Case Report

Ileo -colic Intussusception in Adults due to Lipomatous Polyp: A rare case

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Abstract Adult Intussusception is a rare but challenging condition. The condition is usually secondary to definitive lesion. The aetiology, clinical presentation and management of this condition are different in adults than in children. Preoperative diagnosis is usually missed or delayed because of non specific or sub acute symptoms. We present a case of ileo -colic intussuscepton in a 78 year old male patient.

Keywords: Intususception, Ileo –colic, lipomatous polyp, hemicoletomy.

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INTRODUCTION

Intussusceptions, Prolapse of one segment into an adjacent one. It is rare in adults and accounts for only 1-5% intestinal obstructions in adults[1], almost 90% of adult intussusception cases have some underlying disorder such as neoplasm, polyp, meckel's diverticulum strictures, which are discovered intraoperatively[2]. However , neoplasm is most common cause and is found in approximately 65% adult cases[3]. The present case describes an adult intususception due to a polyp, which was surgically treated with a favourable outcome.

CASE REPORT

A 78 year old male patient presented with history of pain in epigastric and umbilical region, altered bowel habits since 5 days and vomiting since 3 days. His Vitals:temp-37.8C, Pulse was 80 beats/min, b.p.-130/80 mm hg and respiratory rate was 16/min. on Systemic examination: Per abdomen- tenderness in epigastric and umbilical region was noted, an ill-defined lump felt in epigastric and umbilical region, firm in consistency, tender to touch and did not move with respiration. On rectal examination, finger was smeared with black stool. All other systems were within normal limits. Routine lab investigations were done, which were normal. An ultrasound showed evidence of Doughnut Sign in RIF (right iliac fossa) (Figure 1). CT scan showed Ileo colic intussusceptions, with the tip extending to the hepatic flexure with 36x33mm lipoma noted as a lead point. Exploratory Laparotomy was done for the patient and intussusception was reduced in a retrograde fashion. Right hemicolectomy (Figure 2) was done with ileo transverse end to side anastomoses. Post operative period was uneventful and patient was discharged on 12th day. The histpathological report came out as Lipomatous polyp-Ileum which caused the condition.

DISCUSSION

Intususception is rare condition in adults. Adult intususception comprises 5% of all intussusceptions. The clinical presentation varies considerably. They most commonly present with pain in abdomen, nausea abd vomiting in acute condition as seen in 20% cases[3]. Frequent physical findings include abdominal distention, decreased or absent bowel sounds, and abdominal mass[4]. Ultrasound and CT scan are helpful to establish the diagnosis, but Because of this variability in clinical presentation and confusions in imaging, the diagnosis is usually made at the time of laparotomy. Between 75%-90% of cases of intussusceptions requiring surgery have a specific indentifiable lead point such as a benign or malignant neoplasm. Benign lesions account for only 25% cases, the commonest being Lipoma(Figure 3) in colon, However more than 2/3 have malignant tumour as a cause. So Primary resection is recommended whenever possible.

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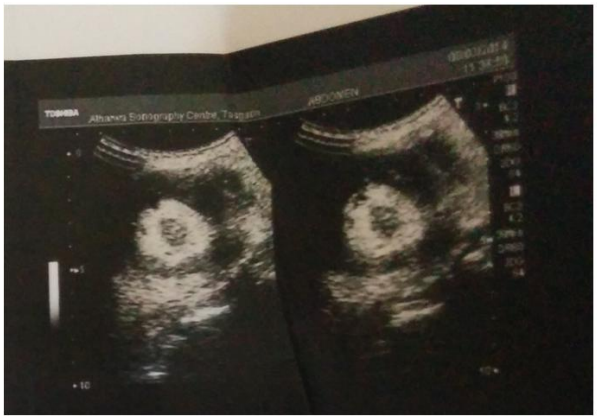

Figure 1

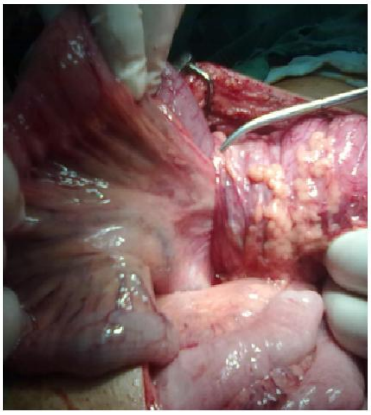

Figure 2

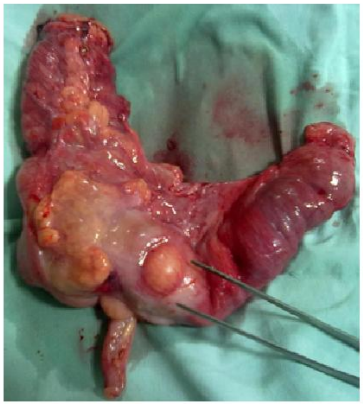

Figure 3

CONCLUSION

Intususception is a rare cause of intenstinal obstruction in adults. Diagnosis is Difficult due to non-specific symptoms. The classical traid of intussusceptions consisting of abdominal pain, sausage shaped mass, and heme positive stool are rarely present, but the condition should be considered in differentials whenever needed. CT scan is considered as the most accurate diagnostic tool for preoperative diagnosis of intussesception Treatment is Resection of bowel depending upon the length involved and underlying lesion.

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