

## Ileocecal Intussusception

Michael A. Cook, DO  
Jyoti Shah, MD

From Imaging Service at the VA New Jersey Health Care System in East Orange.

Financial Disclosures:  
None reported.

Support: None reported.

Address correspondence to  
Michael A. Cook, DO,  
VA New Jersey  
Health Care System,  
385 Tremont Ave,  
East Orange, NJ  
07018-1023.

E-mail:  
michael.cook2@va.gov

Submitted  
August 24, 2015;  
revision received  
September 14, 2015;  
accepted  
October 5, 2015.

A 68-year-old man with a history of *Clostridium difficile* colitis presented to the emergency department with recurrent abdominal pain and sudden-onset abdominal distension and vomiting. Physical examination revealed that the abdomen was soft, distended, and tender with hypoactive bowel sounds. A computed tomographic scan of the abdomen and pelvis (image A and image B) revealed an obstruction due to intussusception of the ileum into the cecum. The small bowel was diffusely distended. During a surgical procedure to remove the obstruction, an ileocecal intussusception was confirmed and a right hemicolectomy was performed. Histologic findings revealed acute ulcerative and pseudomembranous colitis with massive submucosal edema. The patient had an unremarkable recovery.

Intussusception is a rare cause of bowel obstruction in adults. Most cases are associated with a pathologic lead point, such as a mass, which is often malignant.<sup>1,2</sup> The radiologic diagnosis is established by identifying bowel within bowel that demonstrates mesenteric fat and vessels within the intussusciens.<sup>3</sup> Management of ileocecal intussusception requires surgical intervention. (doi:10.7556/jaoa.2016.053)

### References

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