

- [Published: October 1996](#)

Intussusception in Children: International Perspective

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- [World Journal of Surgery](#) **volume 20**, pages1035–1040 (1996)

Abstract.

Fifty consecutive cases of children with intussusception treated at a hospital in a developing country were compared with 50 consecutive cases treated at an American inner city children's hospital and 50 consecutive cases treated at an American referral children's hospital. The plan was to recommend ways of improving the treatment of children with intussusception in the developing world. Nonoperative reduction was attempted in the two American hospitals but was not available in the developing world hospital where all children were treated operatively. Children in the developing world hospital had a significantly longer duration of symptoms, an increased incidence of nonviable bowel, and a mortality of 18%. There were no deaths in either American hospital. The poorer outcome for developing world children was related to delay in treatment, the higher incidence of nonviable bowel, and the lack of adequate nursing care for acutely ill children. The use of nonoperative reduction would not have significantly improved the mortality rate among the

developing world children. The mortality can best be reduced by: (1) earlier recognition and treatment of the intussusception; and (2) improvement in the postanesthetic care with better monitoring leading to prompt recognition and treatment of postoperative complications.
