Diagnosis and management of **ADULT TRANSIENT ENTEROENTERIC INTUSSUSCEPTION**: Computed tomography plays a critical role

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**Background**
- In recent years, there is an emerging concept of transient intussusception – figure 1.
- Transient intussusception previously is thought to be rare, however with progressive use of computed tomography (CT), it has become more common.
- To avoid unnecessary surgery and work up, it is crucial to distinguish transient intussusception from other types of intussusception which are pathological and often require surgical intervention.

**Objective**
- This study aims to report diagnosis and management of adult transient enter enteric intussusception in a single institution.

**Methods**
- This case series reviewed patients with enter enteric intussusception at RBWH from 2010-2019.

**Results**
- There were a total of 27 cases of adult enter enteric intussusception, of which 11 were transient (41%) – figure 3.
- No re-presentation of intussusception after 10-56 months follow-up.

**Conclusion**
- Transient intussusception rate is underestimated. It is transient and of no clinical consequence. Isolated intussusception with no apparent underlying cause and no bowel compromised on CT favours the diagnosis of transient intussusception. Surgery and routine follow-up imaging are not recommended.

**References**