

Introduction

- Adult intussusception is rare:
 - 5% of all cases of intussusception,
 - 1-5% of all bowel obstruction.
- Usually idiopathic in children
- In adults, 90% are due to a pathologic process.
- We present an elderly man who presented with bowel obstruction as a result of intussusception due to colonic adenocarcinoma.

Case Description

- 73-year-old man from a nursing home presented with large volume melena, which was preceded by four days of colicky abdominal pain, anorexia and vomiting.
- **PMH:** ESRD on hemodialysis, multiple myeloma, and GERD.
- **Vitals:** BP 97/64, HR 123.
- **Physical Exam:** Pallor
 - HEENT- dry mucous membranes,
 - ABD- distended, diffusely tender, without masses or guarding.
 - Rectal- melanic stool without masses, or hemorrhoids.
- **Labs:** hemoglobin 8.1, lactate 2.7.
- He was fluid resuscitated and admitted to Internal Medicine.
- **Abd CT angiogram:** revealed bowel-within-bowel configuration, consistent with colonic/ileocolic intussusception from the hepatic to splenic flexure, with mesenteric bleeding inside the bowel loop, and fat stranding.
- **Emergent laparotomy:**
 - Showed intussusception of cecum up to transverse colon.
 - Cecal mass at lead point resected.
 - Right hemicolectomy was done.
- **Pathology:** revealed a 3.7 cm well-differentiated adenocarcinoma with submucosal invasion
- Patient was referred to Oncology.

Images



Figure 1. CT abdomen showing ileocecal intussusception with classic target sign on axial view

Figure 2. CT abdomen showing bowel within bowel configuration on coronal view

Etiology of Colonic Intussusception	Prevalence
Malignant	50.8%
• Primary Adenocarcinoma	43.5%
• Lymphoma	7.2%
Benign	49.2%
• Post-operative	20.3%
• Lipoma	13%
• Adenoma	7.2%
• Villous tubular adenoma	2.9%
• Diverticulum	1.4%
• Lymphangioma	1.4%
• Vascular tumor	1.4%
• Teratoma	1.4%

Table 1. Spectrum of etiologies of colonic intussusception by prevalence.

Discussion

- Intussusception is the telescoping of a segment of bowel into the lumen of adjacent distal bowel.
- In children, it usually presents with cramping abdominal pain, bloody diarrhea and a palpable mass.
- In adults 19 - 90 years however, a mass may not be palpable.
- Also, warranting a greater degree of attention, as it is commonly caused by tumors, ~50% of which are malignant (see Table).
- Our patient presented with obstructive symptoms and rectal bleeding, which can be seen with any form of bowel obstruction.
- Imaging is crucial to make the diagnosis. It can be diagnosed with 58-100% accuracy with abdominal CT.
- Surgical resection is almost always required as simple reduction cannot be done as in children.
- Because of its strong association with malignancy in adults, the presentation of intussusception should prompt early investigation and probably surgical exploration.

References

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- Chiang JM, Lin YS. Tumor spectrum of adult intussusception. J Surg Oncol. 2008 Nov 1;98(6):444-7. Erratum in: J Surg Oncol. 2009 Jun 1;99(7):457. PMID: 18668640.

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