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Idiopathic Ileoileal Intussuceptions in Adults: Case Report

N P Maru[1*], Ashok K Parmar[2], Chandragupt Acholiya[3]
[1]Assistant Professor, Department of General Surgery, Sardar Patel Medical College, Bikaner, Rajasthan, India
[2] Professor, Department of General Surgery, Sardar Patel Medical College, Bikaner, Rajasthan, India
[3] Senior Resident, Department of General Surgery, Sardar Patel Medical College, Bikaner, Rajasthan, India

***Corresponding Author:**
Name: N P Maru
Email: dmpmarubkn@email.com

Abstract: Intussusceptions is rare in adults, although it is a common cause of intestinal obstruction in children. In adults it is very difficult to diagnose. We report a young patient who presented with an ileoileal intussusceptions in whom these were no underlying lesion identified as a causal factor.
Keywords: Intussusceptions, Ieoileal, Idiopathic

INTRODUCTION

Intussusceptions remain an uncommon cause of intestinal obstruction in adult patient. Representing 1% of bowel obstruction in adult [1].

Intussusceptions is a common cause of intestinal obstruction in the pediatric population. Etiology in pediatric age group is unclear, but in adults mostly there is an underlying pathology present within the bowel wall. It may be due to irritation by lesion within the lumen which causes normal peristalsis to initiate the Intussusceptions [6-7]. Intussusceptions may be enteric or colonic, jejunojejunal, ileoileal, ileo-colic or colic.

Here, we report a young patient who presented with an ileoileal intussusceptions in whom these were no underlying lesion identified as a causal factor.

CASE REPORT

A 28 year old male, with no previous medical history, admitted in the hospital with 3 days history of colicy pain in abdomen at lower quadrant with H/o one episode of vomiting of coffee ground colour 1 day back and unable to pass motion since 3 days. No H/O any bleeding per Rectum no H/O any fever with BP =110/70 & PR = 100/min & a Respiratory rate 18/min. with normal oxygen Saturation. Examination revealed a soft abdomen but tenderness in the lower quadrant. No palpable mass and on rectal examination, there was no blood staining. Bowels sound was present and no clinical signs of peritonitis. Blood investigation was normal. Ryle's tube inserted and patient passed flatus on second day and he passed stool on 3rd day. He was allowed liquid diet and he was discharged on 5th day on liquids & semisolid diet. Patient was re-admitted after 7 days, with pain abdomen, at Left lower quadrant and Bilious Vomiting, 4-5 episodes since 3 days. On examination, there is no distension but tenderness present at Left Lower quadrant, no palpable mass per abdomen. Rectal examination NAD and no signs of peritonitis was found. On auscultation bowel sounds were metallic & an X Ray FPA (erect) was done, which is having multiple air fluid levels and dilated small bowels was found. On admission patient is normotensive PR 104/min, and respirative rate normal with normal oxygen saturation.

Patient was shifted to Emergency OT for exploratory laparotomy. On exploration, whole small bowel was dilated and there was a mass of bowel was seen at RIF. It was an intussusceptions of ileoileal type, which is 1 feet proximal to IC Junction, Length of this segment was approx. 20cm, Ischaemic changes was present on this segment. On the cut section of this segment there was no polyp, no malignancy or any growth, nor any pathological lesion is seen. So the etiology of the intussusceptions was unknown.

Resection and end to end anastomosis was done. Patient was passes flatus and motion on 4th Post Operative Day. Patient was discharged on 6th post operative day of an uneventful conditions.

DISCUSSION

In adults cases pain abdomen may be acute or chromic and abdominal pain is the most common symptom (71-100%) followed by nausea and vomiting 40 to 60% and Bleeding per rectum 4 to 33% [2, 5]..

Colonic types bleed more frequently than ileal. Abdomen pain with guarding is present in 50% of the cases. Abdominal Masses are palpable in less than 10%

cases; Plain X Ray and USG are of limiting diagnostic value in adult [4]. CT is most useful investigation.

Treatment is almost always surgical in adults while in Children conservative trial can be given. Resection and anastomosois is usually performed [3-4]. Intussusceptions have a good prognosis and depend on nature of underlying lesion. Mostly 8.75% adults having Intussusceptions for the benign lesion and in malignant variety is 52.4%. In our case no underlying cause identified, so etiology remains idiopathic.

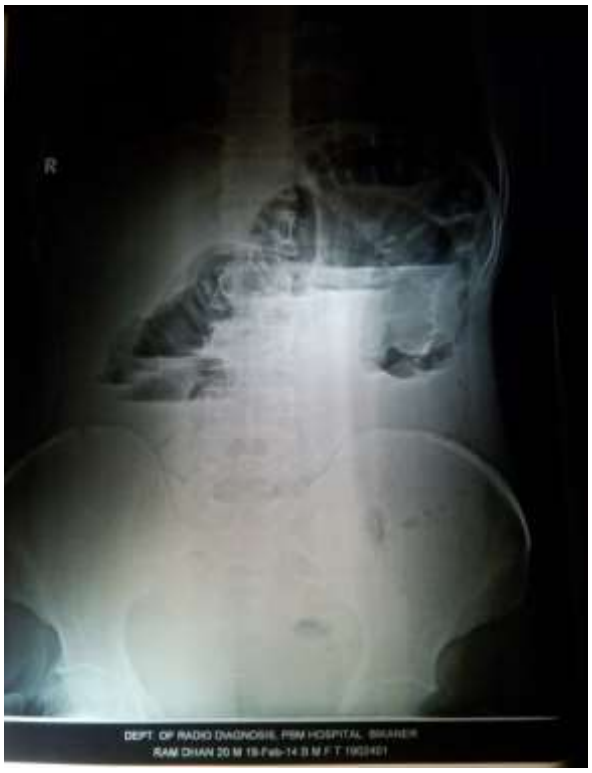

Fig-1: X-Ray FPA (erect) showing dilated loop of small intestine.

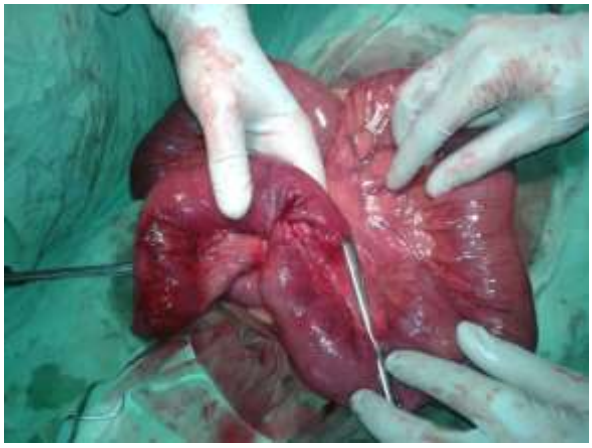

Fig-2: Showing Intussuceptions with dilated loops of small intestine.

Fig-3 : Showing Intussuceptions of ileoileal type

CONCLUSION

By this case, we can say that it is very difficult to diagnose Intussusceptions preoperatively and missed diagnosis can lead to, mortality. Therefore early surgical treatment is needed regardless of the etiology and without wasting the time for unnecessary investigation in adults.

Consent

Informed consent was taken for the patient for publication of this article.

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