To the Editor: Intussusception and intestinal malrotation are common causes of intestinal obstruction in infants and children. The two conditions may coexist (Waugh’s syndrome) but simultaneous occurrence with midgut volvulus is rare.

A 4-month-old boy presented with a 7-day history of vomiting, passage of bloody mucoid stools and a 3-day history of progressive abdominal distension, fever and difficulty breathing.

Physical examination revealed marked dehydration, pallor and a temperature of 38°C. The heart rate was 140/min and the respiratory rate 42/min. The abdomen was distended and tender but no mass was palpable. Bowel sounds were absent. The anal verge was soiled with bloody mucoid stools. A plain abdominal radiograph was not done as it would have delayed intervention. At laparotomy, the findings were ileoc olic intussusception involving 20 cm of terminal ileum which was gangrenous, intestinal malrotation with duodenojejunal junction on the right of the midline, midgut volvulus of 180° in a clockwise direction, and the caecum and proximal third of transverse colon were gangrenous (measuring 25 cm). The volvulus was derotated and the intussusceptum reduced. The gangrenous terminal ileum and colon up to the proximal third of the transverse colon were resected. The mesentery of the small intestine was widened and an ileostomy and colonic mucus fistula were fashioned. Postoperative recovery was uneventful. Intestinal continuity was restored after 8 weeks and the child has remained well after 2 years.

Intestinal malrotation coexisting with intussusception (Waugh’s syndrome) has been reported; one report noted that intestinal malrotation was present in 40% of patients with intussusception. However, simultaneous occurrence of Waugh’s syndrome and midgut volvulus, as in the present case, is rarely reported. A Medline search up to mid-2006 revealed only 3 previously reported cases.

Since the current preferred treatment for uncomplicated intussusception in infants is non-operative pressure reduction, the possibility of Waugh’s syndrome presents important implications for further evaluation; such infants may need to be evaluated for intestinal malrotation after successful pressure reduction. However, it has been suggested that absence of abdominal distension and paucity of distal bowel gas on plain abdominal radiographs may point to Waugh’s syndrome. This was not observed in our patient.

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