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A Case of Adult Ileocolic Intussusception Due to Ileal Polyp

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ABSTRACT

Adult intussusception is rare but an important etiology to be considered for intestinal obstruction in the adults. This report presents a case of 66 years old male patient presented to emergency department with complaint of pain abdomen and vomiting. Diagnosis of intussusception was done by ultrasonography and emergency laparotomy was done with finding of ileocolic intussusception due to ileal polyp. Right hemicolectomy was done. This report emphasises early diagnosis with ultrasonography which is highly specific and sensitive.

KEYWORDS

intussusception, ileal polyp, intestinal obstruction

INTRODUCTION

First case of adult intussusception was reported in 1674 by Barbette ofAmsterdam [1] and detail report was given by John in 1789.The adult intussusception is uncommon and diagnosis is usually done during emergency, as most of the patients present with intestinal obstruction or patient may have complaint of chronic abdominal pain. The delay in diagnosis is because of the non-specific presentation of intussusception in the adults. In adults treatment is always exploratory laparotomy for surgical reduction or resection

CASE REPORT

A 66 years old male patient admitted with complaint of pain abdomen, abdomen distension and vomiting since 2 days. No altered bowel habits. There was history of pain abdomen two months back. No other significant history.

On examination patient vitals were stable. Per abdomen – soft, fullness seen in right lumbar and right hypochondrium region, tenderness present in umbilical region, no organomegaly, no shifting dullness, bowel sounds absent. Per rectal – faecal staining was present, no melena/bleeding.

Laboratory values were within normal limits except for leucocytosis. X ray abdomen showed dilated bowel loop. USG abdomen showed mass in upper abdomen which showed concentric rings of hypoechoic and echogenic layers, target sign suggestive of intussusception.

Patient was planned for emergency laparotomy. Intraoperatively ileum was found within the large intestine, ileocolic intussusception. Reduction was not possible hence right hemicolectomy done. Cut section of the specimen showed ileal polyp. Postoperative period was uneventful. Patient was discharged with good condition and stable vitals. Histopathology of specimen showed benign villous adenoma. Follow up colonoscopy was done showed normal study.

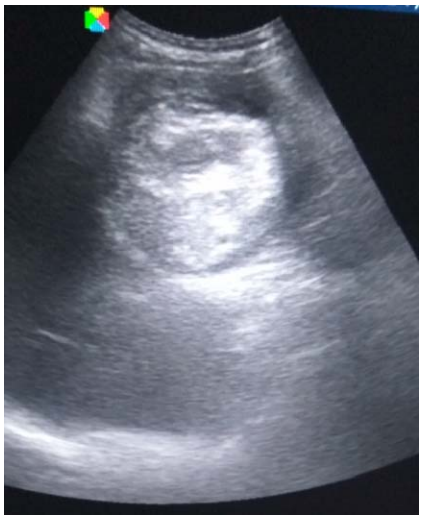

FIG 1: USG showing target sign

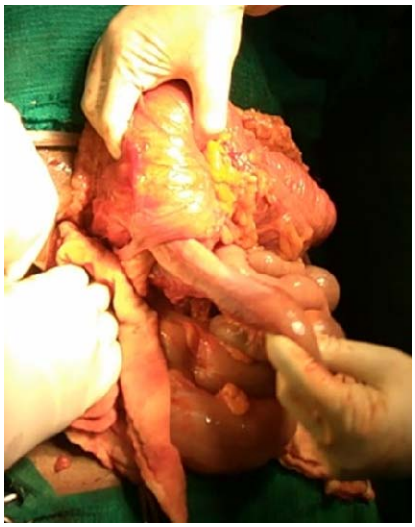

FIG 2: Intraoperative picture of ileoceacl intussusception

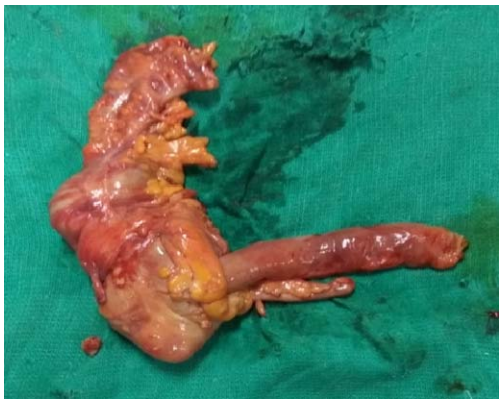

FIG 3: Resected segment of bowel

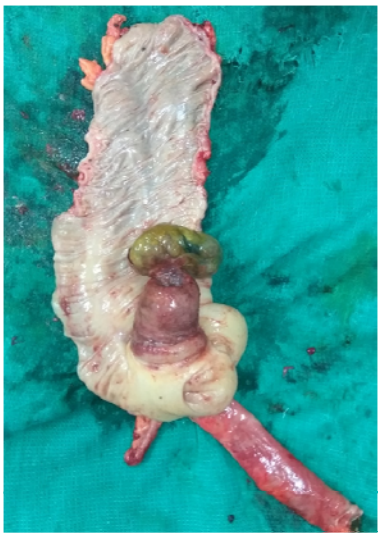

FIG 4: Cut section showing ileal polyp

DISCUSSION

Intussusception is defined as the telescoping of the proximal segment of bowel, called intussusceptum into the lumen of the distal segment of bowel, called intussuscipiens

In adults incidence of intussusception is 5%[1] and accounting for 2% - 5% of intestinal obstruction in adults. Intussusception is most common in small bowel mainly ileocolic. Depending on the location intussusception can be enteroenteric, enterocolic or colocolic.

In children cause of intussusception is primary or idiopathic, wherein adults usually have a leading point which can be benign or malignant. Malignant accounts for 70% and adeno carcinoma is most common lead point in large bowel and metastasis in small bowel[2]. Other etiology include benign tumours (adenomatous polyp, lipomas, leiomyomas, hamartoma), colonic diverticulum, meckel's diverticulum, adhesion, lymphoid hyperplasia, celiac disease , iatrogenic (presence of tube drains)

The Clinical presentation in adults is non-specific. The classical pediatric presentation of abdominal pain, bloody currant jelly stools, vomiting and abdominal mass are rare in adults. Non-specific presentations like chronic abdominal pain, vomiting, gastrointestinal bleeding, change in bowel habits, abdomen distension are seen in adults.

Plain abdominal x-ray is useful in patient with features of obstruction. Barium enema shows cup-shaped filling defect or spiral or coil-spring appearance, useful in colonic intussusceptions[3,4]. Ultrasonography is useful tool and helps in early diagnosis of intussusception.

The classical imaging features include target sign or doughnut sign in transverse view and pseudo-kidney or hay fork sign in longitudinal view[5]. Abdominal computed tomography is currently most sensitive method of investigation with diagnostic accuracy of 58% - 100%[6].

The treatment of intussusception in adults is always surgery i.e. resection and anastomoses because in adults structural anomalies and malignancies are most common cause. Reduction can be done if pre operatively diagnosis of benign lesion is made, but should not be done in inflamed or ischemic bowel.

CONCLUSION

Intussusception is relatively rare in adult population and diagnosis is difficult because of the vague presentation. Ultrasonography helps in early diagnosis. CT is more sensitive diagnostic modality. Adult intussusception is usually associated with underlying cause and hence surgical resection is needed. Reduction can be tried in small bowel, if bowel is viable and malignancy is ruled out.

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