VOLUME - 10, ISSUE - 04, APRIL- 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

General Surgery

A RARE CASE OF ILEAL LEIOMYOMA CAUSING ILEOILEAL INTUSSUSCEPTION IN ADULT – CASE REPORT

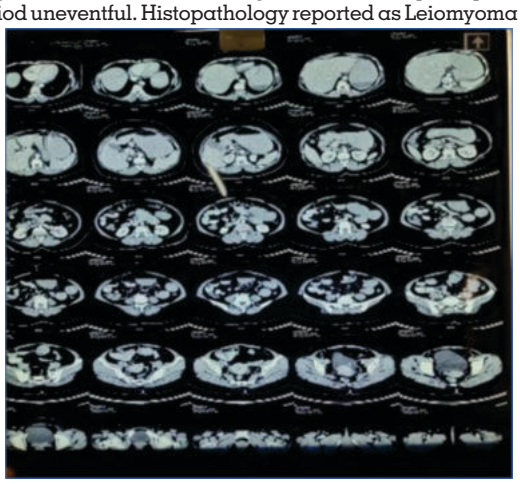
Prof Dr B Santhi	MS DGO, Department Of General Surgery, Government Kilpauk Medical College
Dr P J Hariprasad	DNB Gen Surgery, Department Of General Surgery, Government Kilpauk Medical College
Dr Harishkumar*	MS Post Graduate, Department Of General Surgery, Government Kilpauk Medical College. *Corresponding Author

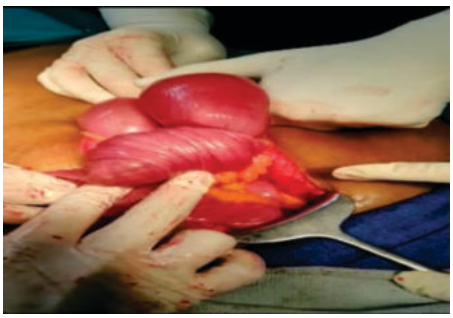
ABSTRACT Intussusception is a rare condition in adulthood and, unlike in children, is usually caused by an identifiable underlying lesion, most commonly a gastrointestinal tumour. The clinical presentation is non-specific and often there are intermittent symptoms making the diagnosis difficult based solely on history and examination. Plain radiography may reveal signs of bowel obstruction, however, CT is the gold standard to diagnose and localise an intussusception in adults. We present an unusual case of adult ileo ileal intussusception caused by an ileal leiomyoma. This case highlights the important radiological findings of intussusception presenting with a high-grade obstruction and discusses the potential causes which should be considered.

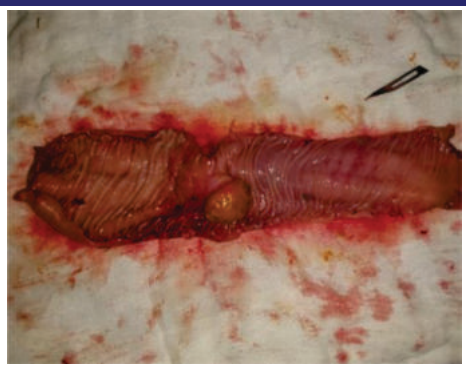
KEYWORDS :

CASE PRESENTATION

A 45 Year old female presented to the emergency department with complaint abdominal pain for 3 days which had increased in severity in past few hours, the abdominal pain was associated with vomiting for 2 days without any significant past history, On physical examination abdomen was lax, tenderness present over hypogastrium ,no guarding or mass palpable, on auscultation bowel sound was hyperactive, digital rectal examination was collapsed and empty, she was hemodynamically stable base line investigation was normal, CT Abdomen was taken which suggested ileoileal intussusception, hence patient taken into operative room for emergency laparotomy , intraoperatively we found ileoileal intussusception with lead point of 2x2 cm firm mass lesion without any peritoneal deposits,solid organ involvent ,ascites, so we done resection and anastomosis with surgical clearance of 5cm margin on both side, post operative period uneventful. Histopathology reported as Leiomyoma







DISCUSSION

Intussusception in adults is rare, accounting for less than 5% of bowel obstructions, but can be an often missed surgical emergency and indicator of underlying pathology. Adults tend to present with intermittent or vague abdominal pain over a period of time without any distinct clinical signs on examination to differentiate it from other causes of obstruction. The diagnosis is made through either radiological findings, laparoscopic examination, or intraoperatively during the laparotomy. An underlying cause of intussusception is found in more than 90% of cases; because of this, radiological investigation and surgical intervention are almost always indicated in adults.

