

ADULT INTUSSUSCEPTION SECONDARY TO A GIANT ILEAL HAMARTOMA: A CASE REPORT

V.S. Lo Jr., M.M. Chan

Section of Gastroenterology, University of Santo Tomas Hospital

Background

Adult intussusception is rare with an incidence of 2-3 cases per million per year. In contrast to children, its presentation is subacute or chronic with predominant symptoms of partial intestinal obstruction. An identifiable lead point is found in majority of cases that often leads to surgical management.

Case Presentation

We present a case of a 39-year-old Filipino male who complained of 3-years history of recurrent periumbilical pain, characterized as intermittent, crampy, non-radiating, lasting for 30 minutes with a pain scale of 6/10. This was accompanied by episodic diarrhea and progressive weight loss (10kg). He was previously seen by 3 physicians and managed as Irritable Bowel Syndrome and Inflammatory Bowel Disease. Workups included: Normal CBC, ESR, CRP and fecalysis; CECT of Abdomen (2015): Hepatic hemangioma; EGD (2016): Antral Gastritis; Upper GI Series: segmental ileus. He already underwent 3 colonoscopies for a span of 3 years with the following results: colitis, cecum and ascending colon (2017); colitis, transverse colon (2018), Ilietis (2019). Treated with PPI, antibiotics, otolinium bromide, prednisone and mesalazine with only partial relief of symptoms. Physical examination revealed fullness over hypogastric area with tenderness on deep palpation.

Results

An initial impression of Ileal Crohn's disease was entertained. Magnetic resonance enterography was requested which revealed ileo-colic intussusception with long segment telescoping of the terminal ileum into the descending colon. Patient was then referred to surgery for exploratory laparotomy. OR findings were a grossly visible ileo-ileal intussusception 20 cm from the ileocecal valve. Bowel segments were viable. On palpation, a 5.5 x 0.7 x 3.2 cm pedunculated polyp with a 4.0 x 3.0 x 1.5 cm stalk was noted. Segmental ileal resection was done followed by end to end anastomosis. Histopathology showed hamartomatous polyp with gastric and pancreatic heterotopia and with focal hemorrhagic infarction.

Conclusion

A high index of suspicion and cross-sectional imaging plays a crucial role in the diagnosis of adult intussusception, especially in atypical cases of chronic, recurrent abdominal pain. Surgical exploration with the principle of resection without reduction remains the mainstay of treatment.

Keywords: case report, adult intussusception, giant ileal hamartoma

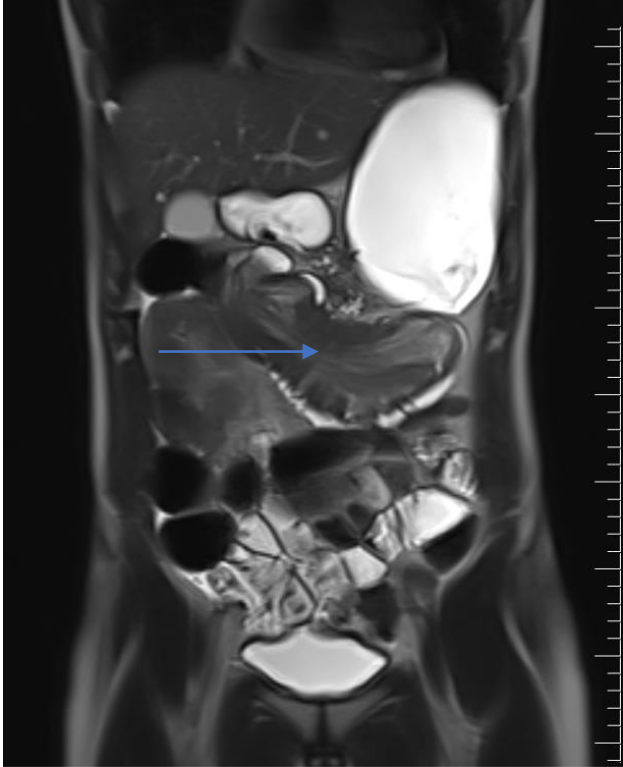


Figure 1. Magnetic Resonance Enterography showing ileo-colic intussusception with long segment telescoping of terminal ileum into cecum, ascending, transverse and descending colon.

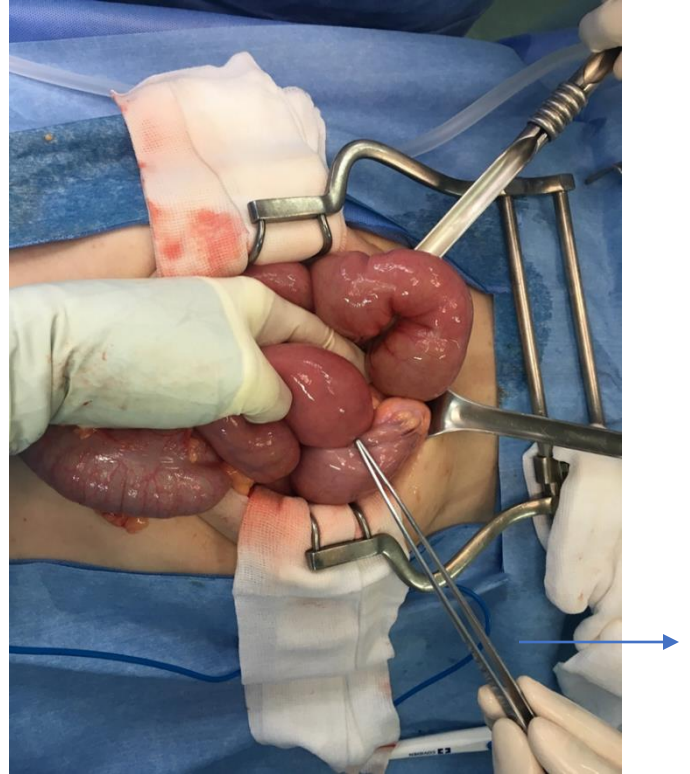


Figure 2. OR findings: on opening, noted a grossly viable intussusception around 20 cm from the ileocecal valve.



Figure 3. 5.5 x 0.7 x 3.2 cm pedunculated polyp with a 4.0 x 3.0 x 1.5 cm stalk
a 5.5 x 0.7 x 3.2 cm pedunculated polyp with a 4.0 x 3.0 x 1.5 cm cm stalk