

JEJUNOJEJUNAL INTUSSUSCEPTION IN AN ADULT DUE TO LIPOMA

Lipoma baęlı jejunojejunal intussusepsiyon olgusu

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ABSTRACT

Intussusception is a rare cause of intestinal obstruction in adults. Among all types jejunojejunal intussusception is very rare. We are presenting a case of jejunojejunal intussusception in an adult that was treated by resection and anastomosis.

Key words: Intussusception, jejunum, lipoma, and ultrasound

ÖZET

İntussusepsiyon yetişkinlerde barsak tıkanıklığının nadir bir sebebidir. Özellikle jejunojejunal tip intussusepsiyon ise çok daha nadir görülen bir durumdur. Burada, jejunojejunal intussusepsiyon nedeniyle rezeksiyon ve uç uca anastomoz yaptığımız bir olguyu sunduk.

Anahtar kelimeler: İntussusepsiyon, jejunum, lipom ve ultrason.

INTRODUCTION

Intussusception means telescoping of a proximal segment of bowel (intussusceptum) into the lumen of the adjacent distal segment (intussusciptens). Rarely, a distal segment of the bowel telescopes into the lumen of the adjacent proximal segment, which is known as retrograde intussusception (1). Adult intussusception (AI) constitutes approximately 5% of all intussusceptions (2), and it accounts for 1-5% of all adult intestinal obstructions (2, 3). Intussusception in adults is usually caused by tumors, benign or malignant. In both small- and large-bowel intussusception, lipoma is the most common benign tumor (4).

Case

A 48-year-old man presented to emergency with complaints of abdominal pain, abdominal distension and vomiting for last three days. He was also not passing stools and flatus for last two days. The abdominal pain had been of acute onset, and was a generalised dull ache with no radiation. He did not have any history of similar episodes in the past, had not under-

gone any previous abdominal surgery, and had no comorbid illnesses. He had tachycardia and low blood pressure at the time of presentation. After proper resuscitation his vitals came to normal. His basic blood investigations were done which were normal. X-ray erect abdomen showed multiple air fluid levels in it. Abdominal USG was suggestive of jejunojejunal intussusceptions with whorl pattern of intestinal loops having thickened and edematous outer layer. It also showed a small echogenic mass measure 35 mm into 29 mm in center of intussusceptions.

Exploratory laparotomy was done. The small bowel was found to be dilated. There was an intussuscepted mass about 2 feet distal to the duodeno-jejunal flexure (Figure 1 and 2). There was a mass that was acting as a leading point. Resection of the mass with some part of healthy bowel was done with anastomosis between proximal and distal segment in single layer with interrupted sutures. The patient had uneventful recovery and was discharged on 9th post operative day. He came for follow up after ten days with no complaints and was doing well. Histopathological

examination report was suggestive of benign adipose tissue (lipoma) with no evidence of malignancy.

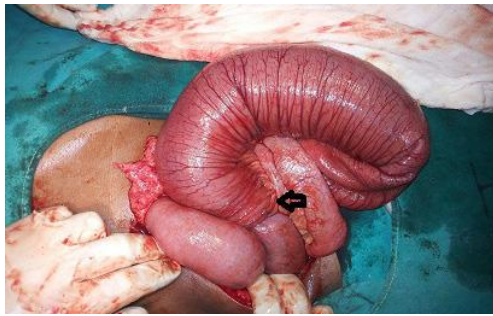


Figure 1: Picture shows intussusception.



Figure 2: Jejunal lipoma.

DISCUSSION

Intussusception is usually a disease of children aged between 6 months and 4 years, in which a part of a bowel (intussusceptum) telescopes into another part of the bowel (intussusciptens). In this age group, there is usually no lead point, and the cause is thought to be a viral infection that results in either enlarged ileo-colic lymph nodes or bowel-wall inflammation (5). Intussusceptions are much less common in adults, who account for 10% of all cases; unlike in children, a lead point is usually found. In adults intussusceptions may be ileo-colic, colo-colic, entero-enteric or jejuno-gastric, and there is no anatomical predilection (5).

Small intestinal tumors are rare, accounting for 1-2% of all gastrointestinal tract tumors (6). Among these, benign tumors are still more rare and account for approximately 30% of all small bowel tumors (7). The lipomas are rare benign tumors, representing 2.6% of nonmalignant tumors of the intestinal tract (8). The incidence of intestinal lipomas has been reported between 0.15% and 4.4%. Intestinal lipomas usually occur in older persons, with a slightly increased incidence in females (9, 10). Although they are usually asymptomatic, lipomas larger than 2 cm may cause bowel obstruction, intermittent nonspecific abdominal pain, diarrhea, or bleeding. Furthermore, some lipomas by forming a lead point may cause

intussusception, as well (7,11). Adult intussusception differs from the childhood type with regard to symptoms as well as causes. In contrast to the acute presentation of childhood intussusception, that in adults usually has a subacute or chronic onset. Fewer than 20% of cases present acutely with complete bowel obstruction (12).

Plain abdominal films are nonspecific and commonly demonstrate the presence of multiple air/fluid levels suggestive of mechanical obstruction (12). Ultrasound is often the first modality to be recruited and is a very useful bedside diagnostic modality (13). The classic features include the “target and doughnut sign” on transverse view and the “pseudokidney sign” in longitudinal view. Barium meal examination and computed tomography are useful in the elective setting.

Treatment of adult intussusception consists of segmental resection and primary restoration of the continuity of the gastrointestinal tract. reduction should not be attempted if there are signs of inflammation or ischemia of the bowel wall and at age above 60 years (14). However, several others believe that the risks are theoretical, and gentle reduction should be attempted in selected cases to avoid unnecessary resection of healthy bowel (15).

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