

ENDOSCOPIC SPOT

Ileocecal intussusception secondary to cecal adenocarcinoma in the adult

Intussuscepção ileocecal secundária a um adenocarcinoma cecal no adulto

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Case report

We report the case of a 38-year-old man with unremarkable medical and family history. He had a four-month history of abdominal discomfort, namely intermittent abdominal cramping pain of mild to moderate severity in the middle and lower quadrants, and diarrhea with occasional traces of blood, unquantified weight loss and nausea, and without vomiting or abdominal distension. In the physical examination he had pain on deep palpation of the right iliac fossa. The CT scan suggested ileo-colic intussusception (Fig. 1), without any apparent underlying lesion. He was immediately referred for colonoscopy which showed a large, ulcerated, necrotic, and hard mass in the caecum with surrounding folds of ileal mucosa, suggesting ileo-cecal intussusception (Fig. 2). Biopsies revealed adenocarcinoma of the caecum. The patient underwent right ileo-colic resection and the pathology diagnosis (Fig. 3) was ileo-colic intussusception from adenocarcinoma of the caecum. None of the resected regional lymph nodes showed signs of malignancy (pT3N0). The different imaging methods did not show distant metastases. The postoperative period was uneventful and the patient was discharged and referred to Oncology consult.



Figure 1 CT scan suggesting ileo-colic intussusceptions (arrow).

Discussion

Intussusception is an uncommon cause of intestinal obstruction in adults. About 95% of all intussusceptions occur in children. Unlike these, adult intussusception is generally secondary to an organic lesion, malignant in 27–48% of the cases.^{1,2} The clinical presentation of adult intussusception is variable, with nonspecific symptoms (acute, intermittent, or more often chronic) making the preoperative diagnosis a challenge.¹ CT scan is the best diagnostic tool,¹ but the

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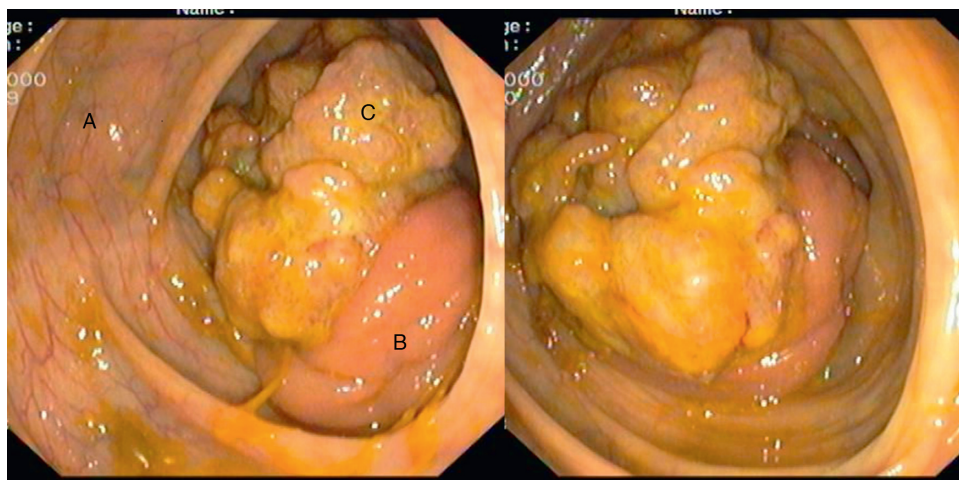


Figure 2 Two perspectives of the mass in the caecum with surrounding folds of ileal mucosa suggesting ileo-cecal intussusceptions. (A) Caecum, (B) ileum, and (C) mass.

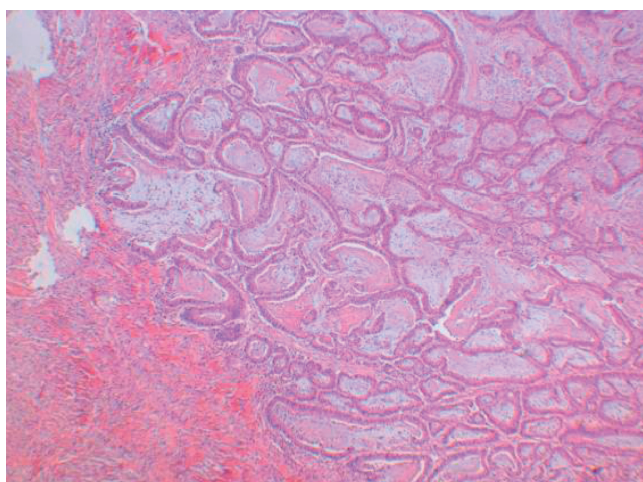


Figure 3 Adenocarcinoma of the cecum.

importance of colonoscopy in non-small bowel intussusceptions has been increasingly recognized.^{2,3} In our patient, the radiologic diagnosis was confirmed, and the cause of intussusceptions was identified by colonoscopy. An unusual

feature of the presented case is the cause of ileo-colic intussusception which was an adenocarcinoma of the cecum. Overall, ileal causes are responsible for such intussusceptions. Unlike what happens in pediatrics, and given the malignant nature of the lesion, primary resection without a reduction effort is the treatment of choice in adults.^{1,3} However, in cases of benign enteric intussusceptions or when the primary resection involves a significant percentage of the bowel, reduction must be attempted.³

Conflicts of interest

The authors have no conflicts of interest to declare.

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