

Ceco-Colic Intussusception In Adult With Lead Point Lipoma Of Cecum – A Rare Case.

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Abstract : Intussusception in adult is rare. The etiology is different from that of childhood. The most common cause of intussusception in adult is known as malignancy. When dealing with adult intussusception, surgical resection is usually warranted for correct diagnosis and proper treatment. This is a case report of cecocolic intussusception in man of 72 years age. Although this patient undergone right hemi-colectomy under suspicion of malignancy at cecum base, final pathologic diagnosis revealed lipoma.

Thus, the present case emphasizes the importance of prior thorough examinations including colonoscopy when we encounter this rare kind of intussusception in adult.

KeyWords : intussusception, ceco-colic, lipoma cecum)

Date of Submission: 30-05-2018

Date of acceptance: 16-06-2018

I. Introduction

Intussusception occurs when one segment of bowel and associated mesentery invaginated into an adjacent segment [1]. Intussusception is primarily a childhood disease. Adult intussusception is a rare clinical entity accounting for 5% of all intussusceptions [1]. It was reported that 63% of the adult intussusception was related to the tumor [2]. Because of the high risk of malignancy, definitive surgical resection is the recommended treatment in nearly all cases in adult intussusception [2]. Among various kinds of intussusception in adult, cecocolic intussusception is rare. Although appendiceal adenocarcinoma, adenoma, or mucocele could cause cecocolic intussusception. We report a case of cecocolic intussusception caused by lipoma of cecum treated by right hemicolectomy.

II. Case Report

Eighty two year old man presented with abdominal pain relapsing every forte nightly during the preceding nine months before present admission. The pain did last 24 to 48 hrs in each episode. It was a sustained peri-umbilical dull pain with colicky exacerbations and was associated with nausea and loss of appetite.

Physical examination revealed a sausage shaped mass in right upper abdomen with concavity towards umbilicus with mild peri-umbilical tenderness and normal bowel sounds. Blood or mass was not detected in rectal examination. The remainder of his physical examination and vital signs were normal. Complete blood count examination (CBC), stool examination, upright and supine abdominal radiographies were normal. Each time the pain was relieved by administration of antispasmodic medication. In one of the episodes the patient was admitted to the hospital due to right lower quadrant tenderness on physical exam and appendectomy was planned. Before going to the operating room the pain was relieved spontaneously. So the patient was advised colonoscopy to which he refused. In present admission patient underwent laparotomy and on exploration a lump was present in right upper abdomen, no effort was made to reduce the intussuscepted bowel and a standard right hemicolectomy was performed by ligating ileocolic and right colic artery. G I continuity restored by anastomosing ileum to transverse colon. Post operative period was uneventful and patient went home on seventh postoperative day. The histo-pathology reported as lipoma cecum.

III. Discussion

Intussusception is a major cause of intestinal obstruction in children. However, it is rare in adults, representing only 5% of all intussusceptions [1]. Surgical intervention is strongly recommended in adult intussusception because the majority of cases of intussusception in adults are caused by malignancy.

There is some debate regarding the need for reduction procedures. Theoretically reduction prior to resection could minimize the range of resection. Nevertheless, resection without reduction has been regarded as a more favourable procedure because reduction is not always easy, and the reduction process could cause

tumour spillage. Thus, surgical resection is warranted for diagnosis and treatment in cases of adult intussusception.

In this case, we performed a right hemicolectomy because we could not eliminate the possibility of a malignancy of the base of the cecum owing to a mass-like lesion and considering the patient's old age. Although right hemicolectomy is regarded as a viable option to prevent recurrence in adult ileo-colic intussusception [3], final pathology did not reveal a malignancy. It was reported that the limited information with preoperative suspicion for malignancy resulted in excessive resection [4]. In conclusion, our case demonstrated that, in the management of cecocolic intussusception in adults, an accurate diagnosis should be made to avoid unnecessary resection. When possible, the physician should consider thorough examination including colonoscopy to investigate the pathologic lead point of intussusception before surgical intervention. Lee et al.(2006) reported a case where cecocolic intussusception was reduced by air inflation during colonoscopy. Colonoscopic biopsy revealed adenocarcinoma of the appendix, and the patient underwent right hemicolectomy for treatment of appendiceal adenocarcinoma [5]. Interestingly, Tominaga et al.(2011) reported a 23-year-old female who underwent successful endoscopic reduction of idiopathic cecocolic intussusception without surgery [6]. Considering the role of colonoscopic examination in the above cases, prior examination before surgical intervention could have been beneficial in deciding the best surgical treatment option for our case. In conclusion, our case demonstrated that, in the management of cecocolic intussusception in adults, an accurate diagnosis should be made to avoid unnecessary resection. When possible, the physician should consider thorough examination including colonoscopy to investigate the pathologic lead point of intussusception before surgical intervention.

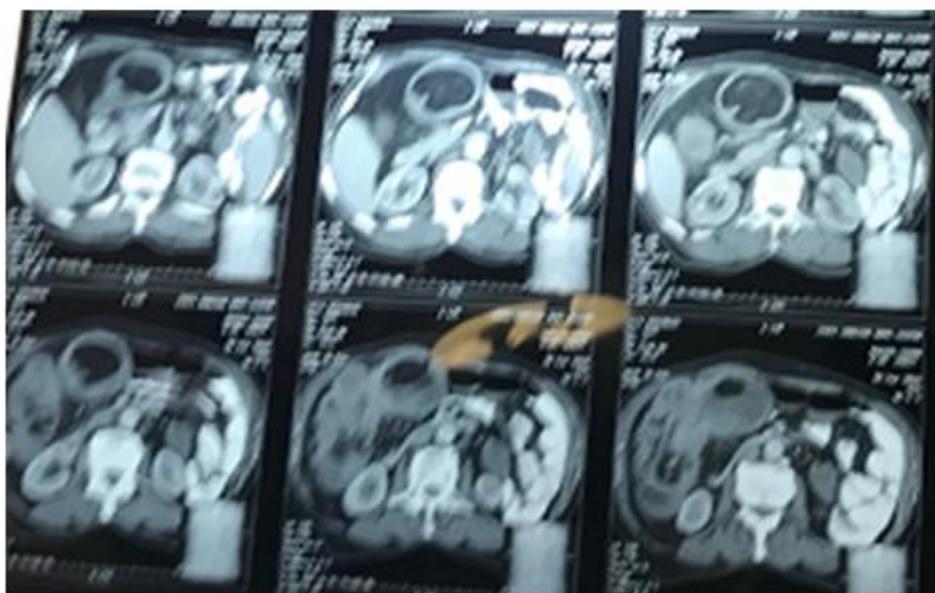


Photo 1 : shows C T Scan appearance of Intussusception



Photo 2: shows Lipoma cecum as lead point for Intussusception

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Dr Jaya Maheshwary. " Ceco-Colic Intussusception In Adult With Lead Point Lipoma Of Cecum – A Rare Case.." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, vol. 17, no. 6, 2018, pp 36-38.