A case of adult intussusception

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DESCRIPTION

A 64-year-old man presented to hospital with collapse on a 2-month history of loose stool progressing to watery diarrhoea 2–3 times/day with unintentional weight loss of 30% of his body mass over 3 months. He had a history of treated lung sarcoidosis, epilepsy and bipolar syndrome. Physical examination revealed a cachectic patient with bipedal oedema but no organomegaly, and no abdominal mass or lymphadenopathy. Initial blood tests demonstrated an acute kidney injury, coagulopathy and hypoalbuminaemia. He had haemoglobin of 14.9 g/dL, haematocrit 0.42, serum folate 3.6 mmol/L and ferritin of 298 µg/L. A CT of the abdomen showed three separate points of intussusception within the ileum but with no evidence of proximal obstruction (figures 1–3). His blood tests showed tissue transglutamase IgA >200 and positive endomysial IgA antibody. A subsequent duodenal biopsy confirmed the diagnosis of coeliac disease (Marsh classification 3c). He was commenced on a gluten-free diet and his symptoms resolved.

Intussusception in adults is rare and accounts for only 5% of all cases. However, of these, over 90% cases are secondary to an underlying pathological process, unlike in children where the majority are primary, benign cases with no underlying anatomical cause.[1] The association between intussusception and coeliac disease was first described in 1978. The clinical presentation is variable, often

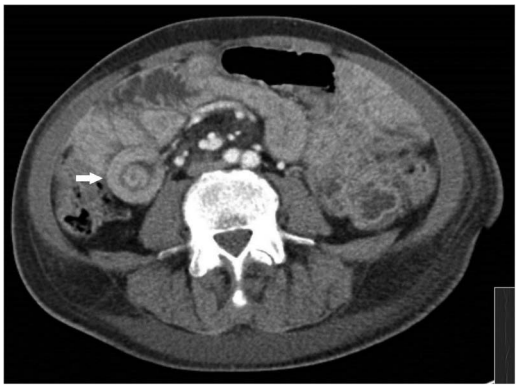

Figure 1 Axial plane showing a point of intussusception as a target lesion to the left of the image.

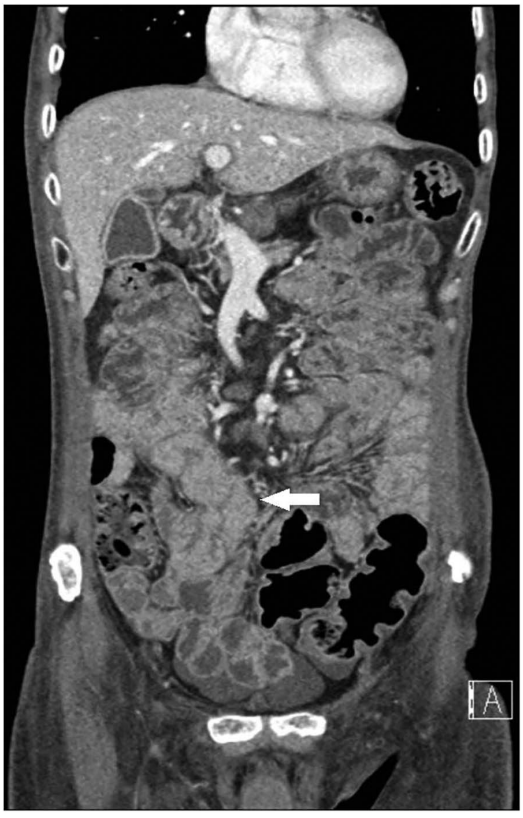

Figure 2 Coronal plane showing the intussusception as a pouch within a pouch to the bottom left of the image.

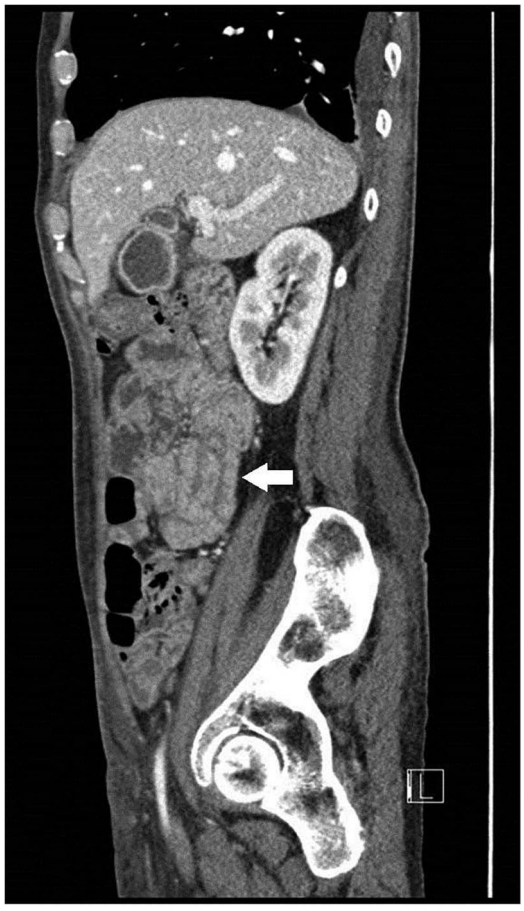

Figure 3 Sagittal plane showing another pouch within a pouch point of intussusception in the middle of the image.

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non-specific, and can be the initial presentation of coeliac disease, as in our case. Studies suggest these patients have more severe disease at diagnosis.[2] Symptoms usually resolve on adherence to a gluten-free diet and surgical intervention is rarely needed.

Learning points

- Adult intussusception is rare but, when it occurs, it should be investigated as there is usually an underlying cause.
- The differential diagnosis includes small bowel and colorectal malignancy, polyps, Meckel's diverticulum and coeliac disease.
- Coeliac disease should be considered, as it is a common and treatable condition, and avoids the need for surgical intervention.

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