Title - Caecal tumour presenting with intussusception

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Abstract.

Intussusception in adults is rare and poses diagnostic difficulty due to vague nature of clinical presentation. Early diagnosis is important particularly since majority of adult cases have an underlying lesion. This article is about a patient with ileo caecal intussusception due to caecal tumour which was diagnosed with a significant lag time from initial onset of symptoms.

Key words - Adult intussusception; Caecal tumour; Intestinal obstruction.

Introduction.

Intussusception among adults is rare accounting for 5% of cases and only 1% of adult intestinal obstruction is due to intussusception1. Adult intussusception can be difficult to diagnose due to variable nature of presentation and up to 20% can be asymptomatic which are diagnosed incidentally in abdominal imaging1, 2.

Case presentation

Forty nine year old male patient presented with episodic peri-umbilical pain for nine months duration. It was a gradually worsening non radiating colicky pain occurring 3 -4 times per week which increase in severity over few minutes and persists for 1-2 hours. He frequently had nausea associated with pain but only rarely had vomiting. The pain was not related to meals and it partially resolved after bowel motions. Over last five months he was having altered bowel habit with bowel motions occurring 10 -12 times per day. There was occasional passage of altered blood mix with stools. There was no fresh pre rectal bleeding or mucus mixed with faeces. He did not have anemic symptoms, fever or other constitutional symptoms.

General examination and abdominal examination was unremarkable except mild right iliac fossae tenderness. Per rectal examination was unremarkable.

Ultrasound scan abdomen revealed large bowel mass in the right hypochondrium with features suggestive of intussusception [Fig1] where cause for it was not evident.

CECT scan revealed ileocaecal intussusception with caecal wall thickening. Rest of the bowel and abdominal organs were normal and there was no lymphadenopathy.

Cecal tumour was identified at laparotomy and he made uneventful recovery after Right hemicolectomy.

Histology revealed moderately differentiated adenocarcinoma of caecum. The tumour was extending to the ileocaecal valve and all lymph nodes examine was negative for tumour deposits. Final pathological stage was T2N0Mx.

Discussion –

Cecal tumours usually present with anemia due to chronic blood loss or with abdominal mass 3. Obstruction and typical bowel symptoms are rare or late if at all owing to larger diameter of right sided colon and semisolid nature of faeces at the early part of colon 3,4. Appendicitis or appendicular mass, intussusception are some of rare presentations of cecal tumour.

Cecal tumours presenting with intussusception have being reported in literature and the usual presentation in all these cases is colicky abdominal pain 1,5,6. There may be long duration of symptoms before the definitive diagnosis is made1 similar to which is observed in this cases. Other common symptoms are nausea and vomiting and in examination abdominal mass may be identified2,6.

Key Points

1. Intussusception in adults is rare and difficult to diagnose due to nonspecific presentation.
2. Majority will have underlying organic cause in contrast to pediatric cases.
3. There may be considerable lag period from onset of symptoms to definitive diagnosis due to sub-acute nature of symptoms.

Declarations -

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Figure 2 – CT scan confirmed distal ileal intussusception with caecal wall thickening.

Figure 1 – USS suspicious of bowel intussusception