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Summary

A curable form of intestinal pseudo-obstruction

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A 21-year-old woman with nine months of postprandial pain, vomiting, weight loss, and constipation was diagnosed with intestinal pseudo-obstruction due to anti-Hu positive myenteric ganglionitis and successfully treated with corticosteroids, prokinetics, and rituximab maintenance therapy.

KEY POINTS

- The speaker presented a systematic diagnostic approach: ruling out mechanical obstruction first (CT review, endoscopy), then confirming small bowel dysmotility with high-resolution jejunal manometry showing a neuropathic pattern of non-propagated contractions.
- Workup for secondary causes revealed positive anti-Hu antibodies (associated with paraneoplastic syndromes) but negative PET-CT for malignancy, and full-thickness small bowel biopsy demonstrated lymphocytic infiltration of the myenteric plexus confirming autoimmune myenteric ganglionitis.
- The speaker reported that treatment with high-dose corticosteroids and oral prokinetics allowed reintroduction of oral diet and discontinuation of parenteral nutrition within one week.
- The patient has maintained weight and oral intake on rituximab maintenance therapy and prokinetics for two years, though bowel dilation persists on imaging.
- The speaker emphasized that up to 50% of intestinal pseudo-obstruction cases have an underlying secondary cause, making thorough evaluation essential.

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