

Intussusception In An Elderly Patient: A Carcinoid Case Report

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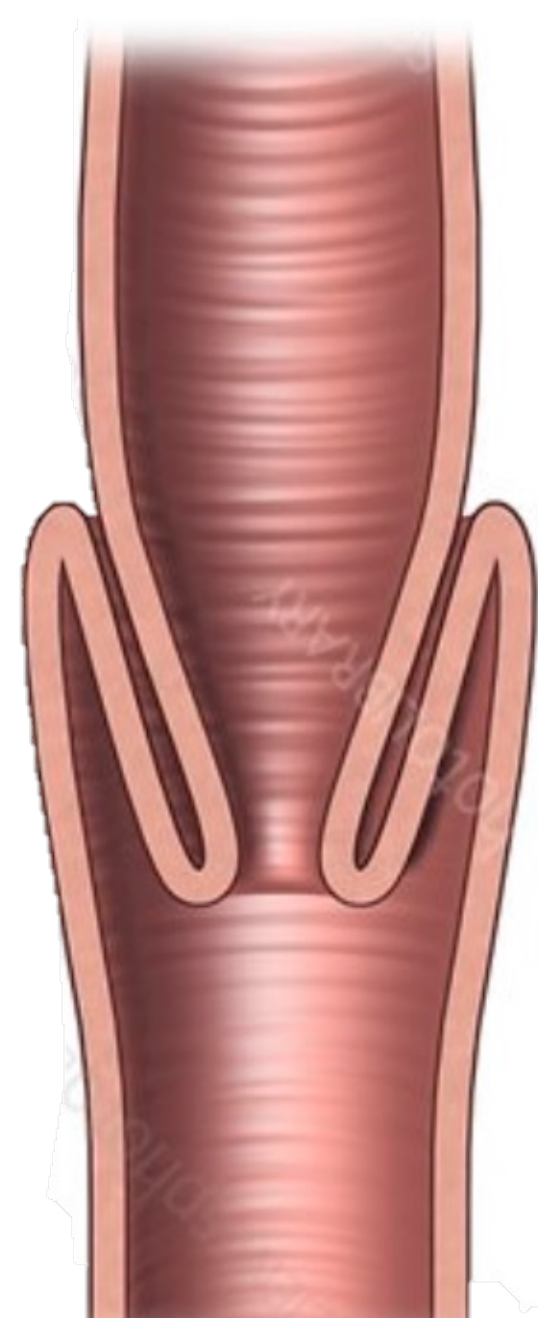
Background

Intussusception occurs when a proximal bowel segment slides into a distal bowel segment, which may cause bowel obstruction and intestinal ischemia.^{1,2} Although rarely seen in adults¹, intussusception is important to consider when evaluating a patient with abdominal pain as it can lead to life-threatening complications if undetected. Here, we describe a case of intussusception in an elderly gentleman secondary to a carcinoid tumor in his terminal ileum.

Case Description

A 65-year-old male, with a history of a large rectal tubulovillous adenoma with focal high-grade dysplasia that required surgical resection 10-years ago, hypertension, and diverticulosis presented with a several month history of relapsing lower abdominal pain associated with nausea. His abdominal exam post-attack was normal with the exception of mild tenderness in the right lower quadrant. An abdominal CT showed a 2.3 cm soft tissue density in the small bowel with transient, non-obstructive intussusception. Colonoscopy revealed a firm, submucosal mass 20 cm into the terminal ileum. A biopsy of the mass revealed that it was a carcinoid tumor and the patient has been scheduled for surgical resection.

