

Ileo-Colic Intussusception Secondary to Non-Hodgkin's Lymphoma



Medical science

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ABSTRACT

Management of intestinal obstruction is twofold. First is the management of the obstruction per se and second is the definitive management of the cause of obstruction. This elderly lady presented with partial intestinal obstruction which on further evaluation turned out to be ileocolic intussusception. A right hemicolectomy was performed and the biopsy revealed a low grade Non-Hodgkin's lymphoma. She received adjuvant radiotherapy to complete the treatment.

Introduction

Intestinal obstruction is a commonly encountered surgical emergency. It encompasses a wide variety of disease processes. It is prudent to treat the obstruction as well as to treat the cause of obstruction. Though most of the times, both these objectives may be fulfilled with the same surgical procedure, definitive therapy of the etiology of the obstruction may need to be planned and executed as the need may be. Often what a surgeon finds intra operatively during laparotomy is seldom anticipated. Even after full evaluation, the exact cause of the obstruction may not be apparent in every scenario, until the final histopathology, as it is with this patient that we present.

Case report

A sixty five year old female presented with complaints of colicky central abdominal pain, bilious vomiting and melaena for the past seven days. Examination was normal except for pallor and diffuse abdominal tenderness. She had normal bowel sounds. A clinical diagnosis of sub-acute intestinal obstruction was made. Erect x-ray abdomen was normal. She had lax hiatus with antral gastritis on upper gastro-intestinal endoscopy. Ultra sonogram of abdomen showed a target sign with multiple concentric rings, suggestive of telescoping. Barium enema had claw sign with pincer deformity (Figure 1a). Computerized tomogram of the abdomen revealed target appearance in ascending colon (Figure 1b). A diagnosis of ileo colic intussusception was made.

The diagnosis was confirmed at laparotomy. A right hemi colectomy with end to side ileo transverse colic anastomosis was done (Figure 2). Post operative period was uneventful. Biopsy revealed a low grade Non-Hodgkin's lymphoma at the apex of intussusception (Figure 3). A staging workup was done and she had stage I Non-Hodgkin's lymphoma as per Musshoff modification of the Ann Arbor classification.

Discussion

Gastrointestinal tract is the most common extra nodal site of Non-Hodgkin's lymphoma (NHL), with stomach (74.7%) being the most common site, followed by small bowel (8.7%) and ileocaecal region (7%). Gastro intestinal bleeding is a predominant symptom (18.8%) in patients of NHL of the ileocaecal region¹. Computerized tomogram is diagnostic of intussusception². Treatment depends on which stage the patient fits into. The recommended treatment of stage IE low grade NHL includes resection of the tumor followed by extended-beam radiotherapy with total abdominal irradiation¹.

The prognosis is good if the lymphoma is localized and is of low grade¹.

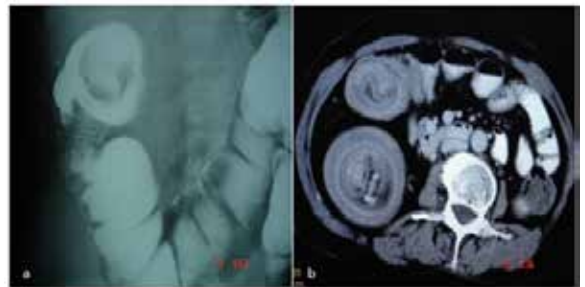


Figure 1

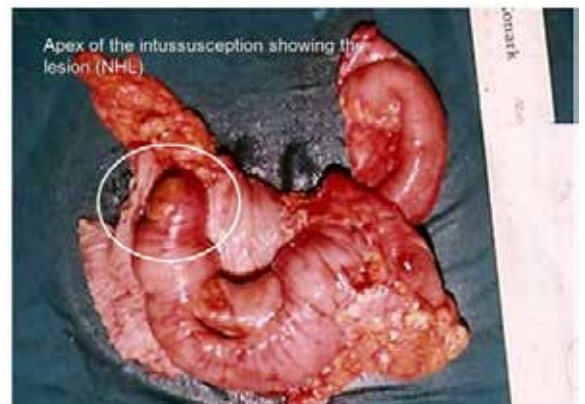


Figure 2

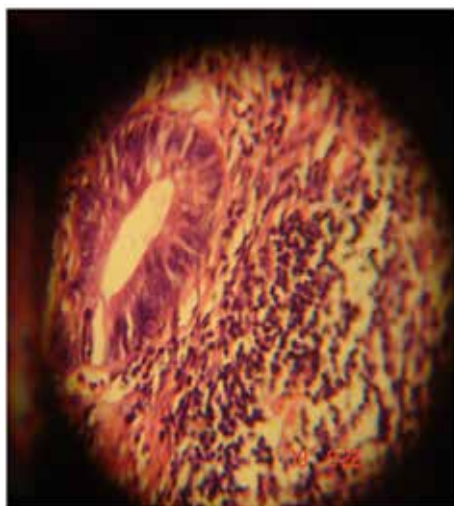


Figure 3

REFERENCE

1. Koch P, del Valle F, Berdel WE, Willich NA, Reers B, Hiddemann W, et al: Primary Gastrointestinal Non-Hodgkin's Lymphoma: I. Anatomic and Histologic Distribution, Clinical Features, and Survival Data of 371 Patients Registered in the German Multicenter Study GIT NHL 01/92. J Clin Oncol. 2001 Sep 15; 19(18):3861-73. | 2. Majdoub Hassani KI, El Bouhaddouti H, Ousadden A, Ankouz A, Boubou M, Tizniti S, et al: Non-Hodgkin's lymphoma revealed by an ilio-colic intussusception in a Moroccan patient: a case report. Pan Afr Med J. 2010 Mar 13;4:11. |