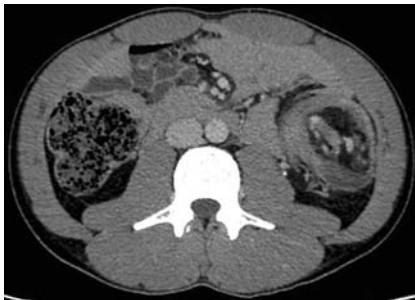
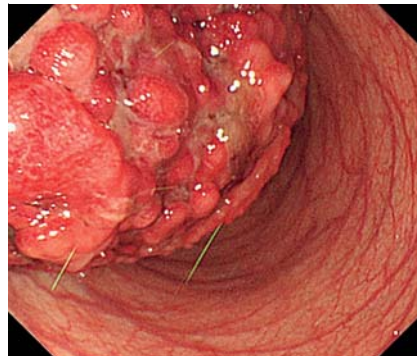


## Colonic intussusception due to filiform polyposis of ulcerative colitis treated by endoscopic reduction

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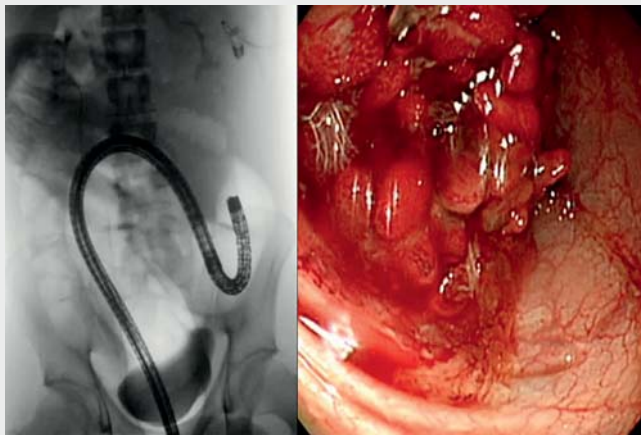
► **Fig. 1** Contrast-enhanced abdominal computed tomography showed a target sign in the descending colon, and the patient was diagnosed with intussusception.



► **Fig. 2** No obvious necrotic findings were observed in the mucosa. A huge granule-aggregating mass was found.



► **Fig. 3** After endoscopic reduction, we advanced the endoscope and confirmed that the mass was originally located near the hepatic flexure of the transverse colon.



► **Video 1** Colonic intussusception due to filiform polyposis of ulcerative colitis treated by endoscopic reduction

A 20-year-old man with ulcerative colitis presented with epigastric pain and hematochezia. Vital signs were stable and no peritoneal irritation signs were observed. Contrast-enhanced abdominal computed tomography showed a target sign in the descending colon, and he was diagnosed with intussusception (► **Fig. 1**). After consulting surgeons, we first attempted to perform colonoscopy for diagnosis and reduction. A colonoscopy (CF-Q260DI; Olympus, Tokyo, Japan) was inserted under fluoroscopy

(► **Fig. 2**). No obvious necrotic findings were observed in the mucosa. A huge granule-aggregating mass was found in the descending colon, and intussusception due to this mass was easily reduced by endoscopic CO<sub>2</sub> insufflation. After endoscopic reduction, we advanced the endoscope and confirmed that the mass was originally located near the hepatic flexure of the transverse colon (► **Fig. 3**), and the intussusception had been completely reduced (► **Video 1**). The biopsy specimen taken from the mass was re-

vealed to be an inflammatory polyposis (filiform polyposis) [1]. On the second day, as the abdominal pain was reduced and normal bowel movement was established, the patient started taking his meals and was discharged the following day.

Because intussusception in adults is rare, optimal treatment remains controversial [2]. A colonoscopy is a useful tool not only for endoscopic reduction but also for pathological diagnosis of the lead point of intussusception [3]. Filiform polyposis is a rare entity that is associated with inflammatory bowel disease [4]. It is a rare cause of the lead point of intussusception.

We successfully performed endoscopic reduction in a patient who had intussusception with ulcerative colitis and filiform polyposis and thus avoided emergency surgery. This method might be helpful for patients with intussusception.

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## Competing interests

The authors declare that they have no conflict of interest.

## The authors

**Kosuke Ito, Satoshi Asai, Hitomi Jimbo, Kotaro Takeshita, Takumi Ichinona, Eisuke Akamine, Naoki Fujimoto**

Department of Gastroenterology, Tane General Hospital, Osaka, Japan

## Corresponding author

### Kosuke Ito, MD

Tane General Hospital, Department of Gastroenterology, Kujyominami 1-12-21, Nishi-Ku, Osaka-City, Osaka, 550-0025, Japan

Fax: +81-6-6581-2520

harambee.ki@gmail.com

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