



MULTIPLE TRANSIENT SMALL BOWEL INTUSSUSCEPTIONS WITH ASCARIASIS IN APLASTIC ANEMIA: A RARE PEDIATRIC IMAGING DIAGNOSIS

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ABSTRACT

We report a case of an 8-year-old male with post-hepatitis aplastic anemia who developed acute abdominal symptoms during hospitalization. Initial ultrasound assessments revealed hepatomegaly, mild ascites, and linear intraluminal echogenic structures consistent with ascariasis. A subsequent contrast-enhanced CT scan identified multiple transient small bowel intussusceptions. Focused ultrasound performed post-CT confirmed the intussusceptions and reaffirmed the presence of helminthic infestation. This case highlights the essential and complementary roles of CT and ultrasound in evaluating acute abdomen in immunocompromised pediatric patients.

KEYWORDS : Aplastic anemia, Small bowel intussusception, Ascariasis, Pediatric radiology, CT imaging, Ultrasound

INTRODUCTION

Aplastic anemia secondary to hepatitis is a rare but important diagnosis in pediatric patients [1]. These children may develop acute abdominal symptoms during their clinical course due to a range of complications, including infections, hemorrhage, or rarely, mechanical obstruction [2]. Radiological evaluation plays a central role in elucidating the etiology. This report presents an unusual case where imaging revealed multiple small bowel intussusceptions and intestinal ascariasis in the background of aplastic anemia.

Case Report

An 8-year-old male child with post-hepatitis aplastic anemia developed progressive abdominal distension during hospitalization. Initial ultrasound examinations revealed hepatomegaly, mild ascites, sluggish bowel peristalsis, and linear intraluminal echogenic structures consistent with helminthic infestation [3]. Notably, the patient also had a documented episode of coughing out a worm during this period.

Subsequently, a contrast-enhanced CT scan of the abdomen was performed, which revealed four transient small bowel intussusceptions (Fig. 1) —three ileoileal and one ileojeunal—without signs of obstruction, ischemia, or identifiable lead point [4]. Additional findings included hepatomegaly, edematous gallbladder, mild ascites, and mesenteric lymphadenopathy.

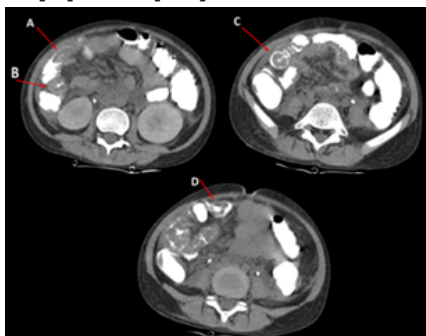


Fig. 1: Axial CT images showing four small bowel intussusceptions with classic target signs (red arrows): A-C: Ileoileal (A, B - right lumbar; C - right iliac fossa); D: Ileojejunal (right paraumbilical).

confirmed the intussusceptions and demonstrated intraluminal, echogenic, tubular structures with posterior acoustic shadowing, consistent with *Ascaris lumbricoides* infestation [5].

These imaging findings highlighted the value of a multimodality radiological approach in detecting concurrent pathologies in immunocompromised pediatric patients [6].

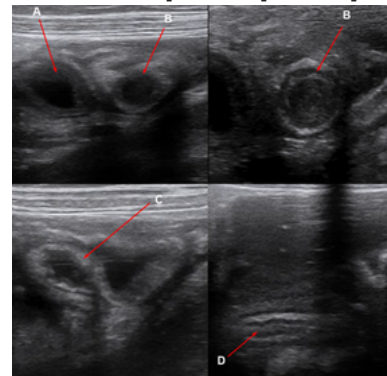


Fig. 2: Ultrasound images of ileoileal intussusceptions & parasitic infestation: A & B: Target signs in the right lumbar region; C: Sandwich sign in the right paraumbilical region. D: Tubular echogenic structure (*Ascaris*) seen in the bowel lumen.

CONCLUSION

Multimodality radiological imaging is crucial in evaluating acute abdominal presentations in immunocompromised pediatric patients. In this case, initial ultrasound examinations suggested helminthic infestation, later corroborated by focused follow-up sonography. CT imaging identified multiple transient small bowel intussusceptions and associated intra-abdominal findings. The integration of CT and ultrasound findings was instrumental in detecting coexisting gastrointestinal pathologies, underscoring the radiologist's essential role in timely diagnosis and guiding clinical care [7].

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A follow-up ultrasound performed after the CT scan (Fig. 2)

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