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### How tinkers think: a combined laparoscopic approach in managing a case of small bowel intussusception due to GIST

#### Abstract:

Intussusception in adults accounts for about 1-5% of mechanical small bowel obstruction, with increasing age, there is a direct proportion to increased chance of malignancy. A secondary intussusception, which is due to an underlying pathology, serving as a lead point for a prolapsing/telescoping segment following normal peristalsis. This is a case of A.D, a 25-year-old female presented with acute onset severe epigastric pain with a history of recurrent intussusception. Plain Computed Tomography Scan of the whole abdomen was done revealing a 5 x 5 cm mass on a segment of the small bowel, with an impression of jejuno-ileal intussusception. After hydration and pre-operative preparation. Patient was subjected for Diagnostic Laparoscopy to identify the affected small bowel, the small bowel was then exteriorized for segmental small bowel resection and anastomosis. Histopathology report noted a Low-risk GIST, and patient followed an unremarkable course in the ward complaining only of minimal post-operative pain during her admission and tolerated full diet at 3rd day post-operation. Patient then followed up without subjective complaints and advised for follow-up every 6 months for 3 years.

#### Biography

**Juan Carlo B. Sandig** is a second year General Surgery Resident in Tertiary Hospital in Davao City, Philippines. A licensed Physical Therapist and has experience in General Medicine as a practitioner in a rural area in one of the provinces of the Philippines. He aims to be a Surgeon that can give timely and world-class management especially to the people that are locals to his hometown.