Campylobacter-induced Intussusception in an Adult: A Rare Case Report

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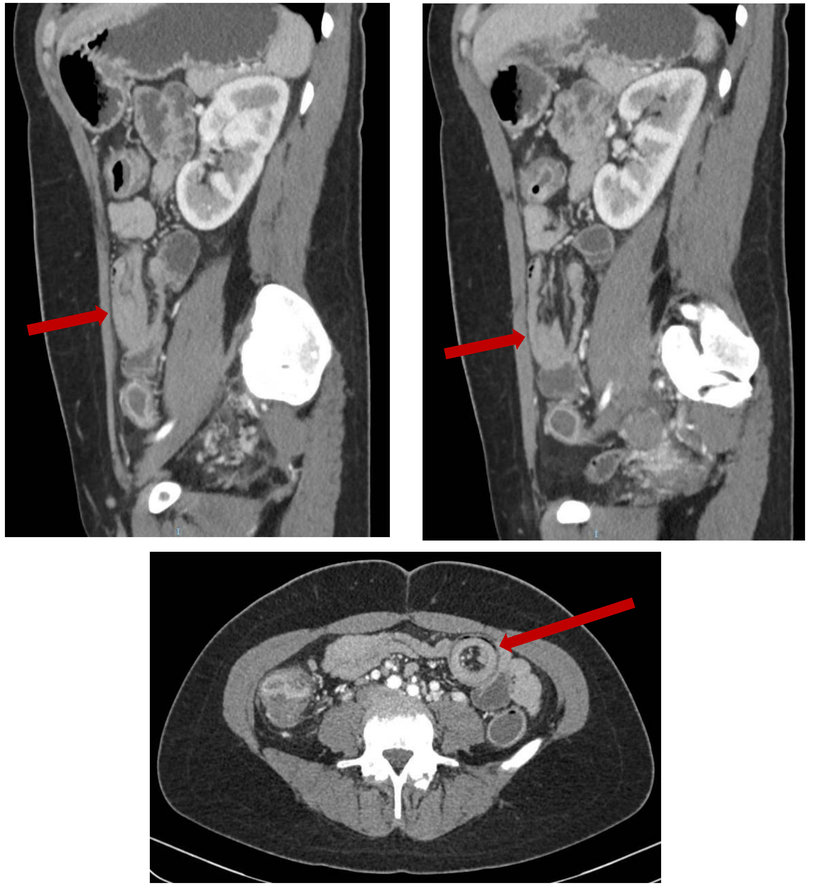
INTRODUCTION

Intussusception occurs when one segment of bowel (intussusceptum) telescopes into an adjacent segment (intussuscipiens), resulting in complications such as bowel obstruction, ischemia, and necrosis. This condition is common in the pediatric population whereas in adults, it is a rare disorder and when present, it is likely due to a pathologic lead point such as neoplasm [1]. Rarely, is the etiology infectious in adult cases. Herein, we add a rare case to the limited literature on infection-related enteritis and adult intussusception.

CASE SCENARIO

A 40-year-old woman presented with three-day history of lower abdominal pain, mucoid diarrhea, and intractable emesis. Past medical and surgical history non-contributory except for remote history of laparoscopic cholecystectomy. Abdominal computerized tomography showed a 7 cm long segment of small bowel telescoping into small bowel in the left mid abdomen with mild proximal dilation, suggestive of intussusception. On exam, she was tachycardic with mild leukocytosis and diffuse abdominal tenderness though no peritoneal signs.

Given high suspicion for enteric intussusception, the patient underwent diagnostic laparoscopy which revealed an area of dilated small bowel that was the likely involved segment. A Meckel's diverticulum was incidentally noted that was not inflamed and quite distal to the involved small bowel. No other abnormalities were noted. No resection was performed as no compromised bowel or masses were noted. Stool studies performed during admission showed many white blood cells and stool culture later resulted as campylobacter jejuni.



Computed tomography scan demonstrates long segment of intussusception of small bowel loops in the left mid to lower abdomen, with wall thickening. No proximal bowel obstruction noted.

CASE SCENARIO CONT'D

Post-operatively, patient ultimately left against medical advice on post-operative day 1. She returned several months later with similar symptoms. Imaging at that time showed thickened, dilated small bowel loops in the left hemiabdomen. She was later found to have Neisseria gonorrhoeae, which was appropriately treated.

CONCLUSION

Adult intussusception is an infrequent and challenging condition, with extremely few reported cases of infection-related etiologies. Though no universal consensus exists on the approach to adult intussusception, surgical exploration is largely pursued and often necessary for definitive treatment. Whereas colonic intussusception often requires en bloc resection given the high rate of associated malignancy, enteric intussusception may be managed with a more selective approach, especially in younger patients and in incidental, transient cases. Current controversy remains, however, on the extent of resection versus reduction of the intussusception. We present this case report to add to the paucity of data and reports on intussusception secondary to infectious etiologies in adults.

REFERENCES

1. *Marinis A, Yiallourou A, Samanides L, Dafnios N, Anastasopoulos G, Vassiliou I, Theodosopoulos T. Intussusception of the bowel in adults: a review. World J Gastroenterol. 2009 Jan 28;15(4):407-11. doi: 10.3748/wjg.15.407. PMID: 19152443; PMCID: PMC2653360.*