

13th International Conference on
ARTHRITIS AND RHEUMATOLOGY
&
3rd International Conference on
ANATOMY AND PHYSIOLOGY

December 9-10, 2019 | Barcelona, Spain



Jan H T Smit

University of Namibia, Namibia

Cadaveric case reports on intussusception: From the DR to application in the ER

Statement: The use of anatomical dissections in medical training, remain a highly debated and controversial topic. Observational and diagnostic skills are extremely important to medical students from day one. Pathology (cause of death, variants or secondary's) are often seen in the Dissection Room (DR) of Anatomy Departments.

Methodology: Two male cadavers of mixed race, originating from the Western Cape area in South Africa, were dissected in Windhoek and are discussed in this study. Both of them died of "natural causes" according to their death certificates. Both were embalmed through the right common carotid artery, before dissection commenced. Cadaver one (45/14) was certified as 61 years old and cadaver two (10/17) 43 years. During routine abdominal dissection with medical students, I noticed an abnormal invagination at lower end of the ileum.

Findings/Discussion: On further investigation, a case of Intussusception (with a lead point), was identified in cadaver one. Students were allowed to observe and discuss the case before a section of the gut was removed for histology. This was their first clinical case experience which they could discuss in detail. With cadaver two, Intussusception of the lower ileum was diagnosed, but without a "lead point". Intussusception is when part of the gut loses its ability for peristalsis and the gut (with peristaltic movement) envelops the stationary section. Lead points are not always present. A variety of diseases causes altered motility of the gut wall, which can lead to intussusception. In our first case the "lead point" and cause of the intussusception, was an adenocarcinoma.

Conclusion: Intussusception of the ileum are very rarely seen. If however left untreated, it could lead to obstruction, necrosis of the gut and eventually reconstructive surgery will follow in order to save the patient.

Biography

Jan H T Smit has more than forty years' experience in training at Tertiary Institutions. He started his career in South Africa where he worked at three different Universities. He moved to Northern Ireland in 2002 where he taught at Queens University in Belfast. He has been in Namibia for the past six years as Head of the Department of Anatomy. He has a passion for teaching Anatomy and has published widely on the subject.

jsmit@unam.na