

Small Bowel Ischemia Due to Massive Jejunojejunal Intussusception with Solitary Hamartomas Polyp as a Leading Point in Young Adult Patient

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Intussusception is known as the telescoping of bowel loop (Intussusceptum) into an adjacent segment (intussusciens). In contrast to pediatric patients, it is a rare entity in adult population, with only 5% of intussusception occurring in the latter group [1]. About 1-5% of small bowel obstruction in adults is due to intussusception [2]. Although intussusception can affect any part of the Gastrointestinal (GI) tract, the most common segment to be involved is the ileocecal junction.

In almost 90% of adult intussusception, an underlying intestinal pathology, known as a leading point, can be found. When this involve the small bowel, 70% is due to benign tumors, while in large bowel involvement, an underlying malignancy is detected in about 66% [3,4], and thus, early prompt surgical management is usually warranted to treat this problem. Hamartomatous polyps throughout the GI tract are usually characteristic of Peutz-Jeghers syndrome, an autosomal dominant disorder. These polyps can present as an iron deficiency anemia due to GI bleeding (14%) or intestinal obstruction (43%) due to large polyp size. However, intussusception due to hamartomatous polyp is usually rare [5].

An 18-year-old, healthy female patient, presented to our emergency department with severe intermittent abdominal pain of several hours' duration, associated with nausea and recurrent vomiting. Abdominal examination revealed a tender palpable soft mass on the upper abdomen. Per rectum exam was normal. A contrast enhanced Computed Tomography (CT) scan showed jejunojejunal intussusception with swirling of the small bowel mesentery, with proximal bowel dilation and small amount of free fluid at the pelvis (Figure 1).



Figure 1: A coronal contrast enhanced computed tomography scan showing proximal small bowel intussusception with mesentery swirling.

On exploratory laparotomy, the patient had a long segment (120 cm) of small bowel intussusception (Figure 2) with ischemia of the proximal bowel (Intussusceptum). Resection of the affected segment along with primary anastomosis was completed. On opening the resected bowel, a large polyp (5 cm) on a stalk was the leading point (Figure 3). Her Post-Operative Period (POD) was uneventful, and she was discharged home on POD 6.

Histopathological exam of the specimen with hematoxylin and eosin stain showed large hamartomatous polyp showing hemorrhagic necrosis, consistent with Peutz-Jeghers polyp.



Figure 2: Intraoperative photograph showing a long segment intussusception of the jejunum.



Figure 3: Inspection of the surgical specimen after resection indicate a large polyp on a stalk as the leading point.

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