

A Case of Jejunum-Jejunal Intussusception Caused by Underlying Metastatic Melanoma

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Introduction:

- Intussusception in adults is a rare finding, with 95% of cases occurring in the pediatric population.
- If seen in adults, there should be a high degree of suspicion for a neoplastic process serving as the pathological lead point.
- Imaging is the primary modality for diagnosis, but exploratory laparotomy is often required posing an increased risk for morbidity and mortality.

Case Description

- 64-year-old male with history of alcoholism, 94 pack-year smoking, CAD, AAA repair, and Stage IV melanoma initially diagnosed in 2010 with lesions to peritoneum/brain. Treated with immunotherapy and brain radiation in 2015. Presented with 4 days of melanic stools and abdominal discomfort.
- Last colonoscopy 14 years prior had multiple tubular adenomas.
- On arrival, vital signs notable for mild tachycardia. Physical exam revealed conjunctival pallor and mild abdominal tenderness to palpation without rebound/guarding.
- Labs: hemoglobin 10.7 g/dL, platelet count 253,000/ μ L, AST 40 U/L, ALT 63 U/L, BUN/Cr 26, INR 1.0.
- An upper endoscopy showed mild duodenitis. Gastric biopsies were negative for *H pylori* and duodenal biopsies suggested gastric metaplasia and Brunner's glands hyperplasia.
- CTA revealed jejuno-jejunal intussusception with focal wall thickening for which an underlying lesion was difficult to exclude.
- He underwent exploratory laparotomy revealing an 8cm intussuscepted bowel with a lead point mass that was resected with pathology revealing metastatic melanoma 3.1 x 2.7cm involving entire wall of small bowel.

Histopathology:



Figure 1: Opened small intestine resection specimen shows 3.1cm, umbilicated mass extending into lumen

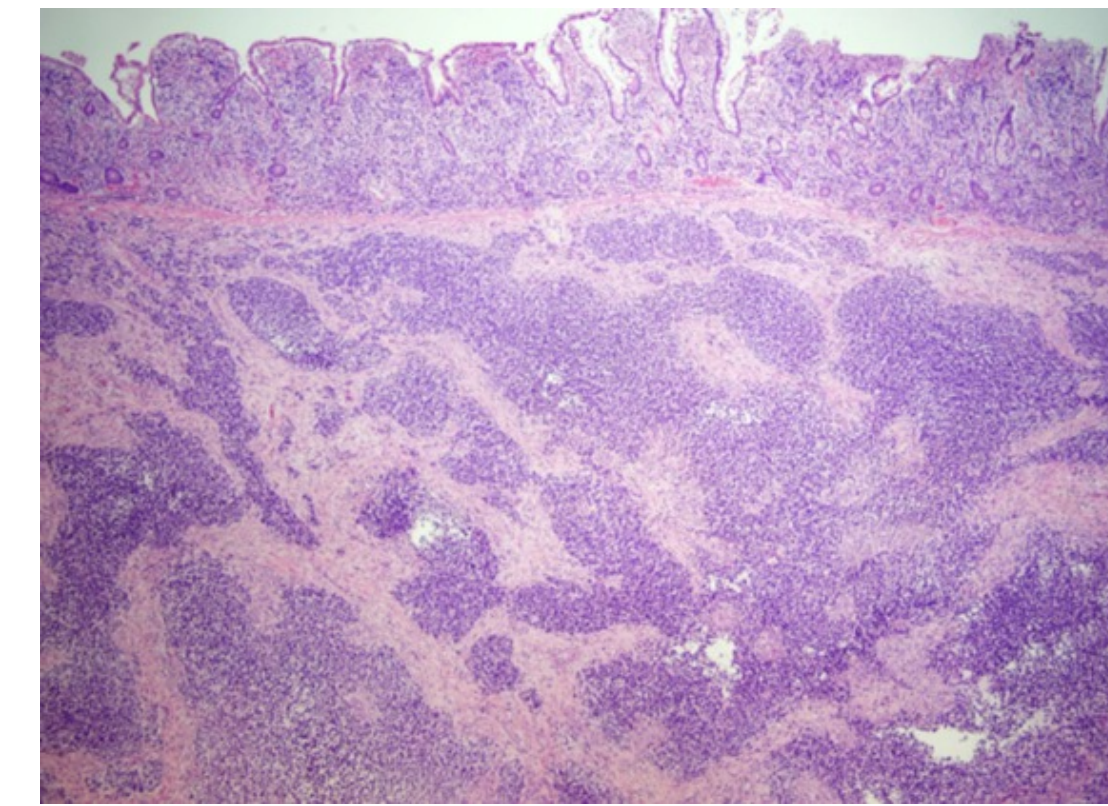


Figure 2: Nests of tumor cells diffusely invasive into mucosa (top), submucosa (mid), and muscularis propria (bottom)

