# Adult intussusception and gastrointestinal bleeding due to an isolated heterotopic pancreas

## *Erişkinlerde invajinasyon ve izole heterotopik pankreas nedeniyle gastrointestinal kanama*

*To the Editor,*

Intussusception is uncommon in adults when compared against children. Adult intussusception represents 5% of all cases of intussusception, and accounts for only 1%-5% of intestinal obstructions in adults (1). In children, 90% of cases are idiopathic. In contrast, intussusception in adults is generally secondary to a pathologic condition such as carcinomas, polyps, Meckel's diverticulum, colonic diverticulum, strictures or benign neoplasms (2). Heterotopic pancreas is a very rare cause of adult intussusception, and has rarely been mentioned before in the literature (3, 4). There is no known case presented in literature that mentions both intussusception and gastrointestinal bleeding in the same patient.

A 45-year-old man without a remarkable past medical history presented with a one month history of intermittent abdominal pain with associated nausea and vomiting. Physical examination revealed right lower quadrant tenderness. No masses were palpable. Results of initial laboratory tests were unremarkable. Plain abdominal film showed a dilated small bowel and associated air fluid levels indicative of a small-bowel obstruction. Computed tomography scans of the abdomen revealed an ileal intussusception. A nodule with an abundant fatty component was noted in the computed tomography scan (Figure 1), which included several strips of high density inside, and was identified at the proximal end of the intussusception. The initial diagnosis was ileal intussusception due to a lipoma.

An emergency laparotomy was performed due to the presence of melena, with an associated drop of hemoglobin to 10 g/dL. At laparotomy, an ileoileal intussusception was noted approximately 60 cm from the ileo-cecal valve. Segmental resection of the ileum with ileoileostomy was completed. An enterotomy confirmed the presence of a pedunculated nodule (60 mm by 18 mm) with fatty tissue inside. The patient went on to a rapid recovery, with complete resolution of his symptoms. Microscopically, the nodule was composed of ectopic pancreatic tissue. A final pathological diagnosis of heterotopic pancreas with intussusception was determined.

Heterotopic pancreas is a very rare cause of adult intussusception. Heterotopic pancreas is usually associated with the diagnosis of Meckel's diverticulum (3). Isolated heterotopic pancreas in the ileum caused by adult intussusception is extremely rare. Preoperative diagnosis is difficult because of its longstanding, intermittent, and generally nonspecific symptoms. The classic pediatric presentation of acute intussusception (a triad of cramping abdominal pain, bloody diarrhea, and a palpable tender mass) is rare in adults (2). Many cases are misdiagnosed and ultimately diagnosed at emergency laparotomy. In this case, the patient presented with both small bowel obstruction and gastrointestinal bleeding, which to our knowledge has never been priorly reported in the literature. Computed tomography proves to be an effective preoperative diagnostic method. Local resection of the heterotopic tissue is the current appropriate indicated treatment for this condition (5).

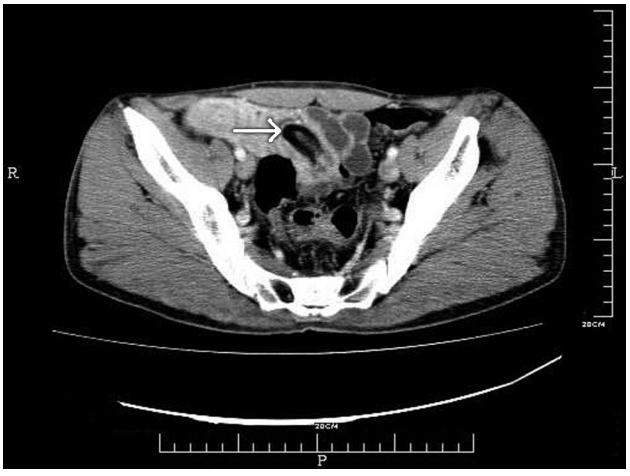


**Figure 1.** CT scan of the patient showing intra-abdominal nodule with abundant fatty component and several high density strips inside; identified as proximal end of intussusception (Arrow).

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# An unusual cause of ascites in a young patient

*Genç hastada asidin nadir nedeni*

*To the Editor,*

Eosinophilic ascites is a rare disorder. It may be associated with lymphoma, eosinophilic gastroenteritis, peritoneal dialysis, and parasites. Eosinophilic ascites is probably the most unusual and rare presentation of eosinophilic gastroenteritis, and it is generally associated with the serosal form of eosinophilic gastroenteritis. Eosinophilic gastroenteritis is an uncommon disorder characterized by tissue and peripheral blood eosinophilia in the absence of a known cause in the latter. Eosinophilic gastroenteritis presents with non-specific symptoms, including abdominal pain, nausea, and diarrhea (1-3). We report a case medically managed with budesonide for abdominal pain and eosinophilic ascites.

A 24 year-old male with a past medical history significant for abdominal distension presented with a three week history of intermittent abdominal pain. Physical examination revealed periumbilical and epigastric tenderness. Laboratory tests revealed a white blood cell count of 10,500 cells/mm$^3$ with 15% eosinophils (normally < 1%). Serum IgE level was 30 U/mL (normal 6-12 U/mL). A stool test for ova and parasites was negative. Erythrocyte sedimentation rate, antinuclear antibody, and anti-neutrophil cytoplasmic antibody antibodies were normal. Ultrasound examination performed at the time of admission revealed moderate ascites. Computerized tomography of the patients abdomen demonstrated thickening of the transverse colon, as well as ascites. The ascitic fluid was aspirated under ultrasound guidance and sent for cytological evaluation. Fluid analysis was remarkable with 45% eosinophils. Serum-ascites albumin gradient was <1.1 g/dL. Microbiology cultures of the ascitic fluid were negative for bacteria, mycobacteria, and fungal organisms. Esophagogastroduodenoscopy and colonoscopy with mucosal biopsies were performed. Thickened colonic mucosa and erythema were also noted, but no esophagitis, gastritis or duodenitis were noted. Following a diagnosis of eosinophilic colitis with associated eosinophilic ascites, oral treatment with 9 mg of budesonide daily was subsequently started. The patient responded very well to this therapy and was therefore discharged. Three months later, a follow-up ultrasound of the abdomen demonstrated virtually complete resolution of his intra-abdominal fluid. He stopped the treatment, and is doing well at the time this letter was composed.

Eosinophilic gastroenteritis presents with eosi-


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