

## Ileocolic Intussusception - A Rare Cause of Intestinal Obstruction in Adults.

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**Abstract:** Whereas intussusception is relatively common in children, it is clinically rare in adults. The condition is usually secondary to a definable lesion. The etiology, clinical presentation and management of this condition is different in adults as compared to children. Pre-operative diagnosis is usually difficult due to the non specific nature of the symptoms. We present a case report of ileocolic intussusception in a 65 year old male patient.

### INTRODUCTION

Intussusception in adults is rare. It is estimated to account for only 5% of all intussusceptions and causes only 1% of all bowel obstructions and 0.003–0.02% of all hospital admissions. About 90% of intussusceptions in adults are caused by a definite underlying disorder such as a neoplasm or by a postoperative condition.<sup>1</sup> However, neoplasm is the most common cause and is found in approximately 65% of adult cases.<sup>2</sup> The presentation and management in adults is different from children. We present the case report of ileocolic intussusceptions in a 65 year old male.

### CASE REPORT

A 65 year old male patient presented to surgical OPD with 10 day long history of pain right upper quadrant of the abdomen, altered bowel habits and vomiting. On examination a mass was palpable in the right upper quadrant. Ultrasound was done which showed whirlpool like mass suggestive of intussusception with cholelithiasis. Contrast enhanced was CT done which revealed a sausage shaped mass in the region of transverse and ascending colon suggestive of intussusception with hypodense mass at its leading edge. Patient was operated upon. Per-op ileocolic intussusception (Fig. 1) was present with multiple lymph nodes in the omentum with a polypoidal mass (Fig. 2) as the lead point. The intussusception was reduced. The gut was found to be normal. Gut from 10 cm of terminal ileum up to proximal half of ascending colon was excised along with the polypoidal mass and part of the omentum containing lymph nodes. Post op period remained uneventful. On histology submucosal lipoma was identified which caused the intussusception.

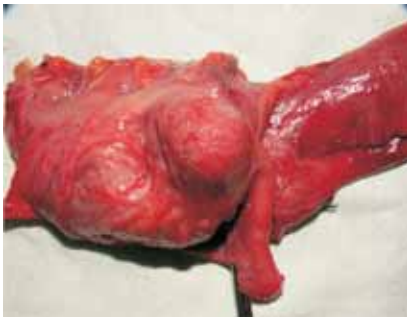


Fig 1: Excised mass of Ileocolic Intussusception



Fig. 2: Polypoidal mass which formed the lead point

### DISCUSSION

Intussusception is a rare cause of intestinal obstruction in adults. It accounts for only 5% of all intussusceptions. In children intussusception is usually idiopathic or secondary to a viral illness. But in adults in more than 90% of cases a lead point can be identified causing the intussusception.<sup>3</sup> This is usually a polyp or a tumour and in majority of these cases the colonic tumours are malignant.<sup>4</sup> The clinical presentation of adult intussusception varies considerably. The common presenting symptoms are abdominal pain, nausea, and emesis in the acute presentation, seen in only 20 percent of cases. Intermittent abdominal pain and vomiting are the major symptoms of sub acute or chronic intussusception. The classic pediatric presentation of intussusception, abdominal pain, mass, blood per rectum, is rarely found in adults.<sup>5</sup> Ultrasound and CT scan are helpful to establish the diagnosis although it is not uncommon for the diagnosis to be made only at the time of laparotomy. Benign lesions account for almost 25% cases of intussusception in adults. The commonest benign lesion is a lipoma in the colon. These are solitary sub mucosal lesions with 75% occurring in the right colon. Other benign lesions include adenomatous polyps and Peutz -Jeghers polyps. However in more than two thirds of cases there is a malignant tumour in the colon or small bowel resulting in intussusception. Operative intervention is required in all cases of adult intussusception and unlike children conservative treatment does not work.<sup>6</sup> This usually involves segmental colonic resection. Based on a high incidence of an underlying malignancy, which may be difficult to confirm intraoperatively, many authors recommend primary resection whenever possible rather than intra-operative reduction of intussusception.

### CONCLUSION

Intussusception is a rare cause of intestinal obstruction in adults. Diagnosis is difficult because of nonspecific and often sub acute symptoms with absence of pathognomonic clinical signs. It is important to have a high index of suspicion. Treatment usually requires resection of the involved bowel segment. The extent of resection depends upon the length of the bowel involved and whether there is any benign or malignant growth.

### REFERENCES

1. Agha FP. Intussusception in adults. *AJR*1986; 146:527-531.
2. Warshauer DM, Lee JK. Adult intussusception detected at CT or MR imaging: clinical-imaging correlation. *Radiology*1999; 212:853-860.
3. Gayer G, Zissin R, Apter S, Papa M, Hertz M. Pictorial review: adult intussusception-a CT diagnosis. *Br J Radiol* 2002; 75:185-190.
4. Cerro P, Magrini L, Porcari P, De Angelis O. Sonographic diagnosis of intussusceptions in adults. *Abdom Imaging*2000; 25:45-47.
5. Azar T, Berger DL. Adult intussusception. *Ann Surg* 1997; 226:134-8.
6. Dener C, Bozoklu S, Bozoklu A, Ozdemir A. Adult intussusception due to a malignant polyp: a case report. *Ann Surg.* 2001; 67:351-3.