Lipoma!, Leading point of a Colonic Intussusception

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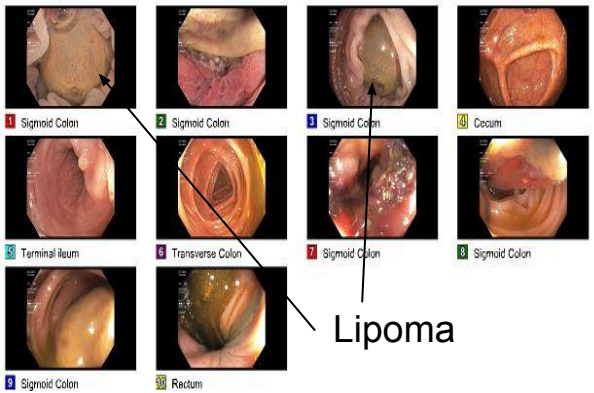
Introduction

Intussusception is Intestine telescoping into itself. Commonly benign, self resolving condition seen in children more often. Presentation in adults is rare. It represents 1-5% of all obstructions and intussusceptions. It is commonly associated with a definable lead point in about 70-90% of the cases. There is no exact explanation of the events but luminal location of a mass plus the presence of food in the GI tract contribute to the telescoping event to the distal bowel.



Case Presentation

A 47 year female with history of anxiety and constipation, presents with a 2 weeks of constipation along with recent abdominal pain, nausea, liquid bowel movements, decreased stool caliber, melena, and hematochezia. Denies weight loss. No surgeries or cancer history. No previous endoscopies. CT scan showed a descending colon to sigmoid intussusception with a possible polyp vs diverticulum as the lead point. Intussusception spanning approximately 12.7 cm in length. Patient underwent colonoscopy which revealed a large partially obstructing circumferential, firm, mobile mass in mid sigmoid colon with no bleeding. There was mucosal congestion, superficial areas of erosion but no necrosis or perforation most likely being the site of intussusception appreciated on CT. Diverticula was also found. Partial colectomy was performed. Intraoperatively, tumor involvement at the splenic flexure was noticed. Post operative course was uneventful. The patient was discharged home with no complications. Eventually, biopsy revealed an infarcted intramural lipomatous tumor, 5.5 cm in dimension, completely resected. Peritumoral intra and extramural abscess, and chronic active sclerosing mesenteritis. Diverticulosis without perforation. No evidence of malignancy.

Discussion

Colon Intussusception in adults is commonly associated with malignancy or underlying lesions.The incidence of intussusception is about 5% and only 1/4th are symptomatic. The presentation is non-specific and episodic and thus, is difficult to diagnose. It mainly presents with abdominal pain, constipation, bleeding or diarrhea, and severe complications are complete obstruction, perforation, sepsis, ischemia, necrosis, and recurrence. CT imaging is definitive in diagnosis. Surgical intervention is the mainstay management. Prognosis depends on the underlying lesion. The mortality rate is 50% with underlying malignant lesions.

Reference

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