

A CASE OF COLO-COLIC INTUSSUSCEPTION

Dr. Aravapalli Vennela.

Junior Resident, Department of General Surgery, Konaseema Institute of Medical Sciences and Research Foundation, Amalapuram – 533201

Dr. Ganteti Sunil Kumar Mehar

Junior Resident, Department of General Surgery, Konaseema Institute of Medical Sciences and Research Foundation, Amalapuram – 533201

ABSTRACT

Intussusception is defined as an invagination of one segment of the bowel into the immediately adjacent segment of the bowel. It is common in early childhood, but intussusceptions are very rare in the adult population. It can be antegrade or retrograde, most commonly ileocolic, colocolic (rare). In adult life submucous lipoma, leiomyoma, polyps in jejunum (Peutz-Jegher syndrome), polyps, carcinoma with papillary projections. Its preoperative diagnosis and management in adults is difficult due to nonspecific abdominal symptoms and because it rarely presents with the classic triad abdominal pain, vomiting and bleeding per rectum.

KEYWORDS :**INTRODUCTION**

Intussusception is defined as an invagination of one segment of the bowel into the immediately adjacent segment of the bowel. It is common in early childhood, but intussusceptions are very rare in the adult population. Its preoperative diagnosis and management in adults is difficult due to nonspecific abdominal symptoms and because it rarely presents with the classic triad abdominal pain, vomiting and bleeding per rectum.

CASE REPORT

This is a single case study of a patient who was admitted in Kims Amalapuram,

CASE

A 33-year-old female presented with 1 month history of intermittent upper quadrant abdominal pain non radiating in nature. She also had decreased appetite with 1 month history of non-bloody diarrhea, normal in color with no history of travel. She denied having any fever, chills, nausea or vomiting. Her surgical history included tubectomy which was done 4-years back.

Workup: Ultrasound abdomen showed bowel within the bowel appearance of transverse colon in the epigastric region suggesting Intussusception. Colonoscopy was done revealing large greyish black mass lesion seen protruding into the lumen of transverse colon with significant luminal compromise beyond which the scope couldn't be negotiated across with the suspicion of neoplastic growth.

Operative Procedure

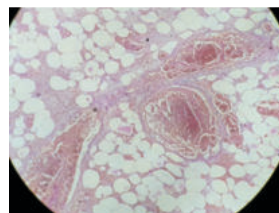
Patient underwent Extended Right Hemicolectomy with ileocolic side to side anastomosis.

Operative Findings

An intussusception was present at the junction of anterior one-third and posterior two-third of the transverse colon with wall thickening and congestion on both the sides of the intussusception.

Histopathology

Angiofibrolipomatous polyp of the ascending colon with infarction

**DISCUSSION**

Intussusception is defined as an invagination of one segment of the bowel into the immediately adjacent segment of the bowel. It occurs when a proximal segment of the gastrointestinal tract, called intussusceptum, telescopes into the lumen of an adjacent segment, also known as intussusciptens. Intussusception is a very uncommon cause of intestinal obstruction in adults. Most lead points in the small bowel are benign lesions compared to the large bowel, 66 and 30%, respectively. The most common presenting symptom is abdominal pain with associated symptoms consistent with partial obstruction: nausea, vomiting, obstipation, gastrointestinal bleeding, change in bowel habits, constipation, or bloating. A palpable abdominal mass, however, was found in less than 9%. Symptoms are typically acute, lasting days to weeks, but rarely can be chronic, lasting years.

CONCLUSION

Intussusception is rare in adults and is often a challenging diagnosis due to nonspecific symptoms. Surgeons must therefore be familiar with the epidemiology, etiology, diagnosis, and treatment of adult intussusception. In our case, we performed colonoscopy in order to evaluate the cause of the intussusception. However, surgery is the treatment of choice for colonic obstructing lesions and is usually done emergently. Colonoscopy should be performed when there is concern of obstructing signs and symptoms or to identify the location of the lesion as a preoperative workup, in the intent for surgical intervention. Our case showed a mass in the lumen of

transverse colon in colonoscopy which has raised the suspicion of malignancy, but turned out to be a polyp in histopathological report which has completely changed the prognosis and postoperative management of the patient.

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