

Adult Intussusception Presenting with Target Sign

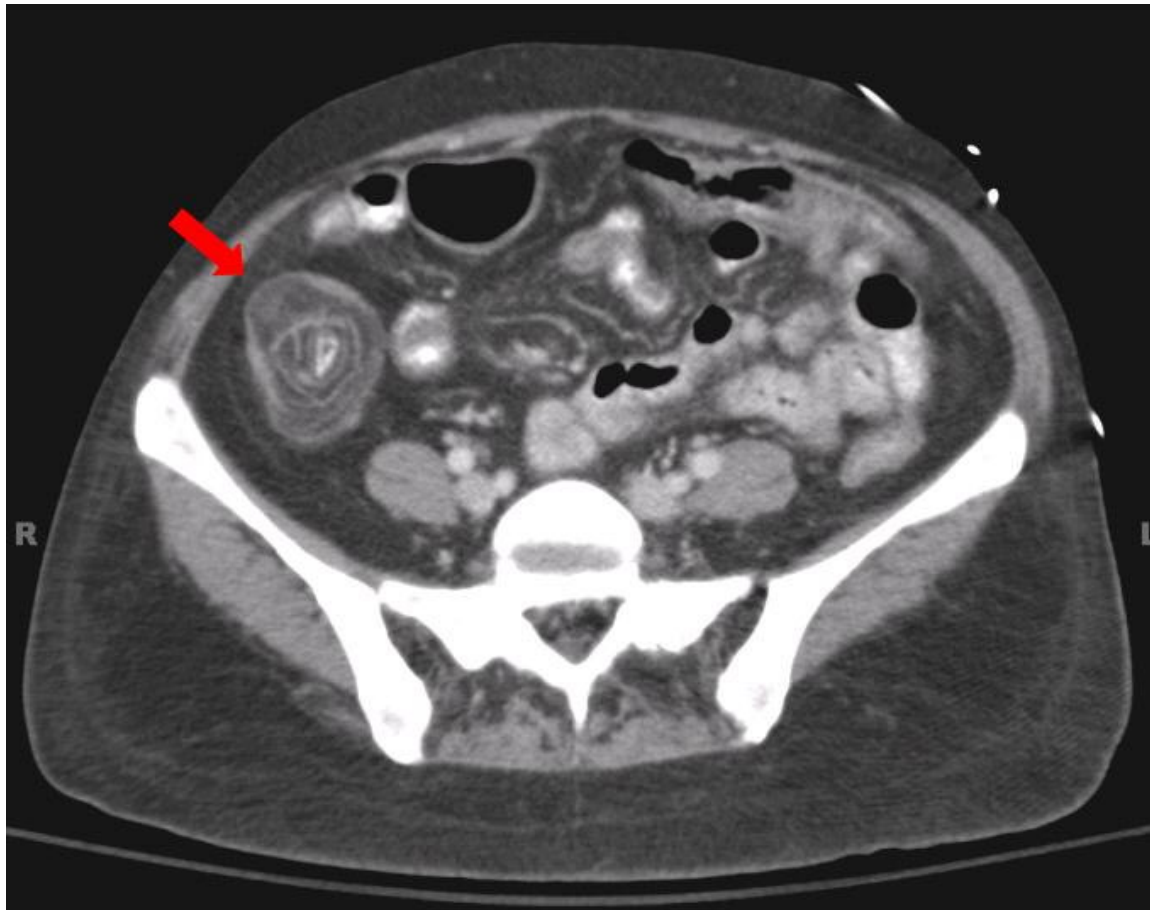


FIGURE. CT of the abdomen with target sign, suggesting ileocolic intussusception (see arrow).

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Received September 20, 2008; Accepted November 14, 2008; Published November 22, 2008

KEYWORDS: intussusception, ileocolic, computed tomography

Intussusception occurs when a proximal bowel segment telescopes into a contiguous distal portion. It is a rare condition in adults, occurring in less than 1% of all intestinal obstructions[1]. Spontaneous or idiopathic intussusception in adults is even rarer. Unlike in children, an underlying cause is present in 90% of cases due to intraluminal lesions, malignancy, adhesions, and postsurgical complications[2,3,4]. This abdominal CT is from a 48-year-old female who presented with a 2-day history of worsening right-sided abdominal pain, nausea, and loss of appetite. There was no previous abdominal surgery or other medical comorbidities. Her screening colonoscopy 4 months ago was unremarkable. The physical exam was significant for right-sided abdominal tenderness. The leukocyte count was 21,500/ μ L and lactic acid was 23 mg/dL. The abdominal CT scan showed a classic “target” or “donut” sign, suggestive of ileocolic intussusception. The patient underwent partial right colon resection with end-to-end anastomosis. The resected small bowel and colon segments showed ischemic changes only. The patient was discharged without complications. Abdominal CT is the imaging of choice[5]. When diagnosed, surgical resection is preferred compared to reduction in view of multiple possible pathology[3].

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This article should be cited as follows:

Gorospe, E.C. (2008) Adult intussusception presenting with target sign. *TheScientificWorldJOURNAL* **8**, 1154–1155. DOI 10.1100/tsw.2008.150.
