INTRODUCTION

Intussusception of the bowel is a condition where the proximal bowel segment called intussusceptum invaginates into the adjacent distal bowel segment termed as intussuscepiens which causes bowel obstruction.[1]

In adults intussusception is rare cause of abdominal pain and constitutes 1-5% of intestinal obstruction cases.[2] Intussusception in adults often present with non specific symptoms and signs which may complicate the diagnosis. If the condition is diagnosed early, appropriate surgical treatment can be performed which can reduce the mortality rate from intussusceptions. [3]

CASE REPORT

A 45 years female patient came to surgery outpatient department with chief complaints of pain abdomen since 3 days which was sudden in onset and was gradually increasing. She had history of abdominal distension and vomiting since 2 days. There was no history of fever, burning micturition, diarrhoea or melena. On examination abdomen was distended and there was no visible peristalsis. Hematological indices showed haemoglobin 7.3g%, total WBC count 8,600/cumm, platelet count of 3,38,000/cumm, RBC count - 3.8million/ cumm. Serum electrolytes were within normal range. Patient was diagnosed to have acute intestinal obstruction.

On imaging, signs of obstruction or perforation were not seen on plain abdominal radiography. A computed tomography (CT) scan of contrast enhanced abdomen and pelvis revealed the entrance of small intestine into colon with a 10 cms fat dense leading structure in bowel lumen. On exploratory laparotomy, ileoceleal intussusception was noted with lipoma as lead point. Histopathology confirmed the diagnosis.

ABSTRACT:

Intussusception occurring in adults is rare and constitutes 5% of all intussusception cases. Lipomas are benign tumours and occur infrequently in gastrointestinal tract. Gastrointestinal lipoma leading to intussusception is uncommon. We report a case of 45 years female patient presenting with features of acute abdominal obstruction. On exploratory laparotomy, ileoceleal intussusception was noted with lipoma as lead point. Histopathology confirmed the diagnosis.

Keywords: Intussusception, ileocolic, lipoma, adults
measuring 19 cms with a pedunculated globular mass measuring 10 cms in the terminal ileum (Figure 1).

Histopathological examination revealed the pedunculated globular mass covered by benign mucosal glands. Underlying submucosa showed mature adipocytes arranged in lobules separated by thin fibrovascular septa (Figure 2). Sections from adjacent intestinal mucosa showed ulceration in some foci. Patients post operative period was uneventful and was discharged on sixth postoperative day without any complications.

DISCUSSION

Barbettée of Amsterdam in 1964 first reported a case intussusception. Intussusception in adults constitutes less than 5% all intussusception cases.[4]

Intussusception is more common in children usually below 3 years of age. Male predominance is noted with male to female ratio of 3:1 approximately. As the age increases male predominance also increases with male to female ratio of 8:1 at the age of 4 years. In our case patient is female and elderly with age of 45 years.

In children intussusceptions is either idiopathic or may be secondary to viral illness. In the ileocecal intussusception, ileocecal valve may be acting as lead point for ileocecal intussusceptions.[5]

In adults 8-20% of cases are idiopathic and remaining cases are associated with pathological lesions which can be lead point like benign polyp, lipoma, appendix enlarged mesenteric lymph node, meckle diverticulum, gastrointestinal stromal tumours or malignant tumours.

Lipomas are second common benign tumors of mesenchymal origin in small intestine and constitute 10% of benign gastrointestinal neoplasms and 5% of all gastrointestinal neoplasms.[6] Gastrointestinal lipomas are more common in the colon when compared to the small bowel and are occasionally found in foregut.[7] Peak age of occurrence in the 6th and 7th decades of life. These tumours are more common in females. Malignant change has never been documented.

Intussusception is divided into 4 categories depending on the location a) Entero enteric involving small intestine b) Ileocecal involving ileocecal valve as lead point c) Ileocolic involving terminal ileum and ascending colon d) Colocolic involving large intestine.[8]

In adults intussusception presents with non specific sign and symptoms like nausea, vomiting, abdominal distension, changes in bowel habits and gastrointestinal bleeding. Hence the early diagnosis in adults is difficult where as in children, intussusception presents with classic triad of intermittent abdominal pain, palpable tender mass and currant jelly stools.

Among all the imaging modalities available an abdominal computerised tomography (CT) scan is more accurate in diagnosis of condition. CT scan shows “Sausage shaped or “target ” lesion while also defining the location and relationship of lesion to adjacent tissues.[9]

In CT scan, submucosal lipoma appears as well circumscribed mass of fat density units within the lumen of intussusciens having round -50 to -100 Hounsfield Units. In diagnosing intussusception specificity of CT scans is reported as 100% where as sensitivity is 71.4%-87.5%. Intussusception usually associated with pathological lesions like benign tumours, malignancies or structural anomalies, surgical intervention is required.

Early diagnosis of intussusception may prevent the complications like undetected peritonitis leading to
sepsis, necrosis of bowel and perforation. Mortality in cases of adult intussusception may range from 8.7% cases with benign lesions to 52.4% cases with malignant lesions.

CONCLUSION

Early diagnosis of intussusception in adults is difficult to diagnosis due to non-specific signs and symptoms. Lipoma is benign mesenchymal tumour which occurs rarely in gastrointestinal tract and can act as lead point for intussusception. Abdominal CT scan helps in diagnosis. Treatment is surgical resection and has an excellent prognosis.

CONFLICT OF INTEREST:
The authors declared no conflict of interest.

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REFERENCES


