



Treacherous Telescoping: A Unique Presentation of Malignant Intussusception

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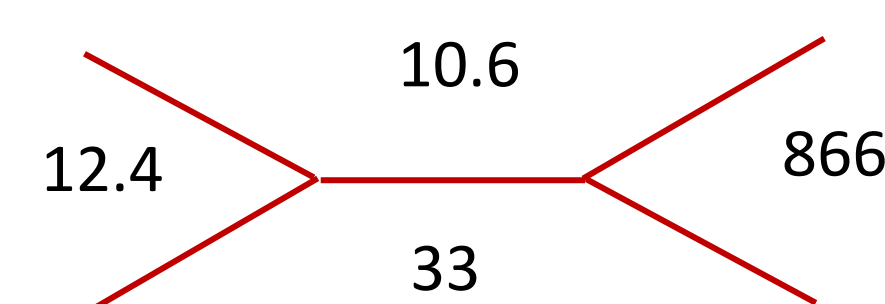
Background

- Intussusception is the telescoping of adjacent segments of bowel.
- Given that malignancy causes 80% of adult intussusception, a high level of suspicion for intussusception when evaluating colonic masses is essential.
- We describe a case of atypical intussusception presentation.

Clinical Course

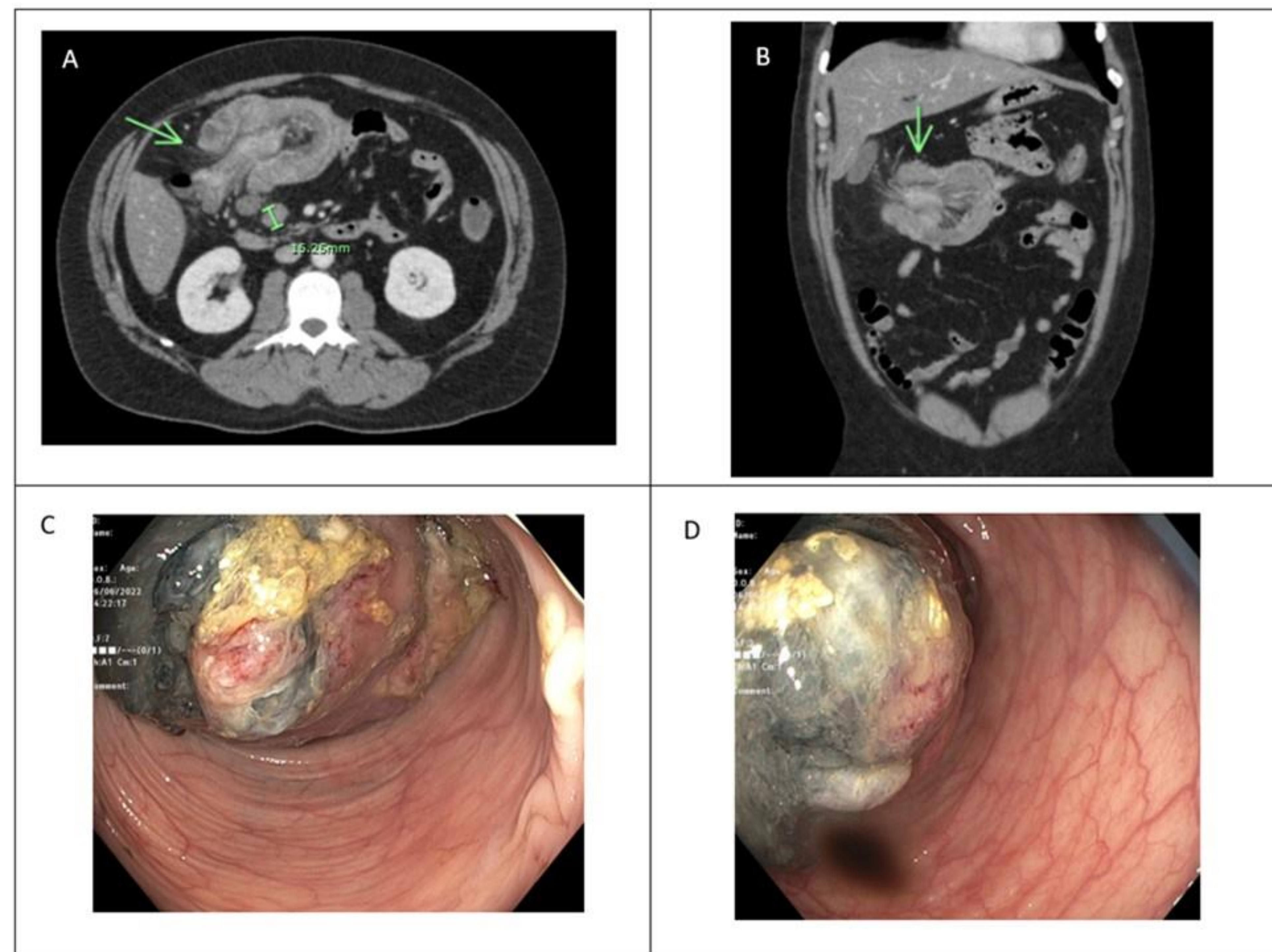
- 38-year-old male presents with hematochezia | melena | abdominal pain | weight loss
- No Nausea or Emesis No peritoneal signs

- Hemodynamically stable.



- Colonoscopy: ulcerated, obstructive, necrotic transverse colon (TC). Scope unable to advance further. (Image C, D)
Pathology: poorly differentiated adenocarcinoma
- CT A/P: bowel-within-bowel appearance of the proximal TC, suggesting intussusception. (Image A, B)
- Management: Patient had a right hemicolectomy with ileocolic anastomosis. Surgical pathology confirmed adenocarcinoma invading the muscularis propria. He is currently undergoing oncological evaluation.

Images



A: CT Abdomen with contrast transverse view: Bowel within bowel configuration of the TC near the hepatic flexure. TC mass served as the lead point for the intussusception.

B: CT Abdomen with contrast coronal view: TC intussusception seen with “sausage-like” appearance. The remainder of the small bowel and colon was not dilated, suggesting partial obstruction.

C: Colonoscopy image of the necrotic, ulcerated circumferential mass obstructing the lumen of the transverse colon. The obstructing nature of the mass can be seen in this image.

D: Colonoscopy image of the necrotic, ulcerated circumferential mass in the transverse colon. In this image, necrotic and ulcerated components of the mass can be seen

Discussion

- It is important to have high clinical suspicion for intussusception when encountering colonic masses.
- Our patient is decades younger than the median intussusception patient and the colo-colonic location is present in only 5% of cases.
- Lower GI bleed & the lack of bowel obstruction symptoms is uncommon
- Colonoscopy was typical for intussusception; there was no mucosal ischemia or bowel telescoping.
- CT is the diagnostic modality of choice, capturing the classic “bowel-in-bowel” appearance with 75% accuracy.
- In intussusception from cancer, surgical resection is first-line management.
- Evaluating for intussusception with a CT A/P is imperative in any patient with intestinal malignancy, even without signs of ischemia on endoscopy.

References

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