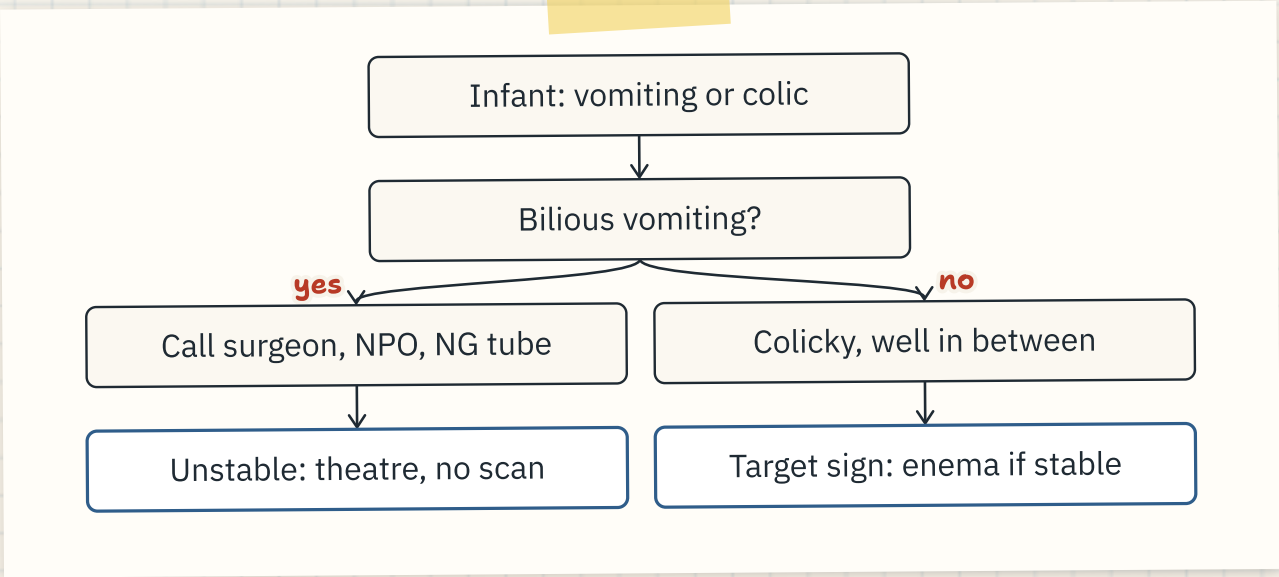
Intussusception vs malrotation

Tell the two infant gut emergencies apart



Step by step

1. Colicky pain, well between: think intussusception
2. Target sign on ultrasound: air enema if stable
3. Bilious vomiting: call the surgeon, NPO, NG, fluids, antibiotics
4. Upper G I series only if stable
5. Unstable: theatre, not the scanner

	Intussusception	Malrotation + volvulus
Mechanism	Telescoping of bowel	Twisted narrow-based mesentery
Age	6 mo–3 y, peak 5–9 mo	Infancy, often 1st month
Sign	Colicky pain, well between	Sudden bilious vomiting
Imaging	Ultrasound: target sign	Upper G I series; US SMA/SMV
Treatment	Air enema if stable	Surgeon; Ladd procedure

Side by side

Rule of thumb

Bilious vomiting in an infant = volvulus until proven otherwise

Peritonitis or perforation = surgery, not enema

Exam traps

- Currant-jelly stool is late: do not wait for it.
- A soft abdomen does not rule out volvulus.
- Barium can leak through an unsuspected perforation: air is preferred.

Intussusception vs malrotation with midgut volvulus

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/paediatrics/intussusception-vs-midgut-volvulus

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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