

Harlem

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

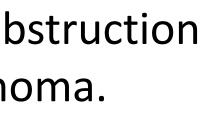
- 73-year-old man from a nursing home presented with large volume melena, which was preceded by four days of colicky abdominal pain, anorexia and vomiting.
- **PMH**: ESRD on hemodialysis, multiple myeloma, and GERD.
- Vitals: BP 97/64, HR 123.
- **Physical Exam**: Pallor
 - HEENT- dry mucous membranes,
 - ABD- distended, diffusely tender, without masses or guarding.
 - Rectal- melenic 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.

Contact

Sherlon Sinclair, MD New York Health + Hospitals/Harlem-Columbia University Email: <u>sinclais4@nychhc.org</u> Phone: 347 596 4988 LinkedIn: https://www.linkedin.com/in/sherlon-sinclair-md

The Importance of Suspecting Intussusception as a cause of Adult Bowel Obstruction

Sherlon Sinclair, MD¹; Joan Culpepper-Morgan, MD,FACG¹; Petra-Deane Wickham, MBBS² New York Health + Hospitals/ Harlem, Columbia University.¹ Georgetown American University²



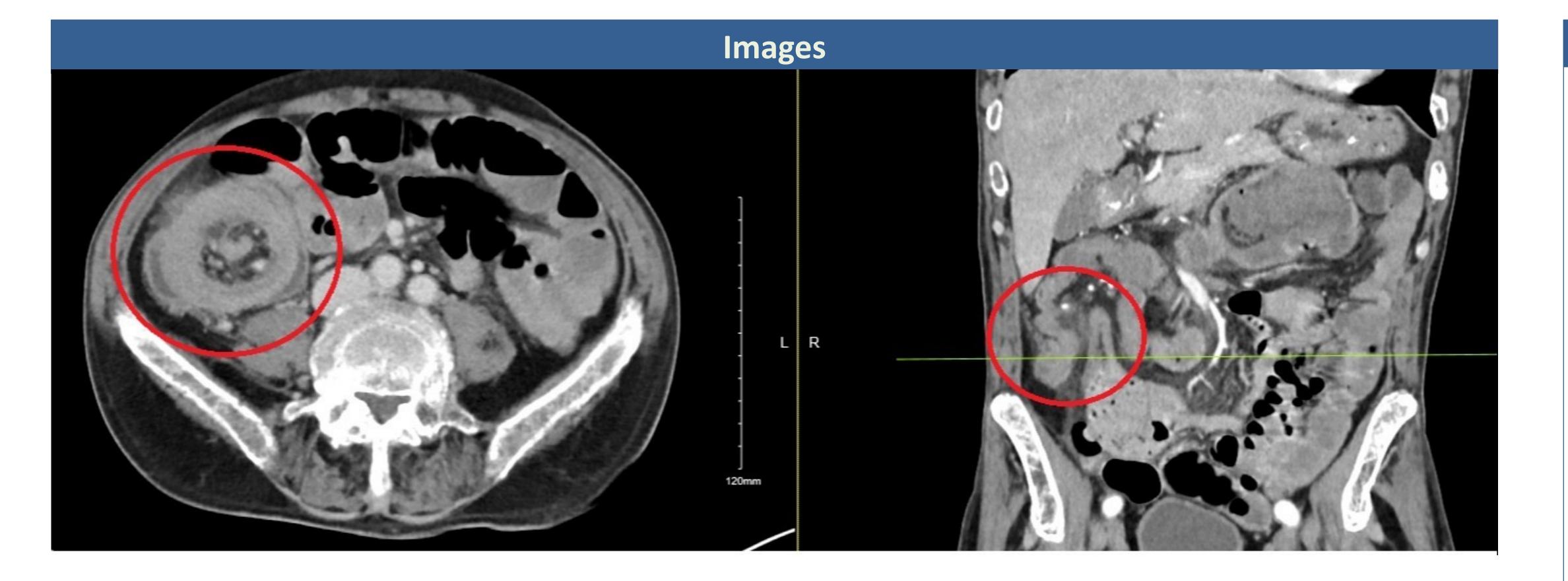


Figure 1. CT abdomen showing ileocecal intussusception with classic target sign on axial view

Etiology of Colonic Intussusc

Malignant

- Primary Adenocarcinoma
- Lymphoma

Benign

- Post-operative
- Lipoma
- Adenoma
- Villous tubular adenoma
- Diverticulum
- Lymphangioma
- Vascular tumor
- Teratoma

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

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

Prevalence	
50.8%	
43.5%	
7.2%	
49.2%	
20.3%	
13%	
7.2%	
2.9%	
1.4%	
1.4%	
1.4%	
1.4%	
	50.8%43.5%7.2%49.2%20.3%13%7.2%2.9%1.4%1.4%1.4%

$\Delta CG \approx 2022$

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
- 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

- Dungerwalla M, Loh S, Smart P. Adult colonic intussusception: Surgery still the best option. J Surg Case Rep. 2012 Jun 1;2012(6):3. PMID: 24960672.
- 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.