Recurrent Intussusception due to Peutz-Jegher type Polyp

H. Hande Aydinli MD, Derek Lim DO, Nicole Goulet MD
Department of Surgery, New York University Langone Medical Center, NY

NYU Langone Health

INTRODUCTION

- Intussusception is a rare cause of intestinal obstruction in adults and only accounts for 1-5% of all mechanical small bowel obstructions
- Intussusception is typically due to pathologic lead point within the bowel, which in adults is malignant in more than half the cases
- The lead point is pulled forward by bowel peristalsis and causes telescoping of the affected bowel segment into another segment

CASE PRESENTATION

- 26-year-old female who presented with 1-day history of abdominal pain
- Her last bowel movement was the day of presentation and was passing flatus
- Her past medical history was significant for asthma, and surgical history was significant for exploratory laparotomy and small bowel resection for intussusception secondary to hamartomatous polyps 9 years prior to presentation at an outside hospital
- Her genetic testing was negative at that time for any syndromic polyposis disorders
- In the emergency room her vital signs were within normal limits

CASE PRESENTATION (cont.)

- Her white blood cell count was 13 K/μL and lactate was 1.2
- On exam, a transverse scar in right lower quadrant was seen, abdomen was tender to palpation in left lower quadrant without rebound or guarding
- A computed tomography of the abdomen and pelvis showed proximal small bowel intussusception with apparent soft tissue mass as lead point with developing upstream small bowel obstruction
- Patient was taken to the operating room and exploratory laparotomy confirmed the intussuscepted bowel into the previous jejunojejunal anastomosis and revealed several tethered intraluminal polyps at the lead point (Image)
- The remainder of the small bowel and colon were fairly unremarkable with no other polyps palpated and mesentery appeared normal with some slight lymphadenopathy
- Small bowel resection including previous anastomosis was carried out with side-to-side stapled small bowel anastomosis
- Patient had uneventful recovery post-operatively
- Pathology showed Peutz-Jegher type hamartomatous polyps
- Patient is currently under gastroenterological and genetic re-evaluation to exclude the diagnosis of Peutz–Jeghers syndrome

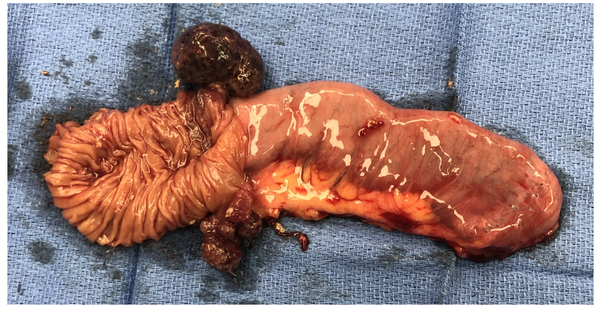


Image- Previous jejunojejunal anastomosis with several tethered intraluminal polyps at the lead point

DISCUSSION

- Recurrent intussusception in adults is uncommon, and unlike in children, most often due to an organic cause
- This is mostly due to definitive treatment with surgery at the time of initial diagnosis
- To our knowledge this is the first report on recurrent hamartomatous polyps complicated by intussusception requiring surgical resection twice
- Adult patients with intussusception often present with nonspecific symptoms including acute or chronic abdominal pain, nausea, constipation, and fever which can pose a challenge in diagnosis
- Ultrasound or computed tomography might be useful for diagnosis
- Primary treatment in the adult population is surgery

The authors have nothing to disclose