Intussusceptions are rare occurrences in which a proximal bowel segment invaginates into the distal lumen. Usually neoplastic, a lead point can be identified in 70–90% of cases by either abdominopelvic CT (CTAP) or transabdominal ultrasonography [1]. We describe the use of endoscopic ultrasound to identify a malignant lead point in a colonic intussusception.

A 71-year-old gentleman presented to the Ann Arbor Veterans Hospital with a 4-month history of intermittent abdominal pain, constipation, and hematochezia. He had no family history of colorectal cancer or inflammatory bowel disease. His rectal examination was significant for gross blood and a large palpable mass. Colonoscopy revealed a tubular mass that started 3 cm from the anal verge and obstructed 90% of the lumen (Fig. 1). Multiple biopsies were unrevealing. CTAP revealed changes consistent with sigmoid intussusception, but no distinct mass or lead point could be identified (Fig. 2). Subsequently, rectal endoscopic ultrasonography (EUS) revealed a hypoechoic mass measuring 1.1 × 1.7 cm in the apex of an intussusception (Fig. 3) without perirectal lymphadenopathy. The patient underwent partial sigmoidectomy. Histopathology revealed a moderately differentiated T2N0M0 adenocarcinoma.

In adults, intussusceptions represent less than 5% of all intestinal obstructions [1]. However, malignancies account for more than 50% of colonic intussusceptions [2–4]. Unlike in pediatric cases, barium hydrostatic reduction is not commonly performed in adults, because of increased risks of perforation or malignant dissemination [2,5]. For our patient, mechanical reduction was considered since his initial imaging was negative. However, given the high pretest probability of an underlying malignancy, preoperative EUS was performed to guide surgical therapy. This case depicts the ability of EUS to identify malignancies within intussuscepted bowel that were missed on cross-sectional imaging. EUS can therefore be considered as an alternative modality for the evaluation of a rectosigmoid intussusception.

Endoscopy_UCTN_Code_CCL_1AF_2AH

D. M. Brenner, R. S. Kwon
Division of Gastroenterology, University of Michigan Medical School, Ann Arbor, Michigan, USA

References

Bibliography
Endoscopy 2008; 40: E166
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
R. S. Kwon, MD
University of Michigan
1500 E. Medical Center Drive
Taubman 3912
Ann Arbor
MI 48109-5362
USA
Fax: +1-734-9367392
rskwon@umich.edu

Brenner DM et al. Intussuscepted sigmoid adenocarcinoma... Endoscopy 2008; 40: E166