventional radiography with oral contrast. **Origin:** Department of Radiology, Hvidovre University Hospital, Copenhagen, Denmark



**Description:** With anatomical features notes and outline of the stomach as shown by the black line. **Origin:** Department of Radiology, Hvidovre University Hospital, Copenhagen, Denmark