

## Ileocolic Intussusception Associated With Lynch Syndrome: Case Reports

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### Abstract

### Case Report

Intussusception in adults is a rare cause of abdominal pain. Unlike its pediatric counterpart, intussusception in adults is often associated with organic pathology. We describe a case of ileocolic intussusception associated with lynch syndrom revealing a cecal adenocarcinoma in a young woman successfully managed by laparotomy surgery.

**Keywords:** Intussusception, Ileocolic, Adenocarcinoma, Young woman, lynch syndrom.

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## INTRODUCTION

Intussusception is a common disease and one of the leading causes of intestinal obstruction and acute abdominal emergencies in children. On the other hand, adult intussusception is unusual, accounting for only 5% of all cases of intussusception and 1%-5% of all cases of bowel obstruction [1]. The cause of intussusception differs between the pediatric and adult populations. In adults, a demonstrable etiology is present in about 70%-90% of all cases with intussusception, whereas about 90% of pediatric cases of intussusception are idiopathic [2]. Intraluminal lesions form leading edges of most cases of adult intussusception. Malignant tumor is often found as the etiology of adult intussusception, and colonic adenocarcinomas are sometimes reported as causes of intussusception. However, there is few reports of intussusception associated with lynch syndrome in the English literature [3].

## CASE REPORT

A 30 year-old woman presented to our emergency department with abdominal pain associated to vomiting for one week. She was known for a lynch syndrome.

In the emergency Abdominal X-ray showed signs of bowel subocclusion. The patient was admitted to the hospital and a CT scan revealed the bowel obstruction with ileocolonic intussusception (Figure-1).

The patient underwent emergency laparotomy. Surgical exploration confirmed the ileocolonic

intussusception. The condition appeared to be due to a caecal tumor, appreciable at palpation.

Subtotal colectomy was performed. The resection was extended from the last ilealloop to the sigmoid colon. An ileosigmoid colon manual anastomosis was performed.

The postoperative course was uneventful and the patient was discharged on the seventh postoperative day. The anatomopathologic study has shown that it's cecaladenocarcinoma.



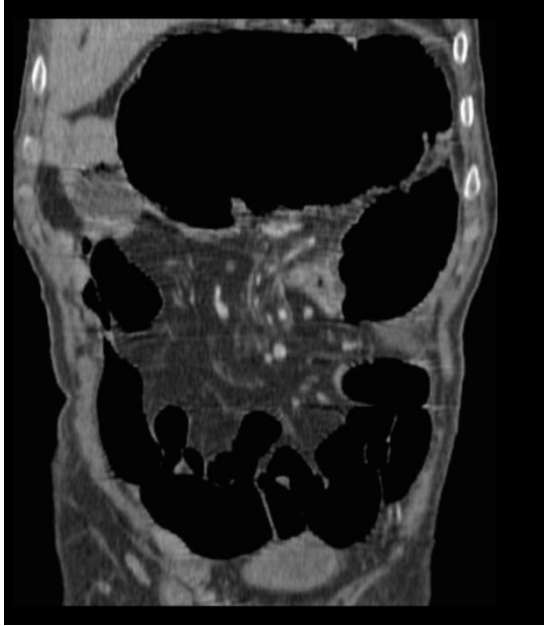


Fig-1: CT scan

## DISCUSSION

Intussusception is a rare condition in adults (1% of bowel obstructions). 90% of cases have an organic cause, 60% due to neoplasm (60% malign and 40% benign); in particular 65–70% of adult colonic intussusceptions are caused by carcinomas. Colonic lipoma is the most common benign tumor which causes colonic intussusception in adults, but very rarely [4].

The clinical presentation is very non-specific which makes this a difficult condition to diagnose. Abdominal pain, nausea, diarrhea and bleeding per rectum are the common symptoms. Rarely this can present with acute intestinal obstruction [5].

In case of intussusception, abdominal CT scanning is the radiologic modality of choice, Operative intervention is required in all cases of adult intussusception and unlike children conservative treatment does not work [6]. This usually involves segmental colonic resection. The optimal treatment for adult intussusception is slightly controversial. The type of procedure depends upon the location of intussusception, pre-operative diagnosis and condition of the intestine at the time of laparotomy [7]. A few authors have described intra-operative reduction of intussusception before resection. However most authors do not recommend this due to a higher incidence of malignancy in these cases and hence the risk of tumor embolization and seedling [8].

In most cases of adult colonic intussusception, primary resection without reduction should be performed particularly in those more than 60 years of age due to a higher risk of malignancy. In cases of small bowel intussusception reduction before resection should be carried out only if there is a pre-operative diagnosis of benign etiology, the bowel is viable or it entails resecting massive lengths of small bowel with the risk of short gut syndrome [9, 10].

## CONCLUSION

Intussusception is a rare cause of acute abdomen in adults. A high index of suspicion and appropriate investigations (USS, Barium enema and CT scan) can result in prompt diagnosis. Unlike children 75% of cases are due to a malignant tumor in the small bowel or colon. The extent of resection and operative technique depend upon the age of the patient, results of investigations (benign or malignant) and the length of the bowel involved.

## REFERENCES

1. Jiang J, Jiang B, Parashar U, Nguyen T, Bines J, Patel MM. Childhood intussusception: a literature review. *PLoS One*. 2013;8:e68482.
2. Laws HL, Aldrete JS. Small-bowel obstruction: a review of 465 cases. *South Med Journal*. 1976;69:733–734.
3. Stewardson RH, Bombeck CT, Nyhus LM. Critical operative management of small bowel obstruction. *Ann Surg*. 1978;187:189–193.
4. Donhauser JL, Kelly EC. Intussusception in the adult. *Am Journal Surg*. 1950;79:673–677.
5. Azar T, Berger DL. Adult intussusception. *Ann Surg*. 1997;226:134–138.
6. Eisen LK, Cunningham JD, Aufuses AH. Intussusception in adults: institutional review. *Journal Am Coll Surg*. 1999;188(4):390-5.
7. Laredo J, Filtzer HS: Right colonic intussusception. *Am Journal Surg*. 2000;179(6):485-10.
8. Reinjen HA, Joosten HJ, de Boer HH: Diagnosis and treatment of adult intussusception. *Am Journal Surg*. 1989;158:25-8.
9. Felix EL, Cohen MH, Bernstein AD, Schwartz JH. Adult intussusception: case report of recurrent intussusception and review of literature. *Am Journal Surg*. 1976;131:758-61.
10. Nagorney DM, Sarr MG, McIlrath DC. Surgical management of intussusception in the adult. *Ann Surg*. 1981;193:230-6.