

## Double Ileo-Ceco-Colic Invagination Due to Right Colon Carcinoma: Clinical Presentation

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### Abstract

### Case Report

Colonic intussusception due to carcinoma is rare. We report two cases of ileoceccocolic intussusception due to right colon carcinoma, occurring in a 40-year-old woman and a 50-year-old man. The clinical symptoms initially suggested a colonic tumor. Ultrasound revealed acute intussusception. Intraoperatively, we discovered ileoceccocolic intussusception. Both patients underwent right hemicolectomy. Histopathological examination of the surgical specimen confirmed the diagnosis of adenocarcinoma. **Conclusion:** Intussusception is uncommon in adults and often indicates an organic obstruction in the colon. Its symptoms are nonspecific. Abdominal ultrasound and computed tomography (CT) scans aid in diagnosis. Surgical resection followed by histopathological examination of the surgical specimen allows for a definitive histological diagnosis.

**Keywords:** intussusception, carcinoma, hemicolectomy.

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## INTRODUCTION

Acute intussusception (AI) is a common condition in children, but rarely seen in adults [1]. It accounts for less than 5% of acute intestinal obstructions in adults. Intussusceptions involve the small intestine in 75% of cases and the colon in 25% of cases [1]. The anatomical forms of intussusception are numerous, but the ileocecal form remains the most frequent. The sites of intussusception are the points of junction between a mobile intestinal segment and a fixed segment, such as the ileocecal region, which is the most frequently involved. Unlike in children, in adults it is often secondary to an endoluminal lesion of a malignant type, rarely a benign tumor [1,2]. In adults, given its rarity, diagnosis can be difficult and the circumstances of discovery are varied; the clinical presentation is nonspecific and most often follows a chronic course. We report two rare cases of acute intestinal obstruction due to ileo-coecico-colic intussusception secondary to adenocarcinoma of the ascending colon, occurring in a 40-year-old female patient and a 50-year-old male patient treated in the surgery department "A" of the University Hospital of Point G. After analyzing the data from the literature concerning this pathology, we discussed the clinical, paraclinical and therapeutic characteristics.

## OBSERVATION

These were two patients: a 40-year-old woman, weighing 65 kg and 1.65 m tall, admitted on July 25, 2019, to the "A" surgery department of the Point-G University Hospital; and a 50-year-old man, weighing 70 kg and 1.75 m tall, admitted on October 15, 2023, for right iliac fossa pain. The recent medical history of both patients revealed chronic constipation, episodic abdominal pain, rectal bleeding, and increasing asthenia. On physical examination, a mass was palpated in the right flank of both patients; examination of other organs was unremarkable. Laboratory tests were normal. An abdominal ultrasound was ordered and performed, revealing findings suggestive of acute intussusception localized to the right flank without any obvious signs of complications. Both patients underwent surgery, and an ileocecal intussusception due to a tumor of the right colon was found in both. We performed a right hemicolectomy with end-to-side ileotransverse anastomosis in both patients. The surgical specimens were prepared and sent to the pathology department, where the histopathological examination revealed adenocarcinoma.

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## DISCUSSION

Intussusception is relatively rare in adults, accounting for 2–4% of intestinal obstructions in adults [3]. The first case of intussusception was described by Barbette of Amsterdam in 1674 [1], and Sir Jonathan Hutchinson performed the first surgical intervention for intussusception in 1871. Acute intussusception is defined as the telescoping and penetration of one segment of intestine (the intussuscepted loop) into the downstream segment (the receiving loop) [4]. Intussusception can occur in various anatomical forms. It is most often small bowel (48–70%), ileocolic (25–40%), and rarely purely colonic (5–18%) [2,3]. In this paper, we report two cases of double ileocecal intussusception, a rare variant. A few cases have been reported in the series by Sange G. and Costanzo A. [5,6]. Intestinal intussusception occurs at the junction between a mobile intestinal segment and a fixed segment, such as the ileocecal region, which is the most frequently involved [1]. Clinical symptoms in adults are nonspecific due to their rarity, unlike in children where the clinical presentation is well-known due to the high frequency. It manifests as signs of intestinal obstruction (abdominal pain, cessation of bowel and gas passage) [7] and can become chronic (incomplete intussusception, which may resolve spontaneously). In the series reported by Begos [8], 75% of patients presented with signs of intestinal obstruction, and an abdominal mass was palpated in 25% of patients. The patient in our study presented with clinical signs (abdominal pain, abdominal mass, rectal bleeding, vomiting) that led us to suspect a colonic tumor. Ultrasound scans suggested acute intussusception. Both patients underwent surgery, and we found ileocecolic intussusception due to a tumor of the right colon. A right hemicolectomy with ileotransverse anastomosis was performed in both patients. Histopathological examination of the surgical specimen revealed a colon adenocarcinoma. The prognosis of intussusception is related to the duration of the condition, the extent of the lesions, and the underlying cause.

## CONCLUSION

Ileocecal intussusception due to colon adenocarcinoma is a rare condition in adults. Ultrasound and especially CT scans play an essential role in diagnosing the intussusception and its cause. In cases of ileocecal intussusception associated with a colonic lesion, oncological resection is necessary because the majority of colonic tumors are malignant.

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