## **Case Report**

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# A rare case of adult Ileo-ileal intussusception due to inflammatory fibroid polyp

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#### **ABSTRACT**

Inflammatory fibroid polyps are uncommon; moreover, that polyp causing secondary intussusception in an adult are still rarer. Here, we report a case of inflammatory fibroid polyp of the small bowel that presented as just vague pain in the abdomen in a 48-year-old woman. Even though investigations reported Ileo-ileal intussusception caused by a polyp, the patient did not have clinical symptoms that could be correlated. The rareness of the disease made it a clinical challenge to subject the patient to laparotomy. The rareness of non-neoplastic condition being the cause for adult ileo-ileal intussusception and the clinical challenge associated with it makes it a case worth reporting.

Keywords: Inflammatory fibroid polyp, Ileo-ileal intussusception, Non-neoplastic

#### **INTRODUCTION**

Adult intussusception is relatively rare, constituting only 1-5% of patients with bowel obstructions. The cause of intussusception in children differs from that of adults. Adult intussusception is mostly caused by tumors and 80-90% of the tumors associated with small bowel intussusception are benign. Lipoma is the most common benign tumor in intussusception. Inflammatory fibroid polyps rarely cause ileal intussusception. Here, we report an unusual case of Ileo-ileal intussusception caused by an inflammatory fibroid polyp.

#### **CASE REPORT**

A 48 year old female presented to our hospital with complaints of pain abdomen on and off since 10 days. Patient was apparently alright ten days ago when she noticed acute pain abdomen, colicky type. Patient also gives no history of abdominal distension, vomiting and

constipation. No history of bleeding per rectum and alteration in stool consistency.

## Physical examination

Per abdomen

On palpation abdomen was soft, diffuse tenderness was present. On percussion tympanic note was heard.

On auscultation increased peristaltic movements were heard.

#### Investigations

Ultrasound abdomen

Intermediate segment midline infraumbilical intussusception (jejuno ileal/ileoileal) with intestinal polyp/luminal growth as a lead point.

### CT scan of abdomen (plain and contrast)

Focal uncomplicated Ileo-ileal intussusception in right lower quadrant with no obvious enhancing lesion /lead points.

Multiple subcentimeter retroperitoneal lymph nodes.

#### **Treatment**

Patient was given conservative management by keeping nil per oral, IV fluids as per requirement, basic antibiotics and enema twice daily for distal evacuation. As the pain did not get relieved and boborgymi reappeared on third day patient was taken up for exploratory laparotomy.

## Intra operative findings

Ileo-ileal intussusception about 20 cm away from the ileocecal junction.

On palpation the segment had hard consistency. This segment was resected and end to end anastomosis was done.

The resected part was cut open which showed a single polyp measuring about 5cm.



Figure 1: Intussuscipiens.



Figure 2: Intussusceptum.

#### Attempted reduction



Figure 3: Reduction of intussusception.



Figure 4: Attempted reduction to visualise the apex.



Figure 5: Post reduction.



Figure 6: On opening of resected part.

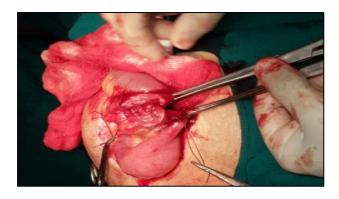


Figure 7: End to end anastomosis.

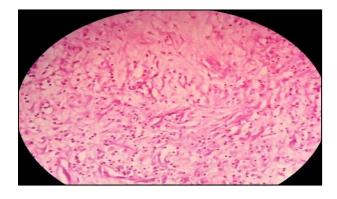


Figure 8: Image showing inflammatory cells and fibroblasts.

#### **DISCUSSION**

A preoperative diagnosis of adult intussusception is rare, but can be made on finding a palpable mass in the abdomen or with the use of imaging techniques. The primary imaging modality of choice is ultrasound scanning, which enables the diagnosis or exclusion of intussusception with a sensitivity of 98-100%, specificity of 88-89% and negative predictive value of 100%.<sup>3,4</sup> The majority of intussusceptions are diagnosed at surgery. In our case, the preoperative clinical findings and ultrasonic images suggested intussusception. The clinical presentation in adult intussusception is often chronic, and most patients present with non-specific symptoms that are suggestive of intestinal obstruction.<sup>5</sup>

The optimal management of adult intussusception remains controversial. Exploratory laparotomy is frequently recommended as a treatment for fibroid polyps. The lesion seems to lack malignant potential and recurrence of the polyp has been reported only once. Morphologically, inflammatory fibroid polyps can mimic several other tumor and non-tumor processes of the gastrointestinal tract, including inflammatory myofibroblastic tumors, eosinophilic gastroenteritis, gastrointestinal stromal tumors (GISTs), and other mesenchymal lesions. <sup>6-10</sup>

#### CONCLUSION

This case report demonstrates the possibility of benign inflammatory lesion causing secondary intussusception. Also, deligent clinical evaluation still determines the decision of subjecting the patient to surgery.

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