

Adult Colo-Colic Intussusception: Lipoma or Cancer??

Zhar Jamal*, Bahri Mohamed Oussama, Anis Tarek, Ouadii Mouaqit, El Bouhaddouti Hicham, El Benjelloun Bachir, Abdelmalek Ousadden, Ait Taleb Khalid

Department of General Surgery A, CHU Hassan II FES, 30000, Morocco

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*Corresponding author: Jamal Zhar

Abstract

Case Report

Acute intestinal intussusception in adults is rare [1]. In majority of adult cases, there is an underlying cause such as polyps or colon cancers. Invaginations of the small intestine account for 75% and 25% of colonic origin. The diagnosis is difficult and often late [2]. We report a rare case of acute intestinal intussusception on the polyp of the transverse colon on a 65-year-old woman, whose diagnosis was made using an abdominopelvic CT scan. Through this observation and a review of the literature we will try to identify the clinical and therapeutic features of this entity.

Keywords: Intussusception, adult, cancer, lipoma, colectomy.

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CASE

A 65 old woman with a history of inflammatory rheumatism for 03 years on corticosteroid therapy. Who presented rectal bleeding 1 year ago with intermittent and colicky abdominal pain, she had a general cachexia. The physical exam a sensitivity of the left hypochondrium and Normal rectal examination.

Colonoscopy: Presence at the splenic flexure, a large sessile 4cm polyp, classified Vi according to the Kudo classification (figure 1). Pathological examination revealed a villous tubular adenoma.

An endoscopic polypectomy was unsuccessful. Computed tomography (CT) showed bowel-within-bowel appearance of colo-colic intussusception elongated from the transverse to the left colon (figure 2).

An exploratory laparotomy confirmed the diagnosis as well as the aetiology of an intraluminal polyp. Left hemicolectomy with primary anastomosis was performed (figure 3.4). Pathological examination revealed colonic adenocarcinoma.

After an unremarkable postoperative course, she was doing well at the 3-month follow-up.



Fig-1: Endoscopic polyp picture



Fig-2: CT scan picture of intussusception

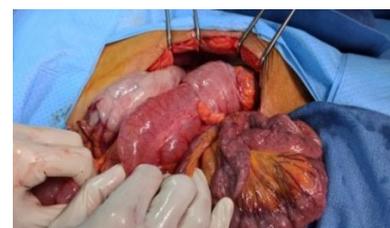


Fig-3: Per operative picture of intussusception



Fig-4: Macroscopic pathological examination

DISCUSSION

Acute intussusception is rare in adults. It is rarely pure colic [2]. Distal colic forms represent only 2.1 to 9.4%. It is often secondary to an organic lesion is this in 85% in data [1]. A malignant tumor has been reported as the common cause of colo-colonic intussusception in adults; however, benign tumors including lipomas are the main causes of enteroenteric ones. The polyp can be found at all levels of the digestive tract, but it is most commonly found in the colon (70%)[3].

The clinical presentation is nonspecific, ranging from atypical abdominal pain to occlusion. The physical examination is based on abdominal palpation and digital rectal examination, which objectify the extension of intussusception in 24 to 42%, but this frequency is depending on the series [4].

The radiological diagnosis can be made by the abdominal X-ray, but mainly by ultrasound and abdominal CT scan. The ultrasound shows the classic target sign with a double digestive wall, but also ischemic necrosis by Doppler [5].

The Computed tomography is a sensitive and specific tool for the diagnosis, it confirms the bowel intussusception, its location and the nature of the etiology, also it appreciates the degree of visceral suffering.

In adults, the treatment of an intussusception is always surgical [8]. Because of the frequency of cancer as a causal lesion in colo-colic or ileo-colic invaginations, the first resection (regulated colectomy) is recommended. While in small intussusception, a reduction prior to limiting the extent of the excision is preferred given the rarity of malignant tumors [9, 10].

CONCLUSION

Although it is a very rare event in adult population, intussusception can be seen in the presence

of an underlying pathology including a polyp or malignancy. Enteroenteric small intestinal intussusception is the most common type in adults; however, ileo-colo-colonic intussusception with anal protrusion may occur in the absence of an organic cause. Bowel resection en-bloc without reduction should be offered as the management strategy in adults due to the suspicious malignant causes.

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