

Retrograde Jejunogastric Intussusception of Efferent Limb Post Whipple Procedure

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Case 1

54F presented with epigastric pain and hematemesis.

BG: Robotic Whipple procedure and staple gastrojejunostomy 14 months prior for distal cholangiocarcinoma.

Emergency laparotomy revealed an irreducible intussuscepted efferent limb (Figure 1). A gastrotomy was made to allow the ischemic intussusceptum to be stapled intra-gastrically and the remaining intussuscepted jejunum to be reduced. The efferent limb was revised with a side-to-side handsewn anastomosis.

Figure 1



Case 2

59M presented with abdominal pain and hematemesis.

BG: Open Whipple procedure for PDAC 5 years earlier. Retrocolic Roux-en-Y gastroenterostomy and a Braun enterostomy.

A laparotomy showed that the distal small bowel had intussuscepted proximally into the Braun enterostomy. The Braun enterostomy and gastrojejunostomy were resected and a 2 layered handsewn Roux-en-Y gastrojejunostomy with a stapled entero-enterostomy was fashioned.