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CASE REPORT

ADULT INTUSSUSCEPTION: A CASE REPORT OF THE ILEOILEAL INTUSSUSCEPTION

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ABSTRACT

Intussusceptions' is the telescoping of portion of intestine into other; it is usually idiopathic, without an obvious anatomic lead point. Intussusceptions are classified into three general categories: enteric (small bowel into small bowel), ileocolic (small bowel into colon) and colonic (colon to colon). Ileoileal intususception due to polyp is very common. This cases is presented for its rarity.

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INTRODUCTION

Intussusception can lead to a tear in the bowel (perforation), infection and death of bowel tissue. Intussusception is the most common cause of intestinal obstruction in children younger than 3. In older children, the incidence of the a pathological lead point is up to 12%, where meckel's diverticulum is found to be most common lead point for intussusceptions. However, other causes such as intestinal polyps, inflamed appendix, submucosal hemmorage, foreign body, ectopic pancreatic or gastric tissue. We report case in which Ileoileal intussusceptions due to polyp.

Case Report

A 76 years old man presented with lower abdominal pain for four days with no episode of vomiting, constipation and bleeding per rectum with no previous history of similar complaints. The patient was not tachycardic with normal blood investigations. A radiogram of the erect abdomen was taken which showed a few air fluid levels with no pneumoperitoneum. An early ultrasonography of abdomen revealed telescoping of bowel within bowel in the left iliac fossa with a well defined echogenic focal lesion in its distal portion. CECT scans revealed submucosal polyp causing ileoileal intussusceptions. A diagnosis of small bowel obstruction was made and the patient was managed initially by nil per oral, intravenous fluids and antibiotics and with Ryles tube aspiration and a decision of emergency laporotomy was made and proceeded.

Figure 1. X ray showing multiple fluid level

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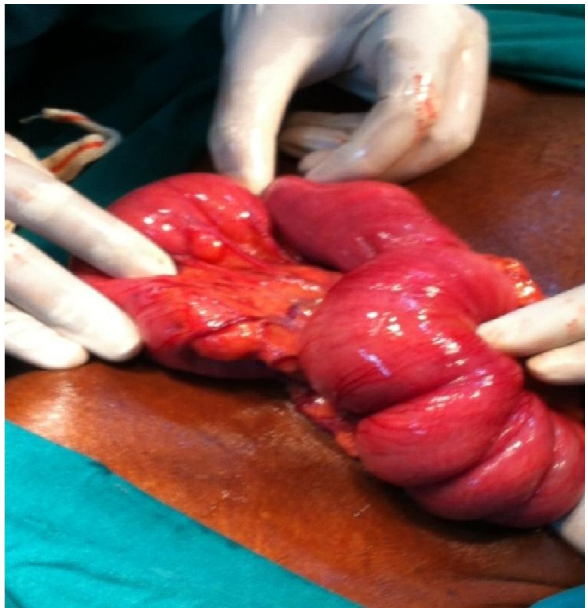


Figure 2. Intra opertively showing telescoping of intestine

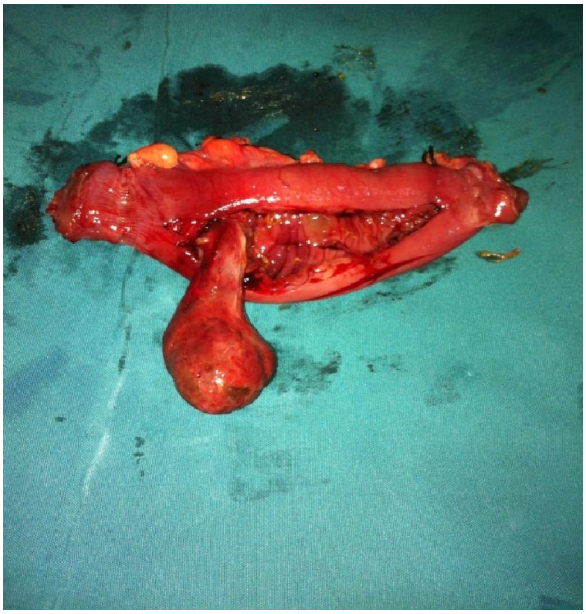
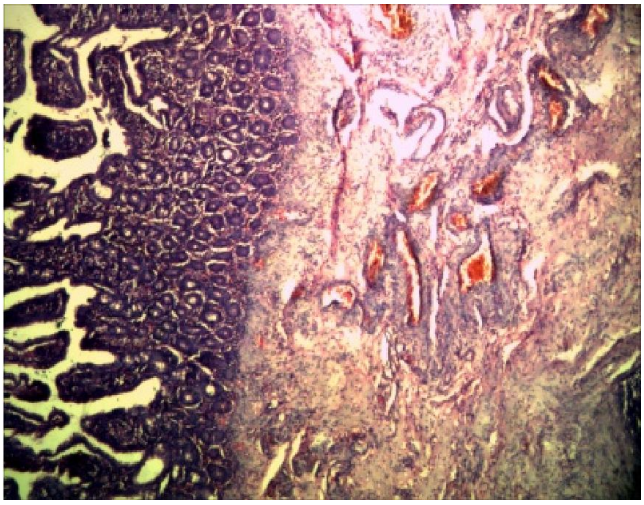


