

[PICTURES IN CLINICAL MEDICINE]

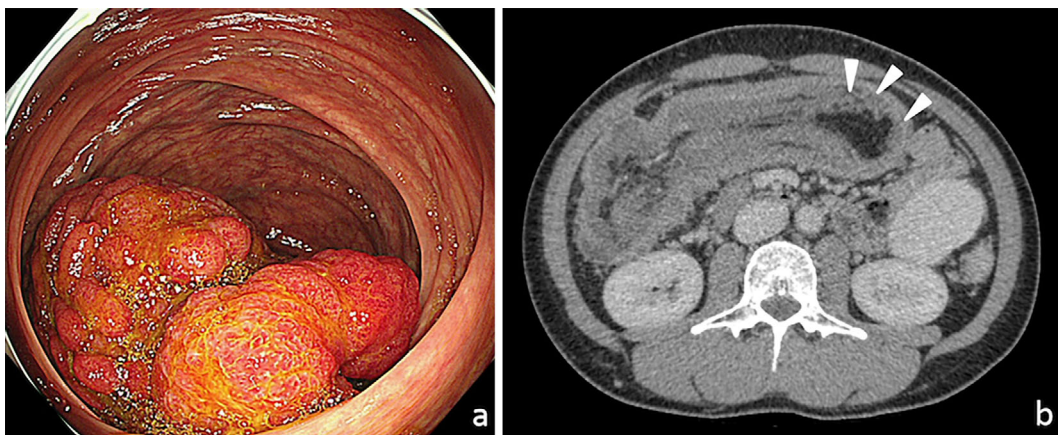
Giant Mesocaval Shunt Formed by Recurrent Ileal Intussusception

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Key words: mesocaval shunt, ileal intussusception

(Intern Med 59: 747-748, 2020)

(DOI: 10.2169/internalmedicine.3874-19)



Picture 1.



Picture 2.

A 43-year-old man was hospitalized because of a roughly 2-year history of recurrent right-sided abdominal pain that occurred about twice a month. Colonoscopy showed an in-

tussusception whereby the ileum was reversed to the transverse colon (Picture 1a). Abdominal computed tomography (CT) showed that the ileum was inverted to the transverse

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Received for publication September 6, 2019; Accepted for publication October 7, 2019

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colon with a fat-dense mass, considered to be a lipoma, in the advanced part (Picture 1b); in addition, it also revealed a giant mesocaval shunt between the mesenteric vein and the right internal iliac vein (Picture 2). We diagnosed the patient with a giant mesocaval shunt formed by recurrent ileal intussusception, as no abnormalities had been noted on CT performed two years earlier. It was surmised that stagnant venous blood flow from the right half of the colon to the distal ileum caused by repeated intussusception increased the venous return to the inferior mesenteric vein and the internal iliac vein, resulting in the formation of a giant mesocaval shunt (1). Because of the patient's refusal to undergo surgery, only endoscopic reduction was performed,

and he is being followed up.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Boixadera H, