



Long segment small bowel intussusception in an adult secondary to a submucosal lipoma

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Introduction

- Intussusception is defined as a telescoping of one loop of bowel into another resulting in partial or complete obstruction.¹
- Intussusception is most common in the pediatric population and are almost always idiopathic in nature.¹
- In adults, intussusception is rare, accounting for approximately 1% of small bowel obstructions.²
- In most adult cases, intussusception occurs due to a structural lead point.³⁻⁶
- Lead points can be benign such as a lipoma or malignant such as a melanoma or sarcoma.²⁻⁶
- Lipomas in the small intestine are extremely rare and most often asymptomatic although they have been described as the lead point for intussusception.^{1,7,8}
- Most adults with intussusception present with chronic and vague symptoms; acute presentations are rarely reported.^{1,7,8}

Case Description

History of Present Illness

- An 82-year-old woman presented to the emergency department (ED) with severe periumbilical abdominal pain, nausea, and vomiting.

Past Medical History

- Idiopathic thrombocytopenia purpura
- Bladder cancer
- Pulmonary embolism
- Hypercholesterolemia

Past Surgical History

- Bilateral oophorectomy
- Transurethral resection of bladder tumor
- Cardioversion

Medications

- Apixaban 2.5 mg PO BID
- Atorvastatin 20 mg PO QD
- Bupropion XL 300 mg PO QD
- Hydrochlorothiazide 12.4 mg PO QD
- Omeprazole 40 mg PO QD
- Trazodone 100 mg PO qHS

Vital Signs

T: 97.3°F HR: 130 bpm BP: 156/85 mmHg SPO2: 96%

Physical Examination

- General: alert, uncomfortable
- Abdomen: soft, mildly distended, TTP in RLQ with rebound, no guarding

Laboratory Analysis

12.2	11.5	57	138	10	18	179
	35.5		4.1	24	1.1	

Radiography

High-grade bowel obstruction due to intussusception of the small bowel and a 3.5 x 3.4 x 2.1 cm mass as the lead point. There is fluid and mesenteric root distention and edema of the intussuscepted bowel. No pneumatosis. **(Image 1)**

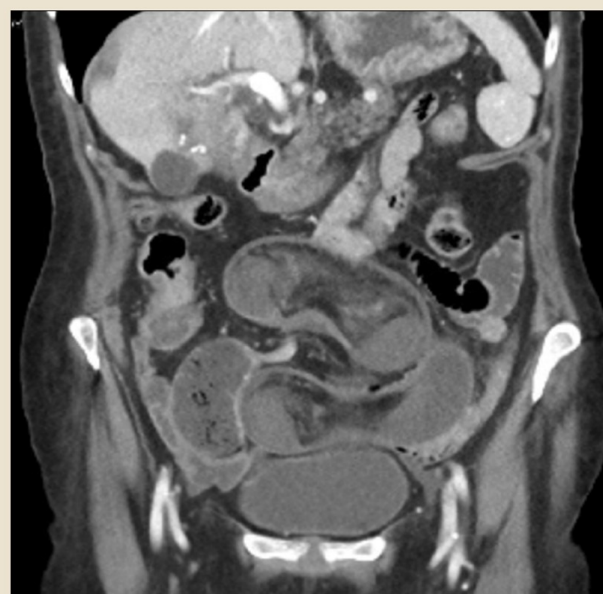
Plan

- Prothrombin complex administered
- Patient taken emergently to the operating room**

Discussion

- Very few cases of intussusception in adults resulting from lipomas have been reported in the literature.^{1,7,8}
- In most documented cases, adults with intussusception present in either the subacute or chronic phase with vague abdominal symptoms making diagnosis difficult.^{1,2,8}
- Acute presentation of intussusception related to complete bowel obstruction is exceeding rare requiring a high index of suspicion for diagnosis and treatment.^{1,8}
- The classic triad of currant jelly stools, abdominal mass, and abdominal pain are seldom present in adults.³⁻⁶
- The gold standard for diagnosis is computed tomography.⁹
- Given the high propensity for malignancy in these patients, surgical exploration with segmental resection is required.^{2,3,5,6,9-13}
- En bloc resection of the telescoped bowel is favored due to lower risk of seeding and hematologic spread if underlying malignancy is present.⁶

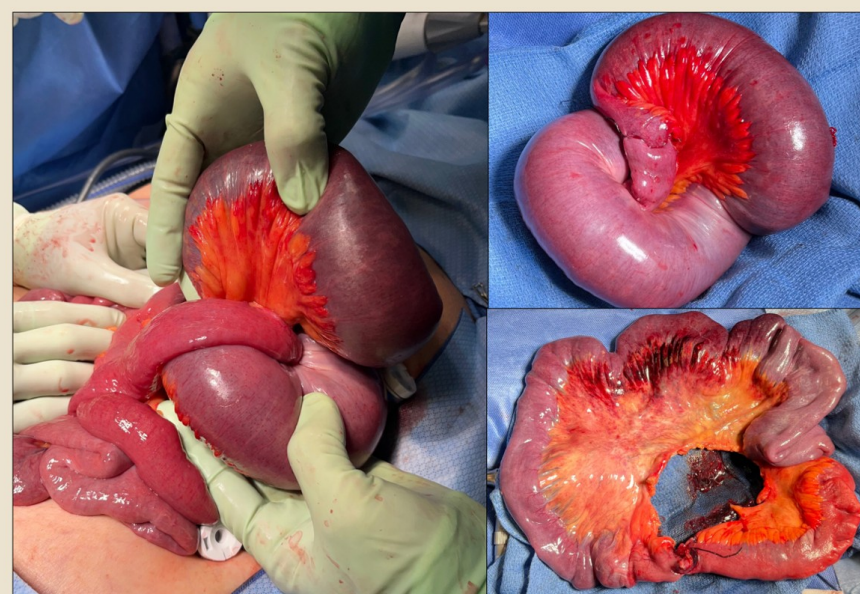
Image 1: CT Scan



Hospital Course

- Diagnostic laparoscopy* noted severely dilated bowel leading into what appeared to be an internal hernia.
- The operation was *converted to open* and the intussusception was delivered from the abdomen and **resected en bloc**.
- This was reduced on the back table.
- There were **50 cm of necrotic bowel within the intussusciptens**; the mass identified on CT was also palpated within the specimen.
- Final pathology reported a benign 3.5 cm submucosal lipoma as the lead point for the intussusception.
- The patient was admitted to the surgical ward; her postoperative course was uneventful and was discharged on hospital day #4.

Intraoperative Findings



Conclusion

- Intussusception secondary to small bowel lipomas is an exceedingly rare causes of small bowel obstruction adults.
- Due to the potential for malignancy, en bloc resection without reduction is considered the gold standard of care.

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