

ADULT COLOCOLIC INTUSSUSCEPTION DUE TO PEDUNCULATED LIPOMA-UNCOMMON DISEASE, COMMON PRESENTATION; CASE REPORT.

Saplı lipoma bağlı olarak gelişen kolokolik invaginasyon; çok görülen sıradışı bir durum. Olgu sunumu.

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Cer San D (J Surg Arts): 2012;5(2): 42-44.

ABSTRACT

Intussusceptions are highly uncommon in adults and accounts for only 5% of all reported cases and causes only 1% of bowel obstruction. The growing use of computed tomography (CT) for abdominal imaging has led to increased detection of transient intussusceptions with no underlying disease. Intussusceptions will appear as a sausage shaped mass when the CT beam is parallel to its longitudinal axis, but will appear as a target mass when the beam is perpendicular to the longitudinal axis of the intussusceptions. Intussusception with a lead point may manifest with atypical clinical findings. Often, there is a prior history of episodic crampy abdominal pain, nausea, and vomiting, symptoms that suggest partial intestinal obstruction.

We present and discuss a case of colocolic intussusceptions due to a pedunculated lipoma which was detected on CT and explored later.

Key words: Intussusception, colon, lipoma, computed tomography, surgery.

ÖZET

Yetişkin insanlarda barsak invaginasyonu çok nadir görülen bir durum olup, tüm invaginasyonların %5'ini ve barsak tıkanıklıklarının %1'ini oluştururlar. Özellikle bilgisayarlı tomografideki gelişmeler sonucu geçici invaginasyonlar bile saptanabilir hale gelmiştir. Işınlardan uzun aksa paralel olduğu görüntülerde invaginasyon bölgesi sosis şeklindeki bir kitle olarak saptanabilirler. Hastalar pekçok atipik bulgu ile gelebilirler. Sıklıkla, kramp tarzı karın ağrısı, bulantı ve kusma varlığı kısmi tıkanma şüphesini akla getirmelidir.

Bu makalede saplı bir lipoma bağlı olarak gelişen kolokolik bir invaginasyon olgusunun tomografi ile tesbiti ve eksplorasyon sonuçları tartışılmıştır.

Anahtar kelimeler: Invaginasyon, kolon, lipom, bilgisayarlı tomografi, cerrahi.

INTRODUCTION

Intussusceptions is the telescoping of proximal segment of gut into the distal segment (1). Intussusceptions are highly uncommon in adults and accounts for only 5% of all reported cases and causes only 1% of bowel obstruction (2). It is most commonly secondary to a identifiable bowel lesion in 90% cases and most commonly due to malignant lesion as a lead point (3-6). The growing use of computed tomography (CT) for abdominal imaging has led to increased detection of transient intussusceptions with no underlying disease (7). We present a case of colocolic intussusceptions due to a pedunculated lipoma which was detected on CT and explored later.

Case

52 years old non diabetic, non hypertensive male presented with 3 month history of recurrent abdominal pain with recent change in bowel habit. Patient also gives history of passage of mucous mixed stool for last 1 month and occasional painless bleeding per rectum. On abdominal examination a solitary, mobile, intraperitoneal, soft lump of 5 cm x 5 cm diameter present in right lower quadrant of abdomen. On DRE no growth was palpable. CECT was done with both oral, IV and rectal contrast. It showed colocolic intussusception in transverse colon and descending colon and at the leading edge of the intussusceptum there was a lobulated fat containing lesion representing a lipoma (Figure 1).

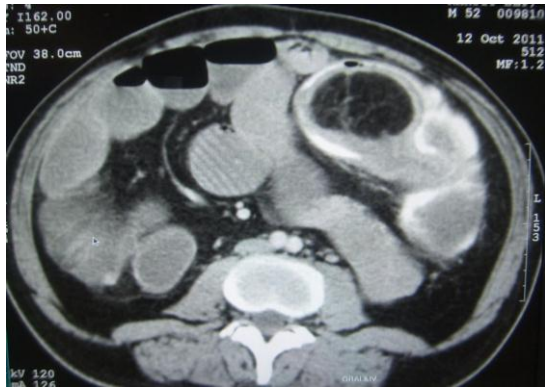


Figure 1: CT shows colocolic intussusception.

