VOLUME - 12, ISSUE - 05, MAY - 2023 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

General Surgery

ABDOMINAL TUBERCULOSIS PRESENTING AS INTUSSUSCEPTION

Dr. B. Santhi	M.S,.D.G.O, Professor and Head, Department of General Surgery, Govt.Kilpauk Medical college, Kilpauk, Chennai-10
Dr. A. Balasubramanian	M.S, Assistant Professor, Department of General Surgery, Govt.Kilpauk Medical college, Kilpauk, Chennai-10
Dr. Anto Thomas Jishanth.M*	Junior Resident, Department of General Surgery, Govt.Kilpauk Medical college, Kilpauk, Chennai-10*Corresponding Author

ABSTRACT Intestinal obstruction is a rare adult entity that behaves differently from its paediatric counterpart because of underlying pathological landmarks, most commonly neoplasms. The main clinical manifestation of chronic intussusception in adults remains dull abdominal pain. Computed tomography remains the diagnostic method of choice and surgical resection is the treatment of choice. Here is one such case of chronic intussusception of a 59 year old man presenting with abdominal distension and vomiting for 20 days. Evaluation revealed an intestinal obstruction and the patient was admitted for an emergency laparotomy. Intra-operatively ileo-ileal intussusception was noted with lymph node as the lead point. Since the intestine was gangrenous and the haemodynamics of the patient was unstable during the operation, and there was a strong suspicion of abdominal tuberculosis, so the small bowel was resected and a stoma was created. Postoperatively the patient were started on anti tuberculous drugs based on histopathological reports. Only about 5% of all cases of intussusception are believed to occur in adults. Adults often present with a vague history of symptoms such as diarrhoea, constipation, and weight loss, in contrast to typical childhood symptoms such as acute onset, episodic abdominal pain, currant-jelly stools, and vomiting. In one study, 30% of his adults had intussusception. The most common benign cause of intussusception was postoperative adhesions. Limited resection with intestinal anastomosis was often performed in benign intussusception. Abdominal tuberculosis as a cause of ileo-ileal intussusception is poorly described in the scientific literature.

KEYWORDS : Chronic ileo-ileal intussusception, Abdominal tuberculosis.

INTRODUCTION

Intussusception occurs when one segment of the intestine invades an adjacent segment of the intestine, causing obstruction and even intestinal ischemia. This process can lead to many complications such as intestinal obstruction, intestinal necrosis, and sepsis. The disease process is more common in the paediatric population and less common in adults, but when present, it may be due to pathological landmarks such as neoplasia.

Intussusception in adults is a difficult diagnosis requiring a high degree of clinical suspicion. A challenge arises because abdominal pain is not only one of the most common complaints evaluated in emergency departments, but it is also generally a non-specific complaint. Evaluation and treatment of abdominal pain depend primarily on the severity of the signs and symptoms being examined. A medical history, physical examination, and laboratory values can help in this process, but imaging tests are usually required for diagnosis. Intussusception is difficult even in adults because it mimics many alternative diagnoses. If not properly diagnosed, it can lead to serious complications and poor patient outcomes. The definitive treatment is surgery, and a good patient outcome depends on timely diagnosis and the employment of an expert team of doctors, nurses, and technicians. This activity focuses on deepening our understanding of this rare but life-threatening emergency.

CASE REPORT

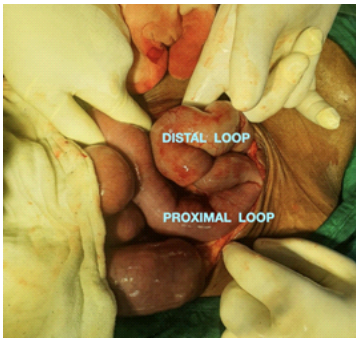
59 year old male presented to casualty with complaints of abdominal distension and vomiting for 20 days. On examination appeared tense and distended. X-ray abdomen erect showed multiple dilated bowel loops with air fluids levels.

CT abdomen and pelvis showed dilated jejunal and proximal ileal loops with maximum diameter of 3.4 cm. Large bowel loops appeared collapsed. Normal ileo caecal junction with possibility of ileo-ileal intussusception with hyper dense wall of 5cm showing intramural haemorrhage with features of small bowel obstruction. Transition point noted in distal ileum. Double barrel ostomy was performed as there was a strong suspicion of abdominal tuberculosis and the patient was haemodynamically unstable during the intra operative period.

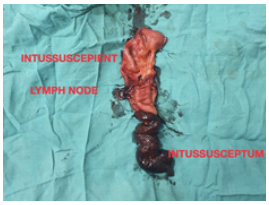
CONCLUSIONS

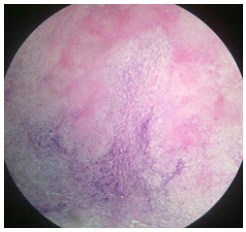
Only about 5% of all cases of intussusception are thought to occur in adults.Unlike the typical paediatric presentation of acute onset, episodic abdominal pain, currant jelly stools, and vomiting, adults often present with a vague history of symptoms that might include diarrhoea, constipation, and weight loss.In 1 study, 30% of adults with intussusception had malena. The most common benign cause of enteric intussusception was postoperative adhesions. Commonly limited resection with bowel anastomosis was carried out for benign intussusception. Abdominal tuberculosis as a cause for ileo-ileal intussusception hardly finds a place in scientific literature.

INTUSSUSCEPTION



Caseous Necrosis





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