Turk J Gastroenterol 2002; 13 (41:236-238

Ileocolic intussusception due to ileal lymphoma (Case report)

İleal lenfomaya bağlı gelişen ileokolik intususepsiyon

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Intussusception occurs rarely in adults. It presents with a variety of acute, intermittent, and chronic symptoms, thus making its preoperative diagnosis difficult. In adults, intussusceptions are mostly caused by organic lesions and the majority of these lesions are benign tumours. Computed tomography scanning and endoscopy have proved to be the most useful diagnostic methods. Confirmation of diagnosis and treatment of adult intussusception is surgical, with surgical resection of the intussusception without reduction being the preferred treatment in adults, as almost half of both colonic and enteric intussusceptions are associated with malignancy. We report the case of a patient with ileocolic intussusception due to an ileal lymphoma.

Keywords: Intussusception, ileum, lymphoma.

Erişkinlerde intususepsiyon nadir olarak karsımıza çıkar. Akut, intermitan ve kronik semptomplarla ortaya çıktığından preoperatif tanısı oldukça güçtür. Erişkinlerde intususepsiyonun nedeni sıklıkla benign organik lezyonlardır. Bilgisayarlı tomografi ve endoskopi en sık kullanılan tanısal amaçlı yöntemlerdir. İntususepsiyonun asıl tanı ve tedavi yöntemi cerrahidir. Kolonik ve enterik intususepsiyonların çoğunun malign karakterde olduğu düşünüldüğünde redaksiyon uygulamaksızın yapılan rezeksiyon işlemi uygun cerrahi yöntemi olarak kabul edilmektedir. Çalışmamızda ileal lenfomaya bağlı gelişen ileokolik intususepsiyon olgusunu sunmaktayız.

Anahtar kelimeler: Intussusepsiyon, ileum, lenfoma.

INTRODUCTION

The main cause of adult intussusception is usually an organic lesion. Although it is a benign lesion in enteric, ileocolic and ileocaecal intussusceptions, it is frequently malignant in colocolic imaginations (1,2). In our patient, a diagnosis of ileocolic intussusception due to an ileal lymphoma, was made on the basis of findings at colonoscopy and computerized tomography. Right hemicolectomy and ileotransversostomy were performed.

CASE REPORT

A 52 year-old male was admitted to our hospital with abdominal pain and weight loss. On physical examination, a palpable mass was found at right fossa. Laboratory examination revealed a high leucocyte level (18.000 mm3) blood hemoglobin level of 7.0g/dl, total protein 5.8 g/dl and albumin 2.6 g/dl. Abdominal computerized tomography revealed a pseudokidney image at the level of right colon (Figure 1). At colonoscopy, the last ileal loop was intussuscepted into the right colon and an ulcerative lesion was seen in the ileal mucosa. Exploratory laparotomy revealed an irreductable ileocolic intussusception and a right hemicolectomy was performed. Macroscopically, the 4.5x4.0x4.0 cm solid tumor of the ileum was intussuscepted into the right colon within the last 10 cm of ileal segment (Figure 2). Histopathological examination revealed a diffuse large B-cell non-Hodgkin lymphoma of the ileum that showed serosal and with vascular invasion and 19 of 56 lymph nodes infiltrated by tumor cells. The clinical and laboratory findings were compatible with primary intestinal lymphoma. The postoperative course was uneventful and chemotheraphy was planned following surgery.

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Manuscript received: 22.7.2002 **Accepted:** 15.10.2002

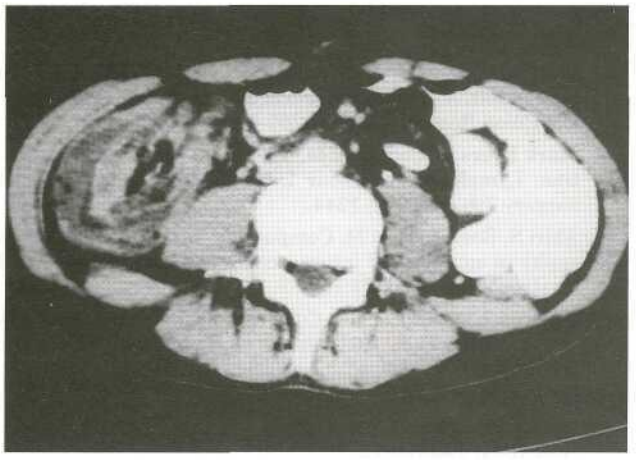

Figure 1. Pseudokidney image on CT.

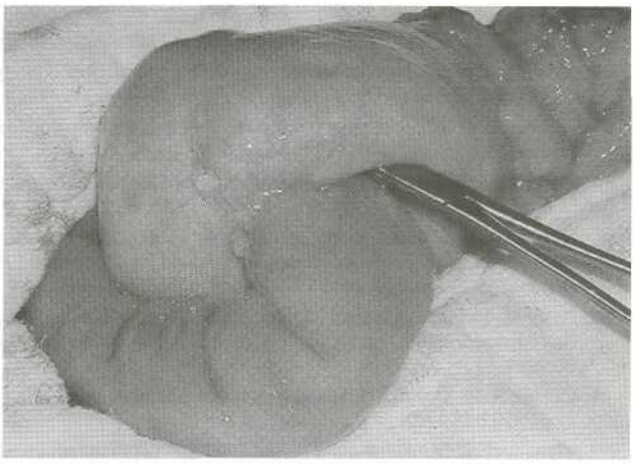

Figure 2. Macroscopic appearance of ileocolic intussusception.

DISCUSSION

Intussusceptions are classified according to location, with the most common classification system divides intussusception into four categories: enteric, ileocolic, ileocecal, and colonic (3-6). Enteric and colonic intussusceptions are those that are confined to the small intestine and large intestine, respectively. Ileocolic intussusceptions are defined as those with prolapse of the ileum through the ileocaecal valve into the colon and these constitute 15% of all intussusceptions. The ileocaecal valve and the appendix preserve their normal anatomic position and the organic lesion is usually in the ileum (2,7). These organic lesions are mostly benign although malignant lesions, can also be seen (3,8,9-13). After appendectomy the appendice stump has also been reported to cause ileocaecal intussusception (14).

Lymphomas constitute 10%-15% of small-bowel malignant tumors in the adult. They are commonly found in the ileum, where the greatest concentration of gut-associated lymphoid tissue is present, and they may be primary or part of systemic disease (15). In this case it was a primary intestinal lymphoma.

Symptoms of intussusception in adults are nonspecific and diagnosis is generally made during laparotomy. In 25% of patients, intestinal obstruction, rectal bleeding and a mass in the abdomen is seen (2,7).

Barium enema, CT and colonoscopy are helpful in diagnosis (2,16-18), with barium enema being the most important diagnostic tool. It may show the characteristic "coiled spring" or "spiral sheath" appearance, or a mushroom or crescentic shaped appearance at the level of obstruction (2,3). Pseudokidney and spiral images of intestinal loops are specific CT signs. Endoscopy can be used for definitive diagnosis of intestinal intussusceptions (2,19).

In adult intussusceptions, the treatment of choice is surgical, with resection of all intussusceptions without intraoperative reduction being advocated. The type of surgical intervention is based on the patient's medical history and intraoperative findings (1,3).

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