# PAEDIATRIC INTUSSUSCEPTION ULTRASOUND

## Ultrasound Assessment in Suspected Intussusception

**Objective**

To ensure that all staff follow correct procedure of evaluation in the paediatric patient when intussusception is suspected.

**Responsibility**

All sonographers, trainee sonographers, registrars and radiologists performing paediatric ultrasound examinations.

**Frequency**

For all paediatric ultrasound Examinations when intussusception is suspected.

**Procedure**

The following table describes the process to be followed for ultrasound examination of suspected intussusception in the paediatric patient.

| Step | Action |
|---|---|
| 1 | Look at prior imaging (including abdominal films)/ultrasound +/- report before starting.<br>The child requires no fasting or other preparation. |
| 2 | Use high frequency linear array probe, preferably 17-5 or 12-5 MHz. |
| 3 | Start scanning the child's pelvis then move up left flank and across the abdomen and down the right flank, tracing the usual position of the colon. |
| 4 | Scan from coronal aspect in mid and upper abdomen in order to avoid as much colonic air as possible: can also use transducer pressure for this. Take note of any free fluid if present. |
| 5 | If multiple mesenteric nodes are present, measure the largest and document. |
| 6 | If typical "doughnut" or "target sign" of intussusception is identified use colour Doppler to document presence/absence of flow centrally (inner intussusceptum) and in outside wall (outer intussuscepion). |
| 7 | Search for a lead point i.e. Meckel diverticulum, duplication cyst, or other mass, enlarged node or polyp. |
| 8 | Check for bowel wall thickening |
| 9 | Look for free fluid within the pelvis and around bowel loops |
| **Note:** | |
| 1 | If no bowel abnormality is seen, extend the examination to full abdomen to rule out other causes for pain. |