

DUODENODUODENAL INTUSSUSCEPTION WITH INVAGINATION OF THE PANCREATIC HEAD INTO THE DUODENUM SECONDARY TO TUBULOVILLOUS ADENOMA IN THE SETTING OF DUODENAL MALROTATION: A CASE REPORT

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Significance

Duodenoduodenal intussusception (DDI) is a rare entity due to the fixed position of the duodenum in the retroperitoneum. We report a rare case of documented DDI with invagination of the pancreatic head into the duodenum in a patient with a lead point (a tubulovillous adenoma) and duodenal malrotation with spontaneous resolution of the pancreatic invagination as noted intraoperatively.

Clinical Presentation

Our patient is a 31-year-old male presenting with a 2-month history of vague epigastric pain, melena, anemia and weight loss.

Management

Esophagogastroduodenoscopy revealed a duodenal mass with adenomatous features. A triple contrast abdominal CT scan initially showed a duodenojejunal intussusception with invagination of the pancreatic head into the duodenum, causing dilatation of the pancreatic duct and the biliary tree. A follow-up MRI was then done which showed a duodenoduodenal intussusception, still with invagination of the pancreatic head. Patient underwent exploratory laparotomy where duodenal malrotation and intussusception at the second segment of the duodenum where the mass was also located with resolution of the pancreatic invagination were noted. Reduction of the intussusception and wedge resection of the mass was done. Patient was discharged with no complications.

Recommendation

Adult DDI is a rare entity that is challenging to diagnose due to its nonspecific symptoms and is possible in cases of malrotation and duodenal lesion which can act as lead point, such as in our patient. Hence, DDI should be considered in patients presenting with abdominal pain, bowel obstruction or bleeding.

Keywords

case report, duodenoduodenal intussusception, intussusception, tubulovillous adenoma