Patient underwent an exploratory laparotomy and operative findings were colocolic intussusception between transverse colon and descending colon. A non-oncological surgical resection was done and end to end anastomosis was performed, thus restoring the bowel continuity. The cut surface of the colon showed the lumen of the colon to be entirely occupied by a pedunculated mass lesion (Figure 2). Its outer surface was covered by exudates. The specimen was sent for histopathologic examination. Histopathology showed polypoidal tumor arising from the mucosal surface suggesting of lipoma. Post operative period was uneventful and patient was discharged on 7th post operative day.

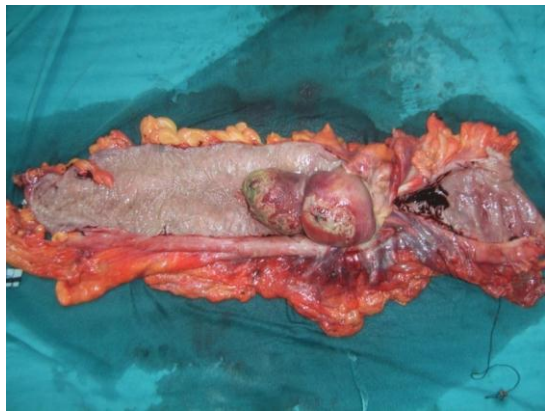


Figure 2: Cut specimen showing intraluminal lipoma as a lead point.

DISCUSSION

Intussusception is relatively rare in the adult population, and this along with the vague clinical features, makes diagnosis difficult.

Intussusception is the invagination of a bowel loop (intussusceptum) with its mesenteric fold into the lumen of a contiguous portion of bowel (intussusci-piens) as a result of peristalsis. It is generally believed that masses in the bowel or lumen act as an irritant and provoke abnormal peristaltic movement, which may lead to the telescoping of one bowel segment over the adjacent segment. Intraluminal polypoid lesions have a greater tendency to cause invagination of the bowel

as peristalsis drags the lesion forward (8). The exact mechanism precipitating intussusception, especially intussusception without a lead point, is not well understood (9,10). Intussusception without a lead point may manifest as vague abdominal pain; however, most cases are discovered incidentally at CT performed for other reasons. An intussusception without a lead point does not generally cause proximal bowel obstruction (11-13). Intussusception with a lead point may manifest with atypical clinical findings. Often, there is a prior history of episodic crampy abdominal pain, nausea, and vomiting, symptoms that suggest partial intestinal obstruction.

Intussusceptions can be diagnosed with the help of US/CT. US imaging shows a doughnut shape and bulls eye configuration in the longitudinal and transverse sections. Intussusceptions will appear as a sausage shaped mass when the CT beam is parallel to its longitudinal axis, but will appear as a target mass when the beam is perpendicular to the longitudinal axis of the intussusceptions(14,15).

In our patient, there was an intraluminal pedunculated lipoma as a leading point for colocolic intussusceptions which was diagnosed by CECT abdomen and operated electively. Postoperative event was uneventful. The patient is following up since six months without any bowel symptoms.

In conclusion; high index of suspicion is required to diagnose a case of colocolic intussusception in adult. It is very rare for the elderly adults to get intussusceptions in the descending colon due to lipoma, which present as bleeding per rectum (16-18). Abdominal CT can be helpful in distinguishing between lead point intussusception and non lead point intussusception and has the potential to reduce the prevalence of unnecessary surgery. Usually lead point intussusceptions require surgery rather than non lead point. CT is diagnostic for these cases (19-21).

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