

Ileocolic Intussusception in Adults: A Rare Presentation of an Underlying Malignancy

Invaginação Ileocólica em Adultos: Uma Apresentação Rara de uma Neoplasia Subjacente

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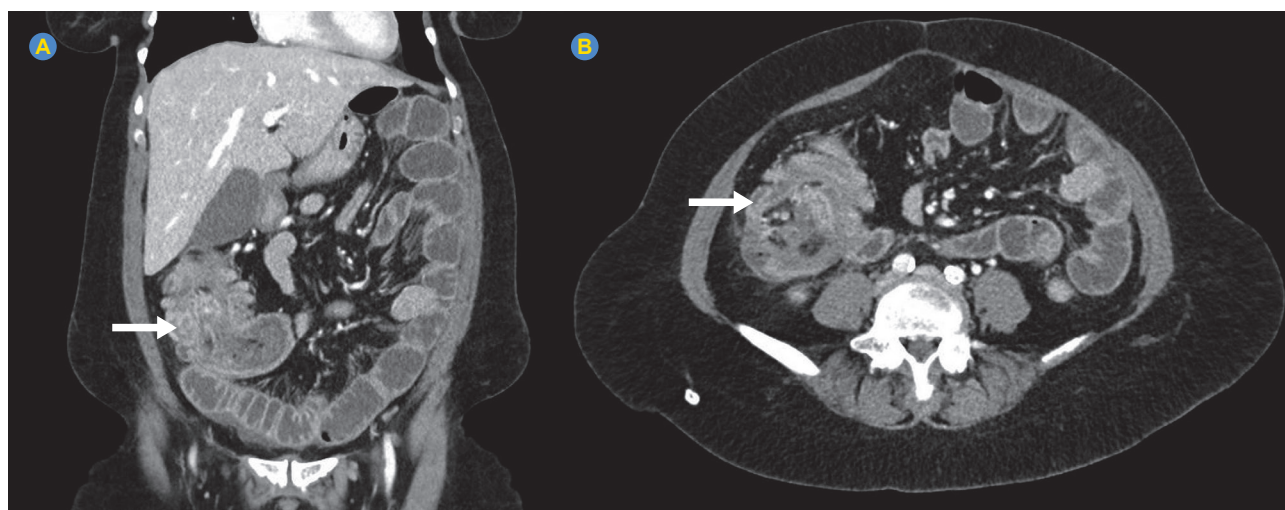


Figure 1 – Abdominal computed tomography revealing ileocolic intussusception (arrows): (A) – coronal view; (B) – axial view.

A 62-year-old melanodermic woman with type 2 diabetes *mellitus* and human immunodeficiency virus (HIV) presented to the emergency department with one day of nausea and vomiting. The patient also reported months of epigastric pain, heartburn, and belching. Abdominal computed tomography revealed ileocecal intussusception (Fig. 1A, Fig. 1B). She underwent a right hemicolectomy (Fig. 2), and histopathology confirmed mucinous adenocarcinoma (pT3 pN1b G2).

Ileocolic intussusception in adults is rare and often signals an underlying malignancy. Unlike pediatric cases, adult intussusception typically presents with chronic or intermittent abdominal pain, nausea, vomiting, and bowel obstruction. Computed tomography is the diagnostic method of choice.^{1,2}

Surgical resection is the preferred treatment in adults, especially in emergencies requiring oncologic evaluation.^{3,4} Most adult cases are caused by a pathological lead point – an abnormal lesion that initiates the telescoping of the

bowel. Due to this underlying cause, definitive surgical intervention is generally required.^{5,6}

AUTHOR CONTRIBUTIONS

CRS: Writing of the manuscript.

FN, AMC: Critical review of the manuscript.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

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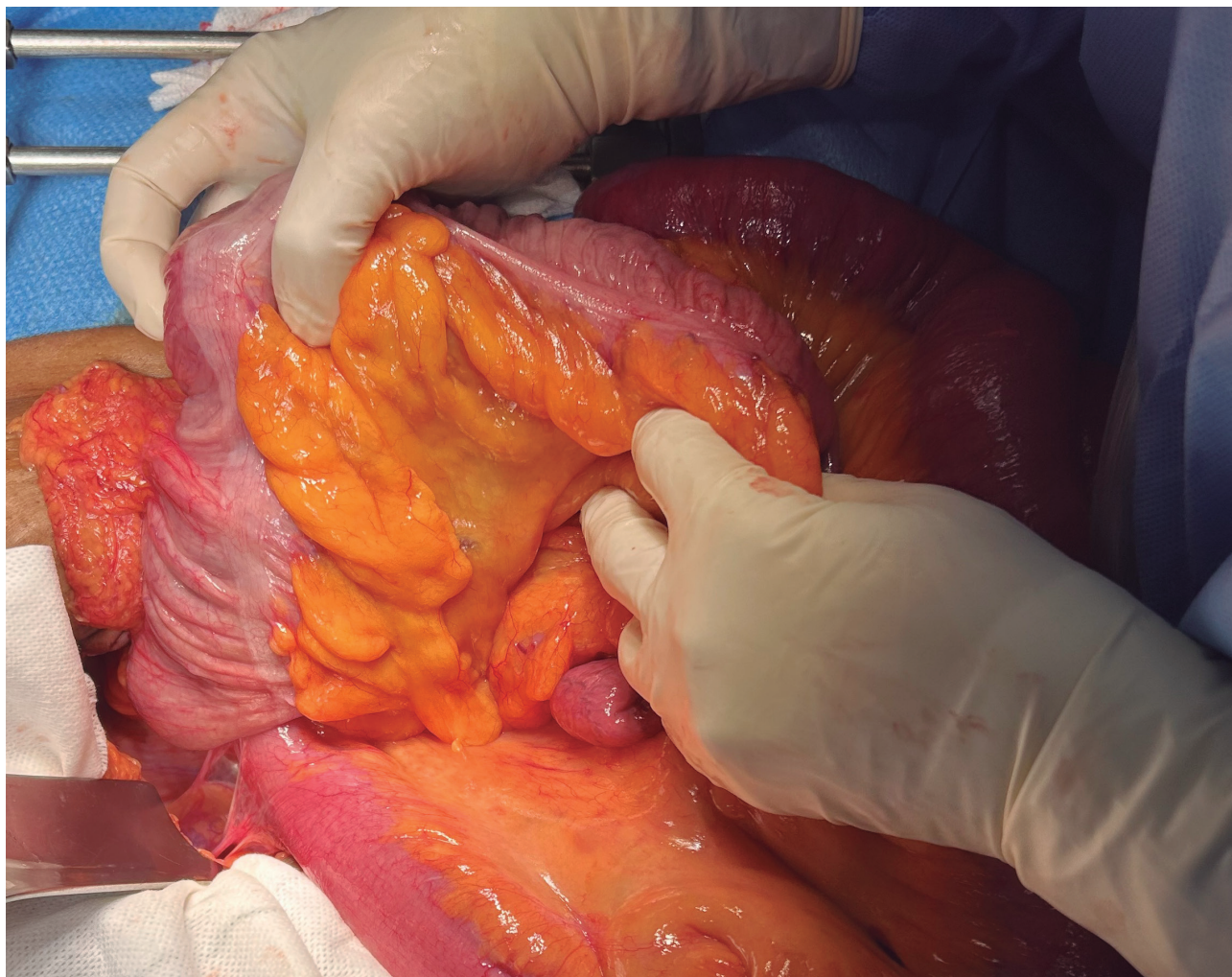


Figure 2 – Intraoperative view of ileocolic intussusception prior to right hemicolectomy

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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