

Crescent-in-doughnut sign and telescope sign of intussusception in Peutz-Jeghers syndrome

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DESCRIPTION

A 26-year-old man presented with postprandial epigastric pain and intermittent haematochezia for 2 months. His medical history consisted of surgery for intussusception due to Peutz-Jeghers syndrome (PJS) at 12 years of age. Physical examination showed pigmentation of the lips and epigastric fullness and tenderness. CT scans disclosed ileoileal intussusception with crescent-in-doughnut sign on cross-section (figure 1). On longitudinal scan of the same lesion, telescope sign of intussusception was shown (figure 2). At laparotomy, an invaginated tumour measuring 4 cm in diameter was resected surgically from the ileum. Remaining 51 polyps were resected by intraoperative enteroscopic polypectomy. All specimens were hamartoma of PJS. His postoperative course was uneventful.

The intussusception appears differently relative to the slice axis in CT scans and ultrasonography. In the former sign, the crescent is formed by the mesentery enclosing the entering limb of the intussusceptum.^{1,2} In the latter sign, the proximal bowel (intussusceptum) with a lead point appears to telescope into the adjacent distal bowel (intussusciptions).³ Both the signs are pathognomonic features of intussusception.



Figure 1 CT scan showing ileoileal intussusception with crescent-in-doughnut sign on cross-sectional view. Note the intussuscepted intestine (intussusceptum; arrow) and the mesentery (arrowhead).



Figure 2 Telescope sign of intussusception is shown on longitudinal scan of the same lesion. Note the intussusceptum (arrow) with a lead point.

Learning points

- ▶ Pigmentation of the lips and intussusception are characteristic features of Peutz-Jeghers syndrome.
- ▶ The intussusception appears differently relative to the slice axis in CT scans.

Contributors AH, TK and KK were involved in treatment of the patient. AH wrote the manuscript. JF supervised the study.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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