Rad to Rad Learning: Ileocolic vs. Small Bowel Intussesception

The Radiology Partners (RP) Pediatric Radiology National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

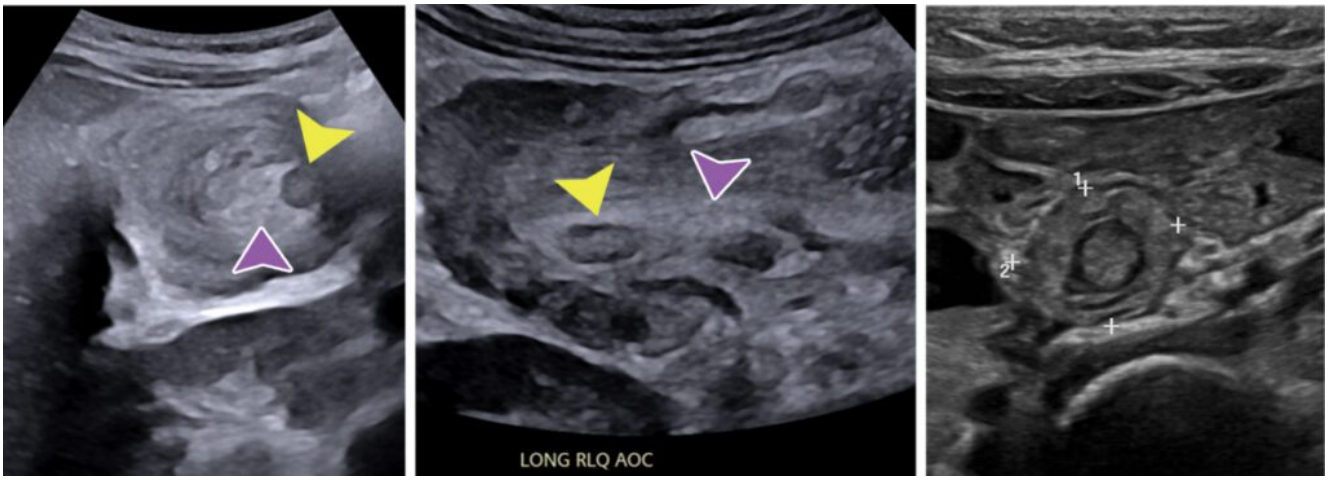
Peer Learning Opportunity

Small bowel intussusceptions do not typically require management but can be mistaken for the urgent diagnosis of ileocolic intussusception.

Ileocolic vs. Small Bowel Intussusception

- **Images 1 & 2: (purple arrow)Mesenteric fat and (yellow arrow) lymph node inside ileocolic intussusception.**

Image 3: Small bowel intussusception.



Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.

Practical Insights

- **Ileocolic Intussusception:**
  - Location: RUQ or RLQ
  - Characteristics: size >2cm, mesenteric fat, lymph node
- **Small bowel intusssusception:**
  - LocationL LLQ or LUQ
  - Characteristics: size <2cm, no fat, no lymph node
- **If uncertain, another scan can be obtained in ~30 minutes.**

<2cm LLQ intussusceptions are likely physiologic. If uncertain, reassess.

The Pediatric Radiology National Subspecialty Division (NSD) is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on X, LinkedIn and Instagram to see these common cases and our findings.

Visit the Clinical Resources page for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.



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