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When Bowels Telescope: Intussusception Revealing Colon Malignancy in the Elderly. Case Report.

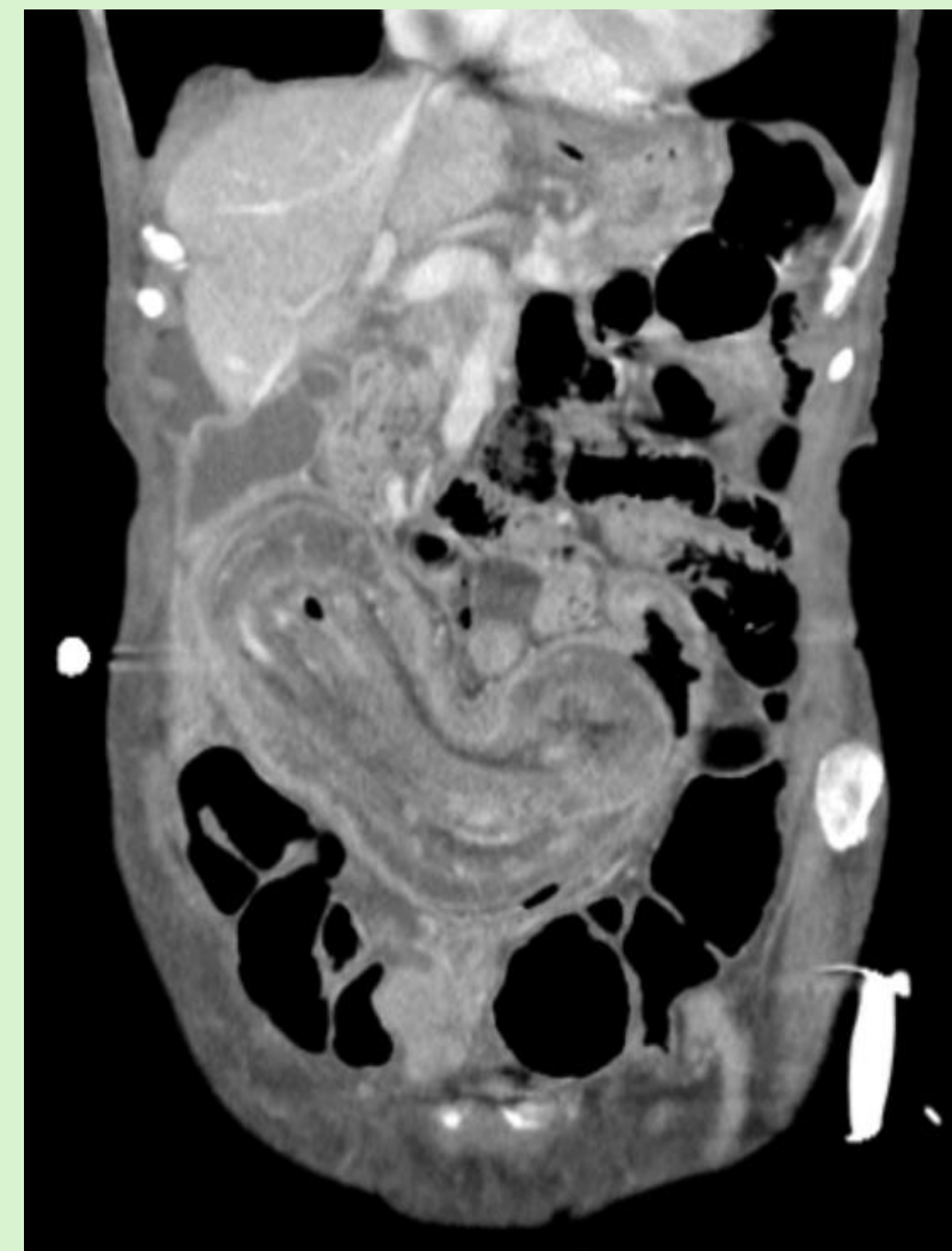
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Introduction

Adult intussusception is a rare condition, accounting for ~5% of all intussusception cases and 1% of bowel obstructions. Unlike children, adult cases often involve a pathological lead point. Malignancy is a primary concern, particularly in colonic intussusception, where ~70% of cases are malignant. This case report details a rare presentation of an elderly patient with a primary colorectal malignancy leading to colonic intussusception and a synchronous metastatic malignancy. The case highlights the diagnostic and therapeutic challenges and the critical role of patient preferences in treatment decisions.

Case Presentation

A 95-year-old female patient presented with abdominal pain and obstructive symptoms. Exam revealed abdominal distention and a right-sided mass. Notably, the patient had never undergone a colonoscopy. A CT-scan showed colonic intussusception. Surgical management included a right colectomy and partial omentectomy due to nodular omental lesions. Pathology revealed colonic adenocarcinoma and omental metastatic carcinoma.



Outcome

The patient recovered and was discharged home. During discussion about the omental metastasis of possible gynecologic origin, patient declined further diagnostic workup.

Discussion

This case underscores the rarity and diagnostic complexity of colonic intussusception in the elderly population. The primary colorectal malignancy aligns with the high expected malignancy rate, but the synchronous omental metastasis was an unusual finding. The patient's lack of prior colonoscopy reflects the relevance of cancer screening.

Conclusion

The successful surgical outcome proves the efficacy of tailored surgical care in complex cases. The patient's decision to forego further investigation of the metastatic carcinoma underscores the importance of respecting autonomy and prioritizing quality of life in elderly patients.

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