Figure 3. Polyp as lead point in ileoilleal intussusception



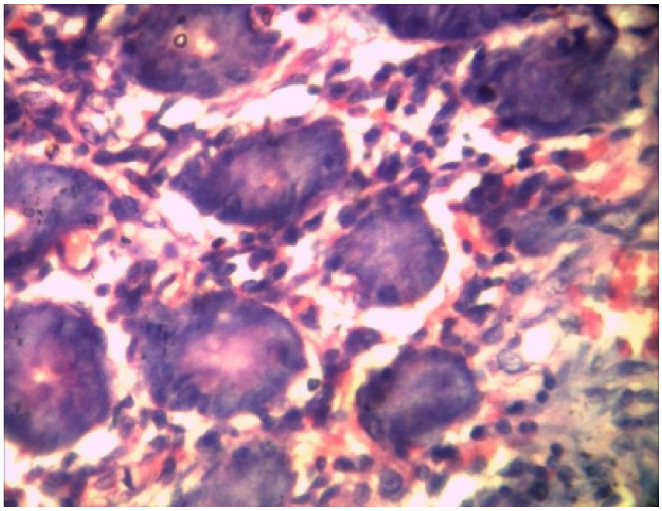


Figure 4. Histology of ileoilleal intussusceptions

At laprotomy the surgical team found the presence of ileoileal intussusceptions noted involving 15cms of the ileum and the lead point was found to be a submucosal polyp of size 5x3cm. Mulitiple diverticulum noted in the mesenteric border of jejunum and proximal ileum. The DJ flexure and IC flexure was found to be in close approximation to each other, the IC flexure being posterior to the loop of ileum. Band between the DJ flexure and IC junction was released. The intussusceptions was reduced and diseased and slough illael part about 10-12cm was found to be gangrenous and that segment of the gangrenous part was resected and anastomosis done. Histopathological examination of the specimen revealed findings consistent with hemmoragic and necrotic polyp. The patient had an expected postoperative period. Oral feeds were resumed after 5 days. The patient was discharged after suture removal and asked to come after six weeks.

DISCUSSION

Intussusception is a process in which a segment of intestine invaginates into the adjoining intestinal lumen, causing bowel obstruction. Intussusception also cuts off the blood supply to the part of the intestine that's affected. Intussusception can lead to a tear in the bowel (perforation), infection and death of bowel tissue. Intussusception is the most common cause of intestinal obstruction in children younger than 3. Intussusception is rare in adults. Most cases of adult intussusception are the result of an underlying medical condition, such as a tumor**.** In this article, we reviewed the cases of Ileoileal intussusception due to polyp is very common. This case highlights the fact that a high suspicion of a intussusceptions should be kept in mind in dealing with patient with intestinal obstruction.

Conclusion

It is telescoping or invaginating of one portion (segement) of bowel into the adjacent segment. Intussusception are two types antegrade and retrograde. In elderly intussusceptions colocolic is most common type,apex is formed usually by growth. It can be ileo-colic (most common type 75%), colocolic, ileoileocolic, colocolic. Intussusceptionis common in weaning period of a

child (common in males),between the period of 6-9 months.it is the commest cause of intestinal obstruction in children of 6-18 months age.

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