Multifocal Small Bowel Intussusceptions in an Adult with Strongyloides

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CASE DESCRIPTION

54-year-old male with severe abdominal pain. PMH of diverticulosis and pulmonary histoplasmosis. No surgical history. Resides in rural Iowa. Works construction.

FEB 2022
INITIAL PRESENTATION

ED

- **LUQ abdominal pain, nausea, non-bilious emesis**
- Physical Exam: Vitals NL. Mild distress. Abdominal distention. LUQ tenderness.
- WBC 17 x10^9/L
- **Contrast CT Abdomen/Pelvis (a):** Multiple proximal small bowel intussusceptions without identifiable lead points or obstruction (a, arrows)

HOSPITAL ADMISSION

- HIV, TB, histoplasmosis, celiac serologies negative
- **Exploratory laparoscopy (b):** 9 segments of intussuscepted bowel in the jejunum and proximal ileum reduced, no identifiable lead point (b, arrows)
- **CT enterography (**post-operatively**):** Normal
- **Antegrade double balloon-assisted enteroscopy**: No mucosal abnormality. Jejunal biopsies negative

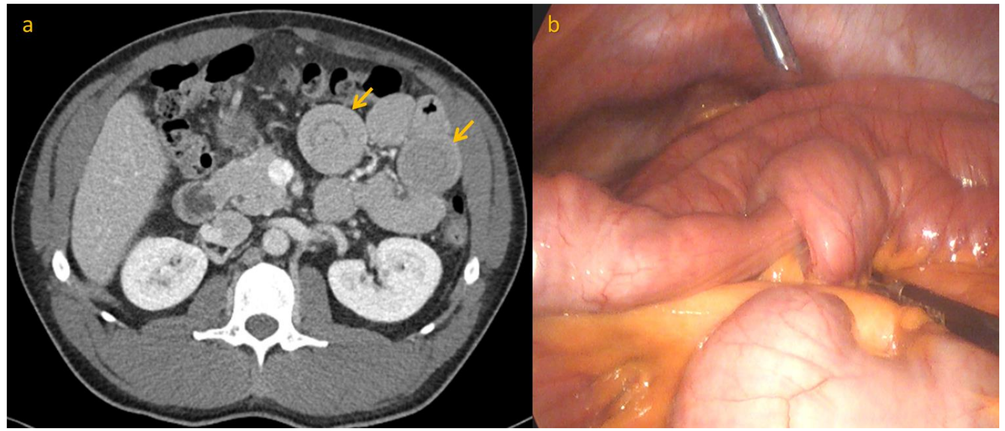
APRIL 2022
READMISSION

ED

- **Recurrent LUQ abdominal pain, nausea**
- Physical Exam: Vitals NL. LUQ tenderness.
- WBC 10.7 x10^9/L with mild eosinophilia 0.63 x10^9/L
- CRP 15.1 mg/L
- CT enterography
  - Possible short-segment intussusception at the proximal jejunum without lead point

HOSPITAL ADMISSION

- **EGD:** No mucosal abnormality. Gastric, duodenum, jejunal biopsies negative.
- Blood smear, celiac serologies, lead, C4, C1 esterase, urine ALA, MPO Ab, PR3 Ab, ANA, dsDNA negative
- **Strongyloides Ab, IgG positive**
- **ID consult. Treated with Ivermectin 200 mcg x 2**

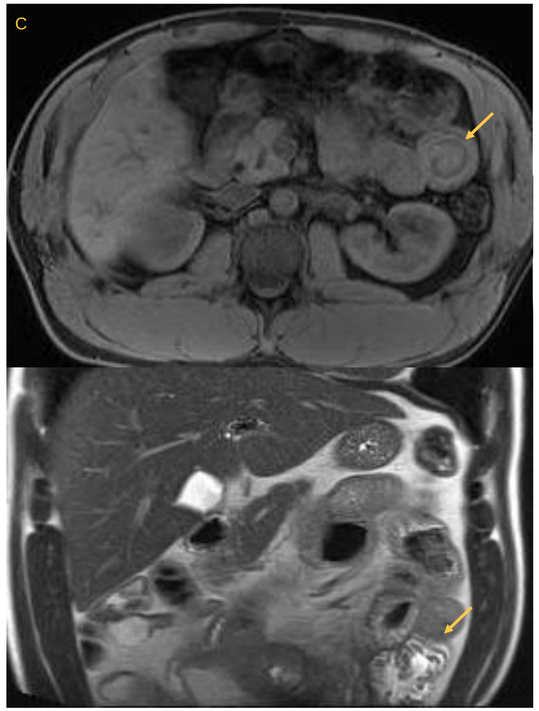


SUMMER 2022
LATEST UPDATE

OSH ADMISSION

Recurrent abdominal pain, nausea, emesis

- **MRI Abdomen (c):** Multiple jejunal intussusceptions without lead point, villous atrophy, or obstruction (c, arrows)
- WBC 14.2 x10^9/L with eosinophilia 0.78 x10^9/L
- Query insufficiently treated Strongyloides
- ID, GIH Follow-up pending



DISCUSSION

- Multifocal adult intussusceptions (AI) are rare with a challenging diagnostic workup
- CT is the best imaging modality for diagnosis
- High index of suspicion is required; AI rarely presents with the classic triad of abdominal pain, bloody currant jelly stools, and palpable tender abdominal mass seen in children
- Etiology of most AI are structural lesions, such as surgical adhesions or malignant neoplasm
- Helminth infection is a recognized cause of pediatric intussusception; few cases of helminth-related AI have been reported
- Our patient's peripheral eosinophilia and positive Strongyloides IgG Ab in absence of other identifiable etiologies, may suggest Strongyloides as the etiology of his multifocal AI
- This case highlights the importance of a risk factor driven differential in the workup of AI

REFERENCES

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