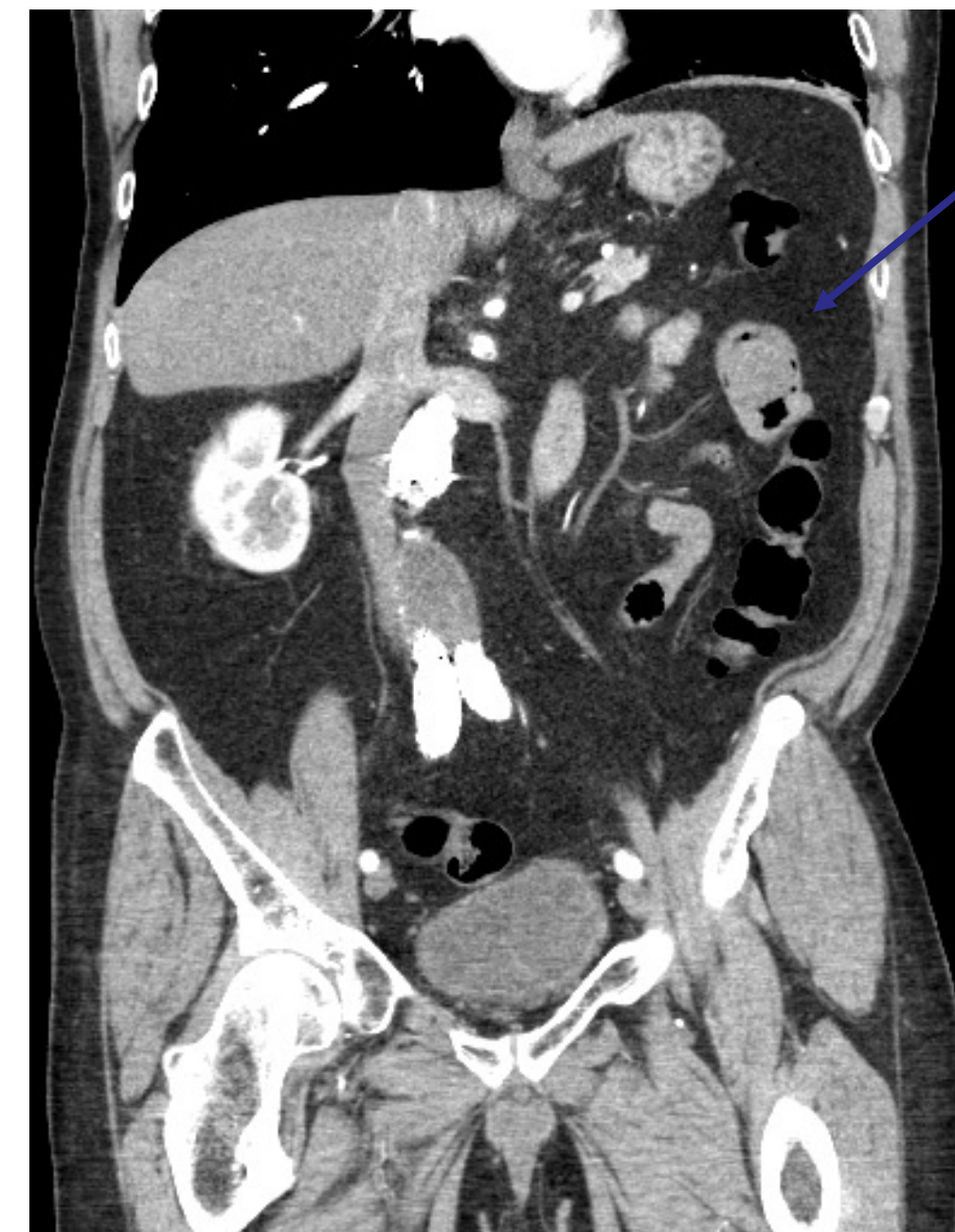


Figure 3: Arrow pointing to the metastatic lesion with surrounding air, viewed in coronal plane

