

Case Report



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Ileo Colic Intussusception Secondary to Primary Intestinal Tumour: A case report

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Abstract

Intussusception is defined as invagination of bowel within adjacent segment. Invariably it is the proximal into distal bowel it is commonly seen in child between 3-9 month, very rarely it is seen in adults. Child to adult ratio is 20:1. Most common cause in adult is associated with a lead point which is usually a polyp, sub mucosal lipoma or tumor (GIST). Intussusception Colo colic is most common. And thereafter comes ileocolic. A gastro intestinal stromal tumor (GIST) is Defined as spindle epithelioid or occasionally pleomorphic mesenchymal tumors of gastrointestinal tract that expresses the KIT protein and approximately 2% of all neoplasm of the gastro intestinal tract is classified as GIST.

Keywords: Intestinal; Colic Intussusception; bowel; Child; adult

Introduction

Intussusception is defined as invagination of bowel within adjacent segment [1, 5-7]. Invariably it is the proximal into distal bowel it is commonly seen in child between 3-9 month to [4-7,8], very rarely it is seen in adults [10]. Child to adult ratio is 20:1 [6-12-16]. Most common cause in adult is associated with a lead point which is usually a polyp, sub mucosal lipoma or tumor (GIST). Intussusception Colo colic is most common [13]. And thereafter comes ileocolic [4-10-14]. A gastro intestinal stromal tumor (GIST) is Defined as spindle epithelioid or occasionally pleomorphic mesenchymal tumors of gastrointestinal tract that expresses the KIT protein and approximately 2% of all neoplasm of the gastro intestinal tract is classified as GIST. [9-20]. Gist is most commonly located in the stomach (60-70%) [6-9-11] and rarely in duodenum and rest 30-40% are seen in small bowel and very rare in large Bowel [7-12-13-15].

Presentation of case

18 yrs. male presented with history of severe abdominal pain, severe bilious vomiting for 3-4 days his abdomen was distended, guarding present, per rectal examination was revealed no any abnormality, pulse was 130/minute. on blood examination scan shows his Hb was -14.9 gm total count was 12000 Bilirubin was 8.1 on day of surgery, CT scan was done on day admission shows ileocolic intussusception with multiple enlarged mesenteric lymph nodes seen.

Considering his age and CT scan findings laparotomy was planned on exploration ileocolic intussusception was found .it was reduced gradually completely it shows some intraluminal mass so resection and anastomosis was done, total operative time was 2.00 hrs. resected specimen shows 40*30*20 mm sized smooth marginated tumor. Post-operative Course found low level of albumin so it was replaced. His bilirubin levels came down regularly but total count and CRP levels not came down in spite of higher antibiotics pt. have 2 episodes of Fever in post operative period. Pt was absolutely fine on 7th post op day so was discharged with oral higher antibiotics. Histopathology was done s/o spindle cell /epithelioid tumor cells neoplasm s/o GIST.

Discussion

In this report we describe the diagnosis and management Strategies to Primary GIST in Terminal part of ilium, in adults or adolescent's intestinal

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invagination or Intussusception is rare accounting for 5 % of all intussusception [5-9-12] and 1% of all intestinal obstruction, there is surgical consensus that adult susception requires surgical resection because of majority of patients have intraluminal lesion. Adult colonic intussusception should be resected unblock [3-5-16-17]. It is controversial whether initial reduction should be performed prior to resection [18-19-20]. The

risk of intraluminal seeding, venous embolization and anastomotic Complications should be Considered in case of initial reduction [4-7-9-10-16]. In this case pre-Op diagnosis was intussusception accompanied by? GIST thus we planned limited resection, liver and perineum was looks apparently normal and multiple small lymph node was seen that seems reactionary so HPE was done for lymph node.





Journal of Surgical Case Reports and Reviews BioRes Scientia Publishers Baroda Unipath AND DEPENDENCES LABORATORY REPORT 0303008014 HISTO / Cuto Reg. No. H05801284 14-Mar-2023 17:10 34-Mar-2023 37:30 O I PATEL Mr. SHAHED I PA Male / 18 Years Son/Ago Ref. By Neport Date 17-Mar-2023 want 1 (Du Talie No VANCE DIAGNOSTIC CEN HISTOPATHOLOGY REPORT ss Description : container of specimen is received in for 7 cm. One nodule attached with m **Ecroscopic Description** inter composed of fisscieles of spindle cells displaying mild to moderate nuclear phonon -2/5 mm³ (15.10F with fild diamater of 0.65 mm). Patchy necrossis present. Ind Real mucosa is unremarkable. The lesion is excised from both onds by more than 3 cm spindle cells displaying mild to moderate nuclear plo-liameter of 0.65 mm) sindle cell neoplasm - Gastrointestinal Stomal Tumour (GIST). Figure 3: HPE report.

Conclusion

In conclusion adult Ileal gist can cause ileo- ileal, ileacolonic Intussusception and limited resection with or without Initial reduction can be performed safely as Demonstrated in this case. Even adult can have Improved Quality of life with limited surgical resection.

Patient Perspective

The patient and his family were concerned about weather surgery would be adversely affect oral ingestion or other activities of daily living, the surgery was performed with no post operative Complications Other than leukocytosis in post op period without fever. After the surgery the patient was able to ingest food and returned to his normal ADL. Patient was informed about the regular medical follow up.

Source of Funding

The research did not Receive any specific grant from funding agency in public, commercial or not for profit Sectors.

Ethical approval: Approved by Ethical Committee, Dr. Kiran Patel Medical College & Research Institute, BHARUCH, Gujrat.

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Cite this article: Rashmi K Chaudhari, Kulkarni R, Patel J. (2023). Ileo Colic Intussusception Secondary to Primary Intestinal tumour: A case Report, *Journal of Surgical Case Reports and Reviews*, BRS Publishers. 2(1); DOI: DOI: 10.59657/2993-1126.brs.23.010

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Article History: Received: May 19, 2023 | Accepted: June 03, 2022 | Published: June 10, 2023