

Adult intussusception: Case series

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ABSTRACT

Introduction: Adult intussusception is a rare condition that accounts for less than 5% of all cases, with most cases having an identifiable pathological lead point. Common predisposing factors for adult intussusception include adhesions, benign or malignant lesions, and inflammatory conditions like Crohn's disease. **Case Report:** We present a case series of adult intussusception of 3 different patients with 3 different locations which were diagnosed with multidetector CT. A 70-year-old lady with 3 months history of abdominal pain and chronic constipation. CT abdomen showed long segment ileo-colic intussusception with caecal tumour. 27-year-old male with acute abdominal pain associated with vomiting and epigastric tenderness on palpation. Imaging showed enteroenteric intussusception causing mild small bowel obstruction. Seventy-three-year-old man with loose stool, haematochezia and significant weight loss. Per abdomen reveals infraumbilical mass. Ultrasound showed suprapubic bowel-related mass with sonographic features of intussusception which confirmed by CT to be sigmoid bowel mass causing colo-colic intussusception. Two patients had bowel and tumour resection, one succumbed without operation. **Discussion:** Patients often presents with nonspecific symptoms such as abdominal pain, nausea, vomiting, diarrhoea, and rectal bleeding. However, clinical presentation can vary, and some patients may remain asymptomatic or present with atypical symptoms. High index of suspicion is required to diagnose adult intussusception promptly. Diagnostic modalities are crucial in confirming the diagnosis of adult intussusception. Imaging studies, particularly computed tomography (CT) scans, play a central role in identifying the site and cause of intussusception. Treatment strategies depend on various factors, including the underlying cause, presence of complications and patient's overall health status. A study found that length of intussusception greater than 3.5 cm predicted persistence and the need for surgery. **Conclusion:** Imaging plays a vital role in the timely diagnosis of adult intussusception. Multidetector CT has been shown to be valuable in diagnosing intussusception with lead points³. Surgical resection is often recommended for adult intussusception, especially when a pathological lead point is identified.