St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL

Unraveling an Unusual Case of Intussusception with Deep Enteroscopy

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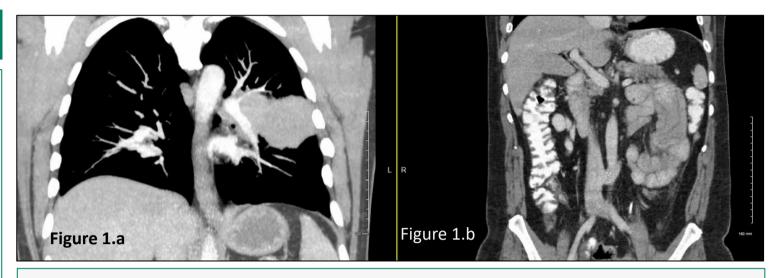
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INTRODUCTION

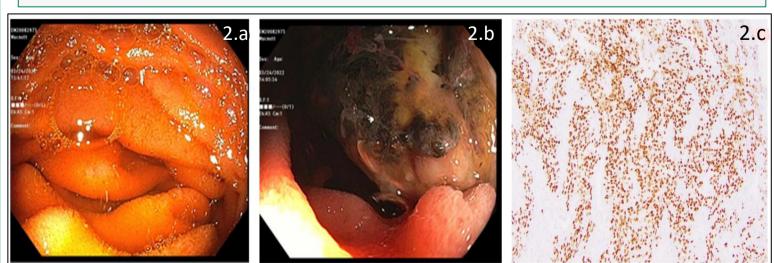
Intestinal melanoma is a rare entity arising either from metastatic depositions or from primary mucosal origin. Intestinal melanoma presenting as small bowel intussusception is exceedingly rare. Reported cases in the literature have been primarily managed surgically. We present a case of jejunojejunal intussusception due to intestinal melanoma successfully diagnosed and reduced with single balloon enteroscopy

CASE PRESENTATION

A 45-year-old man with history of chronic hepatitis B presented with acute left upper quadrant abdominal pain, nausea, and vomiting. Review of systems was positive for one month of constipation, dark stool, weight loss and fatigue. Laboratory data were unremarkable apart from mild iron deficiency anaemia. Computed tomography (CT) scan of the chest, abdomen and pelvis revealed two large left upper lobe lung masses with ipsilateral mediastinal lymphadenopathy [figure 1.a], and a jejuno-jejunal intussusception with upstream dilation of the small intestine and stomach [figure 1.b]. Instead of surgery, it was opted to pursue deep enteroscopy to look for any intraluminal pathology and for possible reduction of the intussusception.



Utilizing a single balloon enteroscope, the jejuno-jejunal intussusception was reached, which initially demonstrated a severely narrowed lumen with normal tissue [figure 2.a]. The area was eventually traversed and undone revealing a large, ulcerated, hyper-pigmented mass [figure 2.b], which was biopsied. Tissue immunohistochemical staining was positive for S100 protein and Sox10 establishing a diagnosis of melanoma [figure 2.c]. Patient had significant symptomatic improvement after the procedure. A full skin and eye exam was normal. PET scan showed an extensive extra-nodal metastatic tumor burden. After a multidisciplinary discussion, the decision was made to proceed with medical therapy utilizing immunotherapy.





School of Medicine

Surgical management was going to be based on treatment response. Unfortunately, the disease progressed quickly prior to treatment and patient died due to complications of postobstructive pneumonia

DISCUSSION

This report of intestinal melanoma resulting in jejuno-jejunal intussusception describes a relatively new approach utilizing deep enteroscopy to diagnose and reduce adult intestinal intussusception. In the right clinical context, this approach can have multiple added benefits including avoidance of emergency surgery, symptomatic relief, and reducing the extent of intestinal resection. More research is needed to determine if balloon-assisted enteroscopy should be added to the treatment algorithm for adult intestinal intussusception

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