Case of Ileocolonic Intussusception with Tubulovillous and Tubular Adenoma Lead Points in a 43-year-old male

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Introduction

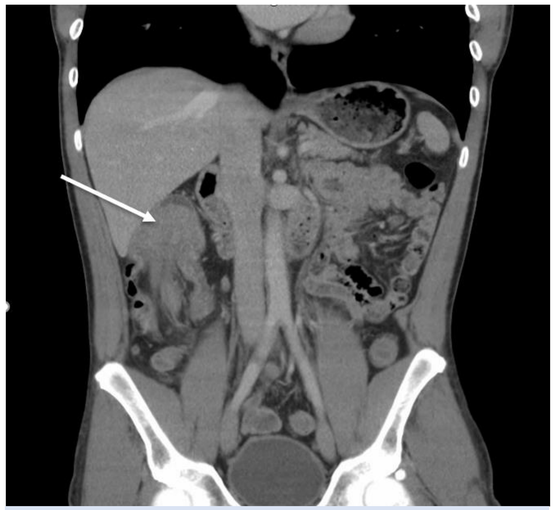
- **Intussusception:** telescoping of one bowel segment into another
- In children, likely lead points is bowel obstruction
- In adults, likely lead point is malignancy

Case Description

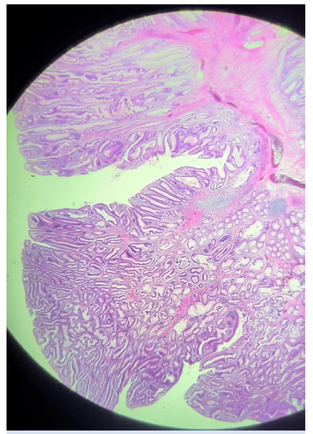
- 43-year-old male with PMH of hypertension
- **CC:** one-year of diffuse, episodic, progressively worsening abdominal pain, 75 lbs. weight loss, and non-bloody diarrhea
- **Vitals:** afebrile, hemodynamically stable, O2 Sat > 95% on ambient air
- Physical Exam: mild, RUQ/RLQ abdominal tenderness
- **CT Abdomen/Pelvis:** 43 mm ileocolic intussusception
- Underwent laparoscopic right hemicolectomy with end-to-end anastomosis of the terminal ileum and transverse colon

Pathology Findings

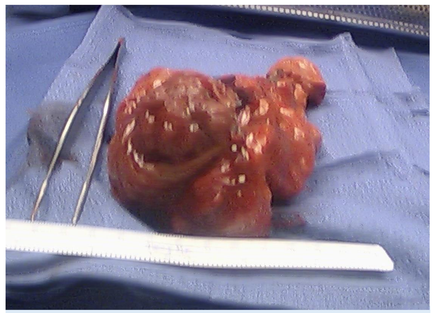
- Resected right colon and terminal ileum specimens contained a 5.2 x 4.5 x 4.0 cm tubulovillous adenoma and 2.2 x 2.2 x 1.7 cm tubular adenoma without evidence of high-grade dysplasia or invasive adenocarcinoma even in tissue margins



CT Abdomen/Pelvis, arrow indicating intussusceptum in coronal view



Villous adenoma on pathology



Resected ileocolonic specimen

Discussion

- Intussusception has an estimated annual incidence in adults of only 2-3 cases per 1 million
- Classic triad of colicky abdominal pain, sausage-shaped abdominal mass, and currant jelly stools is an uncommon presentation
- Most commonly manifest as episodic paroxysms of severe abdominal pain and resembles bowel obstruction
- Abdominal CT distinguishes intussusception from other etiologies of obstruction
- Definitive management is surgery
- Our case illustrates that in addition to malignancy, high risk colonic polyps can be associated with ileocolonic intussusception

References

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