

Olgu Sunumu (Case Report)

An Invagination Case Report In An Adult Female Patient

Erişkin Kadın Hastada İnvajinasyon Olgu Sunumu

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Özet

Erişkinlerde akut abdomenin birçok sebebi vardır. İnvajinasyon bu sebeplerden çok nadir olanlarından. Bu çalışmada, Kadın Doğum Polikliniği tarafından değerlendirilip, ovaryan kist torsiyonu ön tanısı ile operasyona alınan, cerrahi sırasında saptanan ileoileal intusepsiyon sebebi ile Genel Cerrahi Polikliniği'ne konsülte edilen bir hasta ile ilgili olgu sunumu yapılmaktadır.

Anahtar kelimeler: Akut batın, invajinasyon, erişkin.

Abstract

There are many reasons of acute abdomen in adults. Invagination is a very rare one of these reasons. In this study, we are presenting a patient who has been operated by obstetrics and gynecology department with pre-diagnosis of ovarian cyst torsion and has been consulted to general surgery department because of ileoileal intussusception diagnosed intraoperatively.

Keywords: Acute abdomen, invagination, adult.

Introduction

Invagination is a rare cause of intestinal obstruction with a percentage of 1-3¹. This diagnosis is very difficult in adults, and is usually placed after laparotomy².

Case Report

A twenty years old female patient was admitted to the emergency room with severe abdominal pain and was first seen by obstetrics and gynecology department. The findings in

the suprapubic ultrasonographic examination were; the right ovary could not be visualised, there was a cystic lesion of 75*66*50 mm of size with a thick wall in the region of the right ovary, giving rise to the thought of ovarian torsion. There was intra abdominal free fluid at the depth of 70 mm in the deepest point, at periuterine space and douglass pouch. In the right lower quadrant, the intestinal segments were minimally dilated and increased intestinal peristaltizm was apparent. The patient had also leucocytosis and had been

emergently taken into operation by obstetric and gynecology department. During the operation, it was seen that there was no pathology at the ovaries and the pathology was the small intestinal mass. The patient had been consulted to general surgery intraoperatively.

By exploration, it was seen that there was 20 cm of invagination, 40 cm proximal to the ileocecal valve. The invagination was reduced manually. The perfusion of the segment seemed to return to normalcy. A polypoid tumor of 2 cm in size at the level of 15 cm proximal to the starting point of the invagination, at anti-mesenteric part was also observed (Figure 1,2). There was a greenish lesion on the polypoid mass about 1 cm in size. 8 cm of the segment containing the lesion was resected and end to end anastomosis was performed. The pathology of the tumor turned out to be inflammatory myofibroblastic tumor. The patient discharged her stool and gas after the operation and discharged at the fifth day of hospitalization.

Discussion

Intussusception is rarely seen in adults. Its pathophysiology is not resolved yet, but; it is thought that a lesion or irritant in or on the intestines starts the pathology^{3,4}. The most seen pathologies are benign neoplasms, inflammatory lesions, Meckel's Diverticulitis, appendicitis and adhesions. Malignancy consists 30% of all causes³.

In adults, invagination is mostly chronic and comes out with nonspecific symptoms^{1,3}. In our patient, the main symptom was severe abdominal pain. Adults are diagnosed very hardly and this mostly happens intraoperatively, as it was in our patient².

In the diagnosis of invagination, direct abdominal x-rays may be useful if ileus was involved⁵. In this patient x-ray findings were normal. The most valuable technique in the diagnosis is seen to be abdominal CT⁶. We didn't perform CT, because the department of obstetrics and gynecology department had taken our patient to operation according to the findings of suprapubic USG.

Conclusion

Consequently, we think that one should approach more cautiously to a patient that is admitted to the emergency room with severe abdominal pain, and that invagination should not be neglected as a probable cause of the pain in acute abdomen patients.

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Figure 1. The invagination area at the ileal surgical site



Figure 2. The polypoid mass with the greenish lesion at the surgery site

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