Shigella Dysentery with Intussusception

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Abstract

A one year old female infant was brought with complaints of loose stools, vomiting and low grade fever of 4 days duration. The last three episodes of loose stools had blood and mucus. Vomiting was non-bilious and non-projectile. The infant was irritable, crying, feeding poorly and had decreased activity. There was no significant past history. Neonatal period was uneventful. She was developmentally normal and immunized appropriate for her age including rotavirus vaccine. She was on exclusive breast feeding up to 6 months. Complimentary feeds started appropriately, but presently was on additional bottle feeds. On examination, infant was dull looking, irritable, febrile, adequately hydrated with stable vitals. There was no abdominal distension or mass palpable. Other systemic examination was unremarkable. Laboratory investigations revealed polymorpho leukocytosis and elevated C-reactive protein. Parenteral antibiotics were started after a blood and stool culture. The first two abdominal ultrasonogram (USG) were normal. As the infant continued to pass blood in stools, Meckel's scan and a repeat USG done. Meckel's scan was normal while the repeat USG abdomen demonstrated features of intussusception. The intussusception was reduced by ultrasound guided hydrostatic method. However, blood and mucus in stools continued. Meanwhile, a stool culture reported growth of Shigella species. Infant was started on cotrimoxazole as per the sensitivity pattern. She responded and recovered completely.

Figure: Ultrasonogram showing intussusception