

Resolution of case: An unusual cause of persistent gastrointestinal bleeding

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Surgical laparotomy revealed an intussusception at 20 cm from the angle of Treitz. A small bowel resection was performed and the patient had an uneventful recovery.

Diagnosis is difficult because of nonspecific presentation. An intussusception is a medical condition in which part of the intestine invaginates into another section of intestine, similar to the way in which the parts of a collapsible telescope slide into one another. This condition can often result in an obstruction. Although intussusception is the most common cause of intestinal obstruction in the pediatric population, it is a rare condition in adults. In adults it is usually related to an underlying lesion which functions as a leading mass.

Symptoms are nonspecific and are related to bowel obstruction. Whenever symptoms are seen, these include nausea, vomiting and moderate to severe cramping abdominal pain. Later signs include lower GI bleeding, often with “red currant jelly” stools. Physical examination may reveal a palpable mass. Intussusception may cause a necrosis of bowel loop secondary to ischemia due to compression of arterial blood supply. This necrosis leads to perforation and sepsis.

Intussusception is often suspected based on history and physical exam. Today CT scan is considered the

imaging modality of choice for diagnosis and exclusion of intussusception due to its high accuracy. A target-like mass, usually around 3cm in diameter, confirms the diagnosis. In most cases, radiologists can readily make the correct diagnosis of intestinal intussusception by noting the typical bowel-within-bowel appearance at abdominal CT. However, the CT findings that help to differentiate between lead point and non-lead point intussusception have not been well established.

The treatment modality is a surgical procedure because of the high incidence of structural lesions in the bowel and the risk of malignancies, particularly in the colon.

References

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