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Colic Adenocarcinoma Revealed by Ileo-Colic Intussusception

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Abstract

Introduction: Intussusception is unusual in adults; it accounts for 5% of intestinal occlusions at this age. It is most often secondary to a benign or malignant organic lesion.

Result: Through this observation, we report a case of colic adenocarcinoma revealed by an ileo-colic intussusception in a 40-year-old patient.

Conclusion: Intussusception is rare in adults and its symptomatology is non-specific; this makes its clinical diagnosis difficult. Thus, imagery holds a prominent place in positive diagnosis.

Keywords: Adult; Intussusception; Adenocarcinoma

cells/mm³, hemoglobin level of 13.4 g/dl; blood glucose and creatinine levels were normal.

Laparotomy revealed an ileo-colic intussusception (**Figure 1**). A right hemicolectomy was performed followed by end to end ileo-colic anastomosis. The operative follow-up was simple and the patient left the hospital after 7 days. The histological examination of the resected specimen concluded to a colic adenocarcinoma of low grade, pT2N0 stage (**Figure 2**).



Figure 1. Operative view of ileo-colic intussusception.

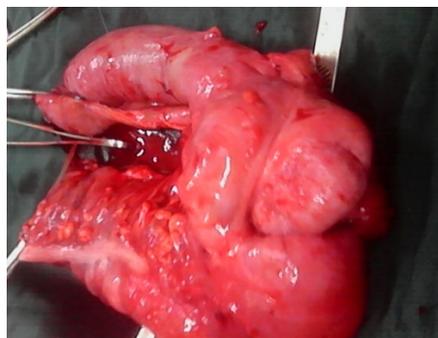


Figure 2. Specimen of resection.

Introduction

Intussusception is unusual in adults. It represents 5% of intestinal occlusions at this age [1,2]. It is most often secondary to a benign or malignant organic lesion. Through this observation, we report a case of colic adenocarcinoma revealed by an ileo-colic invagination in a 40-year-old patient.

Clinical Observation

It was a 40-year-old patient admitted in emergency for abdominal pain associated with vomiting evolving for 3 days. On admission, he presented a good general condition, colored conjunctiva and physical examination revealed, a painful swelling of the right flank. The sign of Dance was positive. An abdominal ultrasonogram showed in longitudinal section a "sandwich", and in transverse section, a target sign or "doughnut" sign in favor of an intestinal intussusception. The biological assessment revealed a white count of 4,800

Discussion

Intussusception is infrequent in adults; It represents 1% to 5% of the etiologies of intestinal occlusions at this age [1,2]. It would be more frequent in Africa than in Europe, and the high prevalence of Salmonellosis and Parasitosis in tropical countries could be the cause [3]. We recognize several types of intussusception: ileo-colic (77%), ileo-ileo-colic (12%), ileo-ileal (4%), colo-colic (2%) and others (5%).

The symptomatology of intestinal intussusception is polymorphous; it may manifest on an acute, subacute or chronic mode. In its acute form, the functional triad: paroxysmal abdominal pain, vomiting and rectal bleeding is classic in infants. This functional triad is incomplete in adults as in our observation. In the adult, it is rather the subacute or chronic forms that predominate [4-6]. The palpation of an abdominal mass corresponding to the "sausage-shaped" is a sign of great value, but it remains inconstant. In the series of Sanou et al., it is found in 42.8% of cases [7]. In view of this clinical polymorphism; paraclinic explorations take an important part in the positive diagnosis. Ultrasonogram is the first-line examination. It allows the diagnosis in showing a mass with concentric rings-target sign and central hyperdense lesion on transverse section; in the longitudinal one, it reveal hypoechoic areas separated by linear hyperechoic stand (hay-fork sign) [2,4,5]. In our observation, the ultrasound allowed the preoperative diagnosis. But its performance varies according to the series from 30% to 75% [1,3,7]. In the series of Elhattabi et al. [1], ultrasonogram allowed diagnosis in 60% of cases versus 100% on computed tomography. Thus, this exploration is the better choice in the management of intestinal intussusception of the adult [1,2,8]. Indeed, beyond the diagnostic confirmation, it can identify the cause of the intussusception.

The treatment of the intestinal intussusception of the adult is surgical. In our observation, a right hemicolectomy was performed followed by end to end ileo-colic anastomosis. Adult intestinal intussusception, unlike the child, is usually secondary to inflammatory lesions, benign or malignant tumors [5,8-11]. The operative follow-ups were favorable in our observation as in most series [2-5,8-10]. The prognosis of the intestinal intussusception is generally good; it depends on the etiology and the severity of the lesions [1-3]. Histology is indispensable because it permits to determine the etiology of the organic lesion involving the intussusception of the adult.

Conclusion

Intussusception is rare in adults, characterized by clinical polymorphism; imaging has an important role in diagnostic

approach. Invagination is usually secondary to an organic cause. Also, the treatment is often surgical and the histology is fundamental in the characterization of the causal lesion.

Conflict of Interest

The authors do not declare any conflict of interest.

Authors' Contributions

All the authors mentioned contributed to the writing of this manuscript.

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