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.

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

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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