## **Case Report**

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# Adult ileocolic intususception: a case report

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### **ABSTRACT**

Intussusception is defined as the pathology in which a segment of intestine telescopes into the adjoining intestinal lumen. Ileocolic accounts for 75% of all cases of intussusception. The average age of affected adults is between 50 and 60 years old and it occurs more often in women. The higher percentage of intussusception in adults (65%) occurs due to malignant or benign neoplasms. Appendix is part of intussusception of commonest ileocolic type but appendix as lead point for intussusception is rare. Patient details were collected by patient's IPD file. Complete detailed history, patient vitals, hemogram, ABO, with X-ray Abd erect, USG abdomen and CECT abdomen was done. Post-OP patient was followed by USG review. 60-year-old female diagnosed and operated as for ileocolic intussusception with appendix as lead point. Ileo transverse anastomosis was performed with hemicolectomy involving the terminal ileum along with caecum and ascending colon. Post op patient did well passed stools on 5<sup>th</sup> day. Intussusception is a pathology in which a segment of intestine telescopes into the adjoining intestinal lumen causing intestinal obstruction. Intussusception are two types antegrade and retrograde. CT scan and colonoscopy, which provide an accurate diagnosis, allowed the best surgical choice in the hands of an experienced surgeon.

Keywords: Intussusception, Ileocolic intussusception, Intestinal obstruction

### INTRODUCTION

Intussusception is defined as the pathology in which a segment of intestine telescopes into the adjoining intestinal lumen, causing intestinal obstruction. It is mostly common in children. In adult is rarely caused by idiopathic conditions which can be inflammatory diseases, volvulus, benign or malignant tumors and motility disorders. As a benign cause, lipomas appear as a particularly rare gastrointestinal intraluminal tumor occurring with highest incidence in the colon, mostly in the caecum and ascending colon. The higher percentage of intussusception in adults (65%) occurs due to malignant or benign neoplasms. 1,2

Intestinal adhesions post abdominal surgery is also leading cause of intussusceptions in adults. The average

age of affected adults is between 50 and 60 years old and it occurs more often in women.<sup>3-7</sup>

### **CASE REPORT**

A 60-year-old female presented in Emergency with features of intestinal obstruction. Her vital signs on presentation were with temperature of 102.5°F, pulse of 126/min and blood pressure of 78/56 mmHg; SPO2-91%. Patient was immediately admitted and resuscitated. Patient presented with acute pain abdomen for 11 days with acute onset radiating to whole abdomen associated with nausea and vomiting. Patient presented with abdominal distension. Patient had history of repeated alternate diarrhea with constipation associated with mucus. PR findings revealed empty collapse rectum. Patient presented with History of weight loss. Blood tests were with initial hemoglobin level of 8.5 gm%, TLC -

13000, platelet count - 80,000/cumm, urea - 70 mg/dl creatinine - 2.3 mg/dl,  $Na^+$  - 129 mmol/dl,  $k^+$  - 2.8 mmol/dl, Cl - 97 mmol/dl, LFT-WNL. X-rays abdomen erect revealed multiple air fluid levels with loaded gut suggesting features of intestinal obstruction.



Figure 1: X-ray abdomen erect showing lead point.

USG showed a 'doughnut' or 'bull's-eye' sign when the intussusception was seen transversely, or 'pseudo-kidney' or 'hayfork' sign in longitudinal section.



Figure 2: CECT abdomen showing the target lesion.

Patient was managed, settled clinically and CT scan was planned and done releaving a 'target lesion' in the distal ileum or ascending colon. It is common to see a target-shaped mass with the oedematous intussusception, surrounding which is the intussusception.



Figure 3: Intra-operative, intussusceptions at splenic flexure with appendix as lead point.

CT scanning is probably the imaging modality of choice. Patient was planned for laparotomy and done on same day. Intra-op findings revealed ileo-colic intussusceptions with appendix as a leading point. The appendix was invaginated and telescoped into the splenic flexure. The whole of the ileum, caecum, ascending colon and transverse colon were thickened. Multiple faecolith were impacted inside the invaginated loop of colon. Ileo transverse anastomosis was performed with hemicolectomy involving the terminal ileum along with caecum and ascending colon.

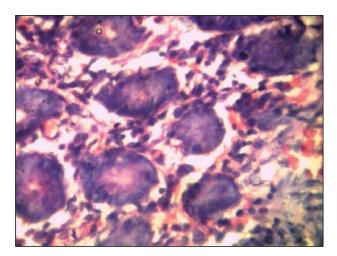


Figure 4: Histopathology revealing the diagnosis of ileocolic intussusception.

#### DISCUSSION

Thus, intussusception which is a common cause for acute intestinal obstruction in pediatric age group rarely can be found in adults also. Intussusception is the cause of adult symptomatic bowel obstruction in 1% of the cases and its colocolonic occurrence represents 17% of all intestinal intussusceptions in adults. Malignancy is the leading cause of adult intussusception.<sup>1,8</sup>

Large lipomatous causing intussusception and semiobstructive symptoms remains rare cause. The average age of affected adults is between 50 and 60 years old and it occurs more often in women.<sup>2,5</sup> Colonoscopy contributes to diagnosis given that it provides direct visualization and biopsy. The reported presented with though intussusceptions ileo-colic ileo-ileal intussusceptions are more common than ileo-colic intussusceptions. Symptomatology of intussusception in adults is non-specific, chronic and ranges more frequently from abdominal complaints, such as pain and distention, obstructive claims like vomiting, nausea and constipation, to less frequent signs, like melena and active bleeding. Nonetheless, diarrhea, intermittent vomiting and other semi-obstructive symptoms are also described in literature.7,8

Patient with acute intestinal obstruction usually present with progressive worsening of abdominal pain. Colocolic is most common type though it can be ileo-colic (most common type 75%), colocolic, ileoileocolic, colocolic. Appendix is part of intussusception of commonest ileocolic type but appendix as lead point for intussusception is rare. The reported case presented with acute pain abdomen with intra op finding suggestive of ileocolic intussusception. Histopathology revealed inflammatory pathology, confirming the diagnosis. Thus, the case highlights that CT scan is most accurate imaging but the confirmed diagnosis can only be made intraoperatively.

### **CONCLUSION**

Intussusception is a pathology in which a segment of intestine telescopes into the adjoining intestinal lumen causing intestinal obstruction. Intussusception are two types antegrade and retrograde. Patients with chronic abdominal symptoms and semi-obstruction caused by intussusception are rarely diagnosed before surgery unless there is a high index of suspicion. Appendix is part of intussusception of commonest ileocolic type but appendix as lead point for intussusception is rare

It is determined that the treatment is surgical especially when patient land up in acute intestinal obstruction. In elderly intussusceptions colocolic is most common type though it can be ileo-colic (most common type 75%), colocolic, ileoileocolic, colocolic. CT scan and colonoscopy, which provide an accurate diagnosis, allowed the best surgical choice in the hands of an experienced surgeon.

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