

Adult Female Lump Abdomen

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Abstract

Intussusception is commonly seen in pediatric age group and is rare in adults. Adults with intussusception present with non specific symptoms and diagnosis is made by imaging. Most of the times the treatment requires resection of the involved bowel.

Keywords: Intussusception, obstruction, bowel resection.

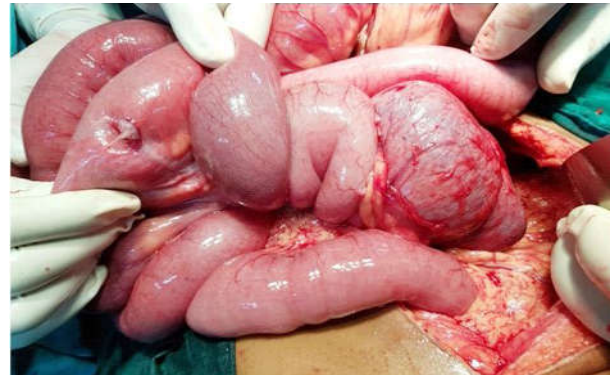
Introduction

Intussusception is telescoping of one segment of gastrointestinal tract in to the adjacent one [1,2] and is more commonly found in pediatric population. Intussusception in adults is rare and accounts for only 0.1% [4,5,6,7,8] of all hospital admissions. The most common site for intussusceptions in adults is small and large bowel [1,8]. The presentation in adults is different from children [9] and most adults present with features of acute abdomen. Diagnosis is confirmed either at laparotomy, or by preoperative imaging.

Case 1

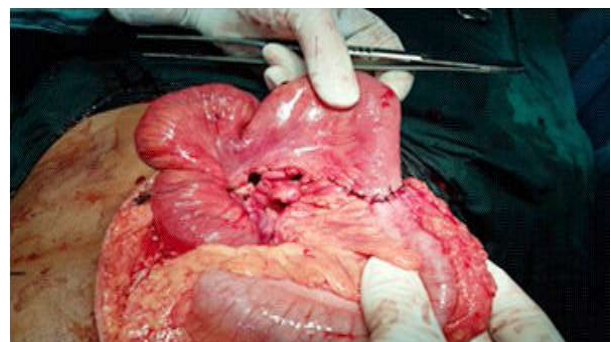
A lady aged 27 years presented with pain abdomen and vomiting of 7 days duration. She gave history of similar complaints in the past which responded to conservative management. The physical examination revealed tenderness in the umbilical region and

guarding all over the abdomen. Ultrasonography revealed a bowel mass of the size 51 mm X 43 mm in the right ileac fossa. CT of abdomen was suggestive of intussusceptions. Laparotomy revealed ileocaecal intussusceptions. Right hemicolectomy was done and bowel continuity was restored by ileo transverse colostomy. Histopathology of resected specimen was reported as Adematous polyp with gangrene of the resected bowel.



Case 2

A lady aged 37 years presented with the complaints of abdominal pain and constipation of 4 days duration and vomiting of 2 days duration. On physical examination, a mobile intraabdominal lump of size 8cm X 5 cm was palpable in right iliac fossa. Ultrasonography of the abdomen and CT abdomen

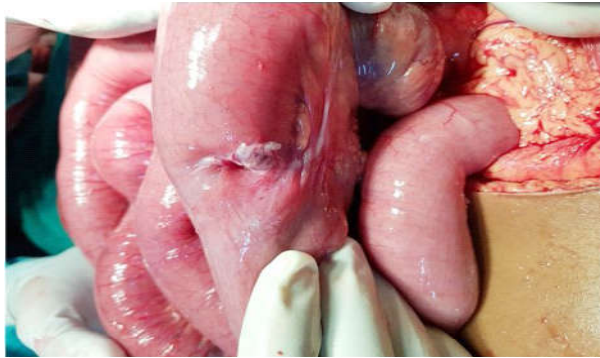


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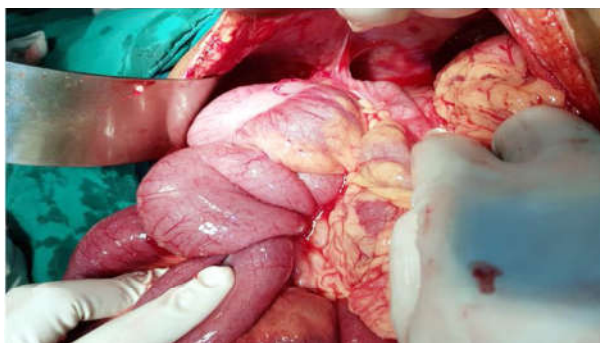
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were suggestive of intussusceptions. Ileocaecal intussusceptions was found on laparotomy. The ileum forming the intussusceptum was reaching up to hepatic flexure and was not reducible. Hence Right hemicolectomy was done and the bowel continuity restored by Ileotransverse colostomy. Histopathology of resected specimen was reported as gangrenous with ischemic necrosis.



Case 3

A lady aged 25 years presented with the complaints of pain abdomen, vomiting and constipation of 10 days duration. Pain was localised to umbilical region and was dull and intermittent in nature. She also gave history of amenorrhoea but pregnancy test for urine was negative. Physical examination revealed a firm intra abdominal mass in left hypochondrium. Laparotomy revealed jejuno jejunal intussusceptions. Resection of the affected jejunum was done followed by end to end anastomosis to restore continuity of the bowel. Histo pathological examination of resected specimen was reported as adenoma.



Discussions

Intussusception in adult is rare and accounts only 0.1 % of all adult hospital admissions [4,5,6]. In adult, about 90% of intussusceptions occur in the small bowel or large bowel, 10% the stomach [9]. Adult intussusceptions present as a obstruction or as an acute abdomen [5,10].

All our three patient had a benign tumor namely adenoma as an initiating factor for intussusception. Literature search revealed that Primary or secondary malignant lesions may account for 6% to 30% of all adult intussusceptions [11].

Tumor related intussusceptions were noted in 63% of cases [10,11]. Idiopathic Intussusception in the small bowel accounts for 8% to 20% of all cases [12,13]. Intussusception has also been seen in celiac disease, patient with abdominal trauma, AIDS related bowel disease [14,15]. In adults, Intussusception are chronic and clinical presentation is different from children. Pain and vomiting are commonly present [15]. Character of the pain is not diagnostic in half of the cases [11,15]. Physical examination reveals an abdominal lump in most cases [14,15].

CT scan of the abdomen is diagnostic in those cases which do not present with classical clinical features. In our all three case study. CT scan was diagnostic in all out three cases [16,17].

In adult preferred treatment is surgical resection rather than hydrostatic reduction [18].

Advantage of reducing the intussusceptions is the preservation of length of bowel and prevent short syndrome [16,17,18].

Reduction should attempted initially, Azaret al [12] suggest surgical resection without reduction is preferred treatment in adults as there is 50% chances of malignancy.

Conclusion

Intussusception in adult is rare. The most common useful investigation is CT abdomen. Resection without attempted reduction is recommended for adult intussusceptions. In our study all patients were female and all underwent resection anastomosis without any complications.

In adult intussusception surgery in the treatment of choice. The resection techniques are chosen according to the involved segment of the intestine.

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