**A CASE OF TRAUMATIC INTUSSUSCEPTION**

**Introduction**

Intussusception is a life-threatening condition in which a segment of the intestine telescopes into another part. Early diagnosis results in an excellent prognosis, but delays can cause severe complications and death. Causes can be idiopathic, related to certain medical conditions, or secondary to a lead point. Trauma as a cause is rarely mentioned in medical literature, potentially leading to delayed diagnosis by physicians. We report a case of traumatic intussusception that were initially manage in our emergency department.

**Case report**

Following a fall from bicycle, a 6 years old boy presented with right upper abdominal pain. His vital signs were normal and examination was unremarkable except for tenderness over right upper quadrant of abdomen. His serial EFAST were negative and all other blood parameters were normal. Even though he was admitted for observation, he was discharged the following day as his pain subsided. However, on the sixth day post-trauma, he returned to the emergency department with aggravated right upper abdominal pain and vomiting. Examination revealed a sausage shape palpable mass over right upper quadrant but no evidence of peritonism. Ultrasound imaging demonstrated sonographic evidence of a long segment colonic intussusception. The surgical team manage to performed hydrostatic reduction, successfully resolving the intussusception. The child was discharged the following day in excellent condition, with no complication or recurrence observed.

**Discussion**

Traumatic intussusception is a rare occurrence, with few documented cases in medical literature. It may result from an intramural hematoma induced by blunt abdominal trauma. Other potential causes of traumatic intussusception include peristalsis disorders, local spasms, and bowel edema, although in some instances, the exact etiology remains unidentified. Admission for observation, early ultrasound assessment and serial abdominal examination can facilitate prompt diagnosis and timely intervention. Given the potential for delayed presentation in cases of traumatic intussusception, early outpatient follow-up should be considered to avoid missed diagnoses.

**Conclusions**

Although traumatic intussusception is a rare entity, it is imperative for physicians and surgeons to remain vigilant regarding its presence. Early diagnosis is paramount to prevent potential complications, as emergent surgical intervention remains the preferred treatment approach.

**Keyword**

Traumatic intussusception