International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

A Case Report on Sigmoid Colon Intussusception Secondary to Sigmoid Colon Carcinoma

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Abstract: ***Colonic intussusception in adults is an unusual pathology and accounts for less than 5% of bowel obstruction cases. In contrast to their paediatric counterparts, adult intussusception occurs with a pathological lead point in all cases and malignancy is the most common pathologic lead point in large bowel intussusception. This paper discusses a 50 - year - old man with sigmoid colon intussusception associated with adenocarcinoma and aims at focusing on the need to diagnose the condition early and the right surgical approach.***

Keywords: colonic intussusception, bowel obstruction, adult pathology, sigmoid colon, adenocarcinoma

1. Introduction & Background

Intussusception, on the other hand is a process whereby one part of the gastrointestinal tract folds over an adjacent part of the gastrointestinal tract. Even though the disease involves paediatric groups, adults' intussusception represents 1 - 5% of all cases. The incidence is particularly low in the sigmoid colon, contributing less than 8% of all intussusception cases seen in adults. Adenocarcinoma of colon is the predominant one in adult patients and different from paediatrics matches. It provides a set of diagnostic and therapeutic problems because of the usually nonspecific clinical picture and the necessity of obtaining ontologically proper resections.

Table 1: Clinical Parameters Pre and Post Surgery

Parameter	Pre- Operative	Post- Operative
Haemoglobin (g/dl)	10.2	11.4
Total Count (cells/mm^3))	11,200	9,400
CEA (ng/mL)	12.4	-
CA 19-9 (U/ml)	45	-
Albumin (g/dl)	3.2	3.6

2. Case Presentation

This includes a 50 years man who was a known case of chronic left iliac fossa pain for the past 6 months with change in bowel habit. Tender mass was palpable in the left iliac fossa, about 4*3 cm, with irregular surface and firm consistency. CECT confirmed recto sigmoid intussusception likely involving sigmoid colon mass, no metastatic lymph nodes and subacute intestinal blockage. Pathological result of colonoscopic biopsy demonstrated well - modified adenocarcinoma. Exploratory laparotomy and sigmoid resection with subsequent colo - colic anastomosis showed a 10 cm intussusception segment. Tumor pathology showed a well - differentiated adenocarcinoma of the sigmoid colon (pT2N0M0) confirmed on histopathology.

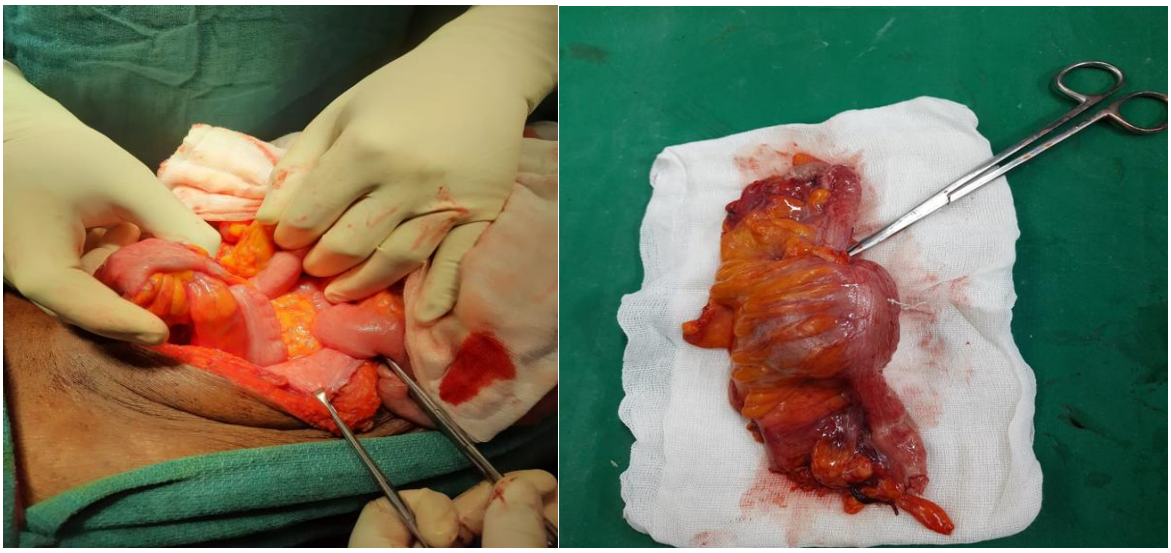

Figure 1: Intraoperative photograph showing sigmoid intussusception

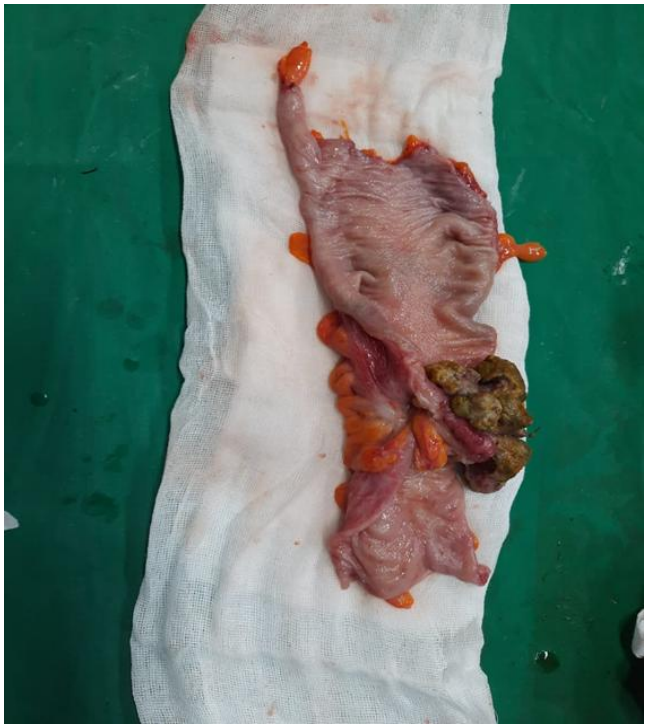

Figure 2: Cut Section of the resected sigmoid colon showing tumour

3. Clinical Discussion

Sigmoid colon intussusception however has its own problems of management because of it's anatomical site, and high suspicion of malignancy. Adult colonic intussusception is surgical, oncological resection being standard because of high malignancy. A preoperative diagnosis largely depends on imaging findings, and CECT is the most effective among all with a characteristic "target sign." The management distinguishes this fracture from paediatric cases in which reduction might be applied.

4. Conclusion

From this case publication, one learns that a high level of suspicion for malignancy should be exercised in adult colonic intussusception. However, considering early diagnosis and proper surgical management essential adequately for the best prognosis.

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