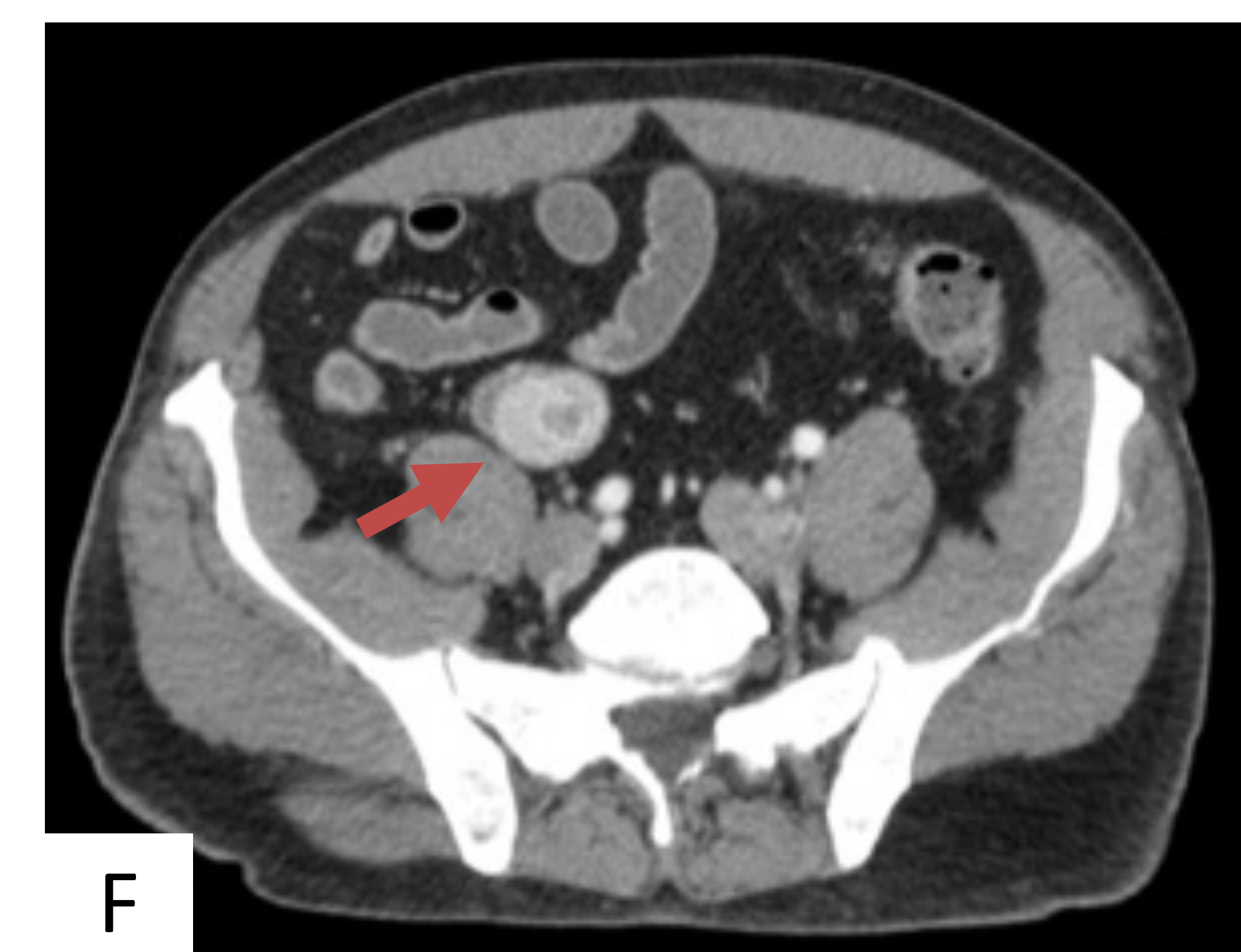
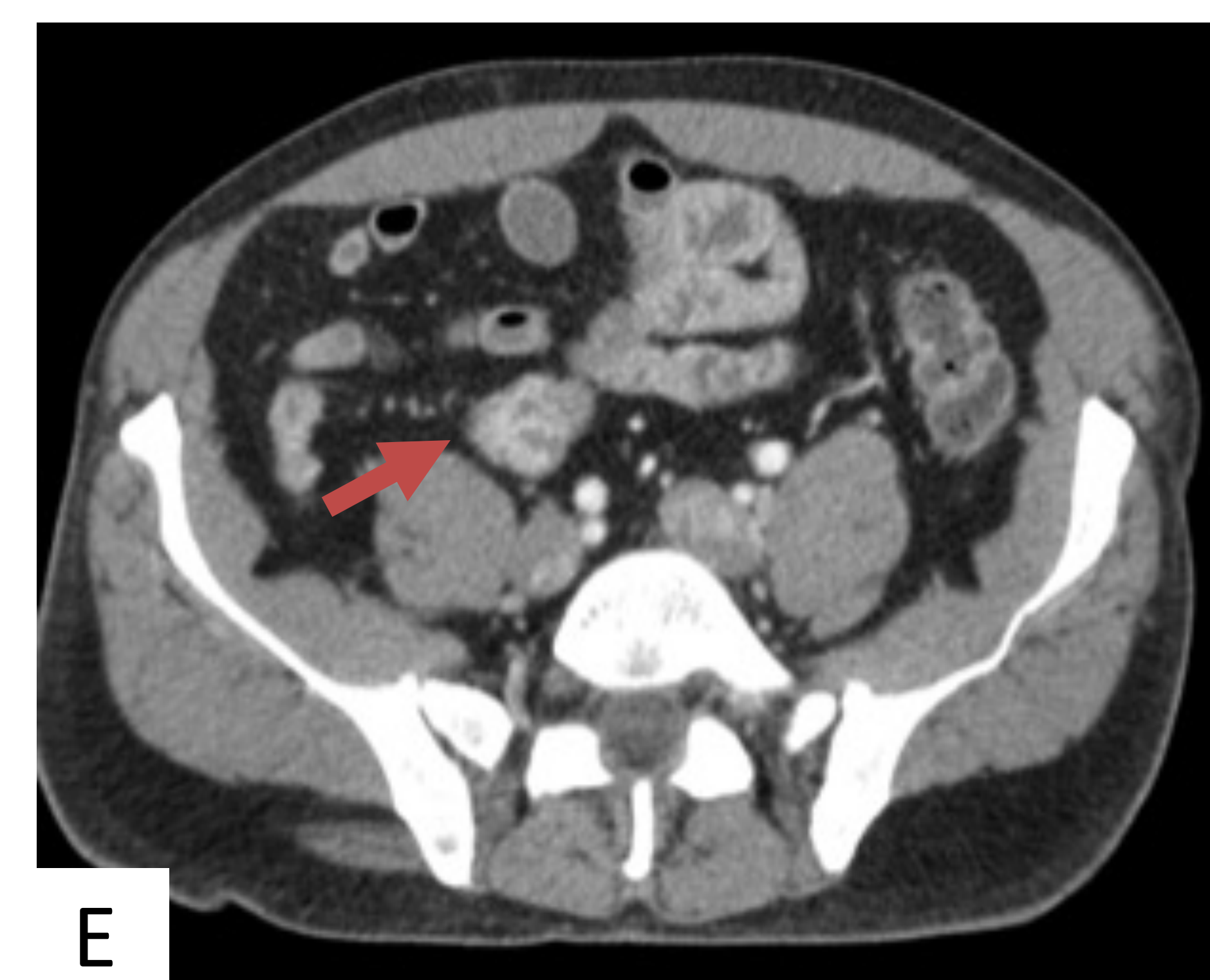
Discussion



The majority of intussusception cases in adults involve the small bowel and are secondary to a pathological lead point such as a neoplasm, post-surgical adhesions, anatomical changes, endometriosis, or iatrogenic causes such as placement of a gastrostomy or jejunostomy tube.¹⁻⁴ Symptoms can be relatively non-specific, and most patients will describe intermittent crampy abdominal pain, bloating, nausea, and vomiting.⁴⁻⁶ Given its rarity in the adult population and its non-specific presentation, intussusception can be a challenging diagnosis which is often delayed or missed altogether. Prompt diagnosis may prevent complications such as necrosis, perforation, and sepsis.^{1,5}

References

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Images (A), (B), and (C) display colonoscopy images of a firm, submucosal mass 20 cm into the terminal ileum. Images (D), (E), and (F) are CTAP showing a 2.3 cm soft tissue density in the small bowel with transient, non-obstructive intussusception