Plain abdominal radiographs can reveal distended loops of bowel and air–fluid levels, which are typical of bowel obstruction, but are generally unable to discern the cause of the blockage.On ultrasonography, the characteristic findings are a "target sign when viewing the bowel in a transverse plane and "pseudokidney" sign when viewing it in the longitudinal plane. Ultrasound is a reliable diagnostic tool, especially in children, with the added benefit of being radiation free.

CT is generally accepted as the most sensitive and specific radiological investigation for intussusception and is the modality of choice in adults. It is also frequently used as an investigative tool for undifferentiated abdominal pain which is often how intussusception presents. Like ultrasound, the exact appearance is dependent on the plane the images are taken. A bowel-within-bowel configuration forming a series of concentric rings, much like the target sign, is typical when the CT image is perpendicular to the bowel. In a longitudinal axis, the image is akin to a sausage. A CT scan of the abdomen and

pelvis also provides the radiologist with significant amounts of other important information. The location and extent of the intussusception can be characterized, along with the presence of any ischaemia or perforation, greatly aiding initial management and surgical planning. The lead point, if present, can usually be identified suggesting the nature of the underlying cause. Finally, in the event malignancy is suspected, assessment for locoregional metastases can be performed.

An underlying pathological cause for intussusception can be identified in more than 90% of adults.The most common cause is a neoplastic process, either benign or malignant, but rarer causes include Meckel's diverticula, strictures, adhesions and a single case report of a gallstone causing secondary intussusception. The location of the intussusception may suggest the nature of the tumour; with those occurring in the colon most often being malignant and those in the small bowel predominantly benign. Leiomyomas are the most common benign tumour of the small bowel. Other benign tumours which could act as a lead point in intussusception include inflammatory fibroid polyps and gastrointestinal stromal tumours. A search of the English-language literature found six previous reported cases of a leiomyoma causing intussusception with five of them being jejunojejunal and one being duodenojejunal. All were diagnosed on CT with a visible lead point while plain radiography, ultrasound and endoscopy served as adjuncts. Leiomyomas were subsequently confirmed on histopathology. Neoplasia should always be suspected in adult intussusception and radiological assessment should be undertaken for metastatic disease, especially in a colocolic intussusception.

REFERENCES

1. Yamada H, Morita T, Fujita M, Miyasaka Y, Senmaru N, Oshikiri T. Adult intussusception due to enteric neoplasms. *Dig Dis Sci* 2007; 52: 764–6. doi: 10.1007/s10620-006-9161-x [PubMed] [CrossRef] [Google Scholar]
2. Sunamak O, Karabicak I, Aydemir I, Aydogan F, Guler E, Cetinkaya S, et al. . An intraluminal leiomyoma of the small intestine causing invagination and obstruction: a case report. *Mt Sinai J Med* 2006; 73: 1079–81. [PubMed] [Google Scholar]
3. Mansberg VJ, Mansberg G, Doust BD. Jejunojejunal intussusception secondary to leiomyoma. *Australas Radiol* 1996; 40: 72–4. doi: 10.1111/j.1440-1673.1996.tb00350.x [PubMed] [CrossRef] [Google Scholar]
4. Griffin M, Nolan H, Wengler C, Bedgood R, Ashley D. Duodenal leiomyoma causing duodenojejunal intussusception. *Am Surg* 2016; 82: 164–6. [PubMed] [Google Scholar]
5. Iliescu L, Toma L, Grasu M, Herlea V. A rare case of intestinal obstruction. *J Gastrointestin Liver Dis* 2013; 22: 250. [PubMed] [Google Scholar]
6. Marinis A, Yiallourou A, Samanides L, Dafnios N, Anastasopoulos G, Vassiliou I, et al. . Intussusception of the bowel in adults: a review. *World J Gastroenterol* 2009;