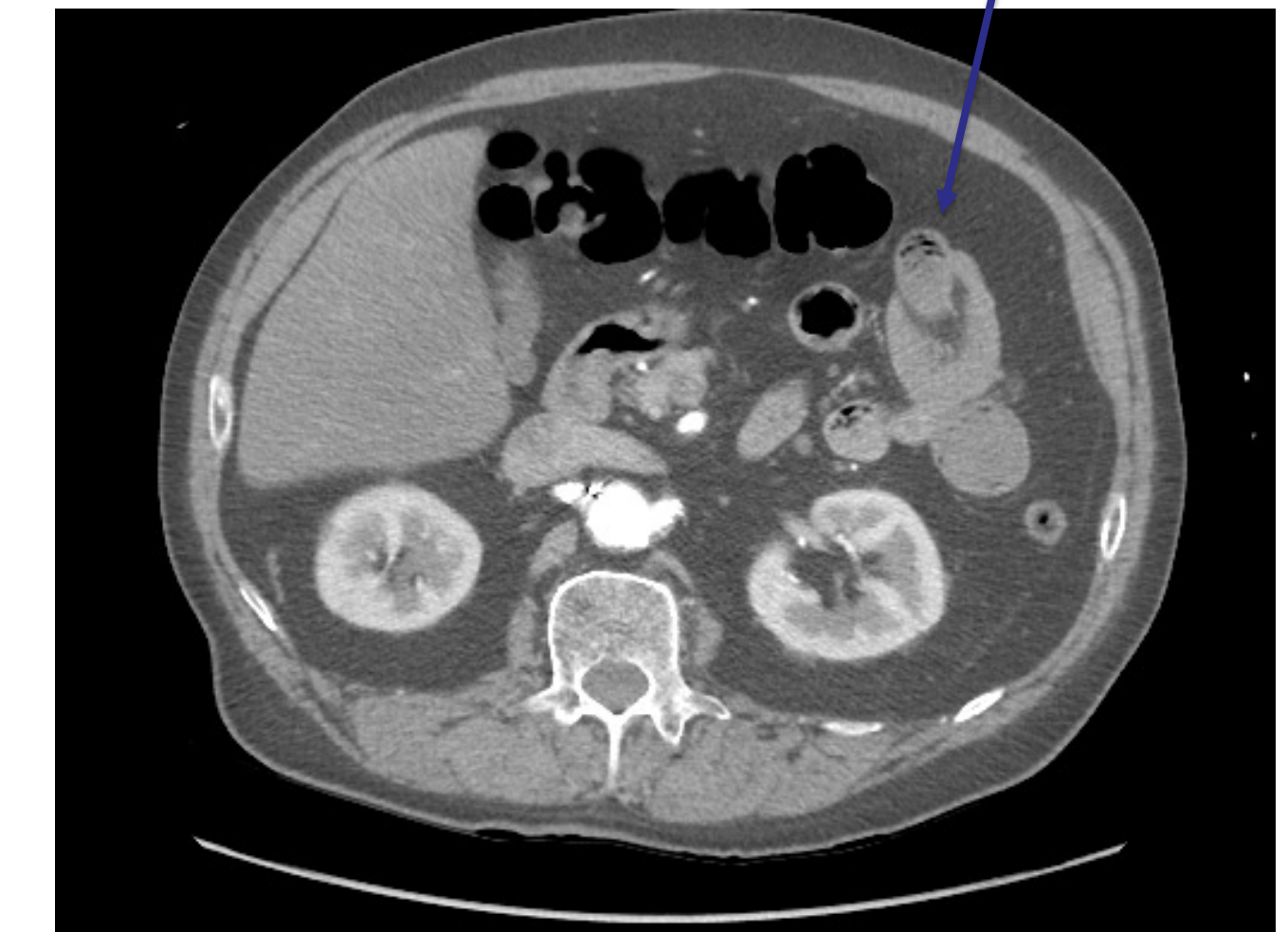


Figure 4: Arrow targeting the intussusception viewed in axial plane

Discussion:

- Melanoma is one of the most rapidly progressive cancers.
- Metastasis of cutaneous malignant melanoma causing intussusception is a unique finding with few causes reported.
- Intussusception in adults can present with non-specific symptoms, and metastatic disease should be on the differential in any patient with history of melanoma.
- Early detection increases the likelihood that the cancer is amenable to treatment (i.e., surgical resection) and exploratory laparotomy should be performed promptly in the right clinical context.

Questions?

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