



ILEAL INFLAMMATORY POLYP (VANEK'S TUMOUR) CAUSING ILEOCOLIC INTUSSUSCEPTION- CASE REPORT

General Surgery

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ABSTRACT

Intussusception in adults is rare and accounts for 1-3% of all cases and 1-5% of intestinal obstruction in adults. Inflammatory polyp is rare idiopathic pseudotumour lesion arising from sub mucosa of gastrointestinal tract, first described by Vanek in 1949. These polyps are composed of fibrous connective tissue, blood vessels and an inflammatory cell infiltrate usually with many eosinophil. We present a case of 32 year old female came with complaints of abdomen pain for 2weeks, vomiting for 10 days and constipation. Clinically, abdomen guarding present, tenderness in right iliac fossa and around umbilicus and no mass palpable. Ultrasound abdomen showed features of intussusception. CECT abdomen showed long segment ileocolic intussusception with lesion in ileum acting as lead point. Exploratory laparotomy was performed, intraoperative ileocolic intussusception was identified with 5x4cm intramural mass present 15cm from ileocaecal junction. Resection with end to end primary anastomosis was done. Histopathology report was sub mucosal inflammatory polyp in ileum.

KEYWORDS

Ileal Polyp, Inflammatory Polyp, Vanek's Tumour, Intussusception.

INTRODUCTION

Intussusception in adults is rare, accounts for 1-3% of all cases and 1-5% of intestinal obstruction [1]. In adults it is due to pathological lead point within bowel, which is malignant in most of cases. Inflammatory polyp is rare idiopathic pseudotumour lesion arising from submucosa of GI tract, first described by Vanek in 1949 as eosinophilic submucosal granuloma [1]. The term inflammatory fibroid polyp was first proposed by Ranier and Helwing in 1953, composed of fibrous connective tissue, blood vessels, inflammatory cell infiltrate with many eosinophils[3,4].

Case Report

A case of 32 year old female presented with c/o lower abdomen pain for 2 weeks, vomiting for 10 days and constipation. P/A – guarding present, tenderness present in the right iliac fossa, lumbar region, around umbilicus and no mass palpable. Blood investigations revealed anaemia, other parameters were normal. X-ray abdomen showed features of small bowel obstruction. Ultrasound abdomen showed features suggestive of intussusception. CECT abdomen showed long segment ileocolic intussusception with lesion in ileum acting as lead point. Exploratory laparotomy was performed, intraoperatively ileocolic intussusception was identified with 5x4cm intramural mass present 15cm from ileocaecal junction. Resection with end to end primary anastomosis was done. Histopathology biopsy report was submucosal inflammatory polyp in ileum. The microscopic examination showed a polyp located mainly in the submucosa. Typically, the polyp consisted of myxoid stroma, containing spindle cells, inflammatory cells, and blood vessels. The inflammatory cells were predominantly represented by eosinophils. The lead point for her intussusception was a rare non neoplastic submucosal lesion seldom found in ileum, inflammatory fibroid polyp.

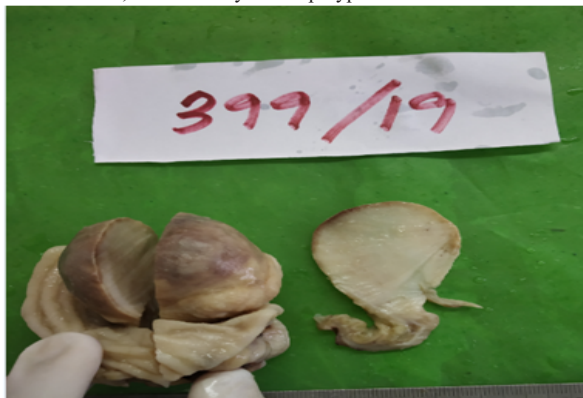


Fig.1 Ileal Inflammatory polyp

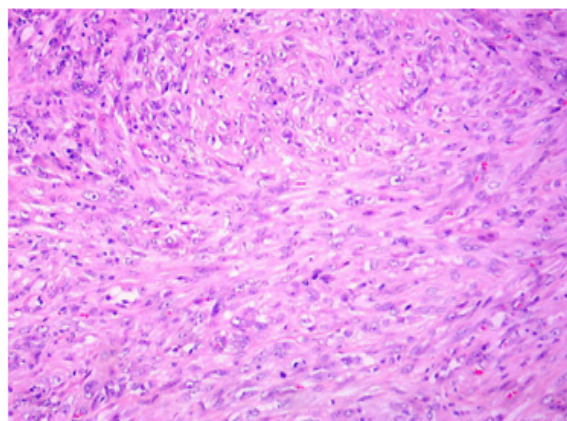


Fig.2 Histopathology of Vanek's tumour

DISCUSSION

Inflammatory fibroid polyp is a benign tumor described by Vanek in 1949 as eosinophilic sub mucosal granuloma [1,3,4]. Stomach is most commonly involved, located at antrum less frequently in distal ileum [4,5]. The tumor is common among all age groups with peak incidence of 6th to 7th decade. Almost 90% of the cases of intussusception in adults are secondary to a pathologic condition that serves as a lead point, which are usually discovered intraoperative [3]. In our case, the diagnosis was made based upon the CECT abdomen which showed long segment ileocolic intussusception with lesion in ileum acting as lead point. But the histopathological examination confirms the diagnosis of Vanek's tumour. The polyps could be classified into four groups, based upon the predominant histologic findings: nodular, fibrovascular, sclerotic, and edematous. If two or more histologic patterns were found in the same polyp, the major pattern (more than 75% of the total area) accounted for the staging [2]. Macroscopically, sessile or polypoid sub mucosal lesion 2 to 5cm in diameter. Giant up to 12.5cm were reported. Microscopically, composed of myofibroblast, blood vessels, and inflammatory cells including eosinophils, lymphocytes and plasma cells. Shimer and Helwig pointed out the histological differences between IFPs in the stomach and small intestine. Although the former frequently demonstrated the prominent concentric fibrosis (onion skin-like appearance) around the vessels and the latter did not [5]. GIST important consideration in histological differential diagnosis (IHC – CD117 +ve). Pathophysiology unknown, may be allergic basis and neural hyperplasia [2,3].

Conflict of Interest: Authors declares that they have no conflict of interest.

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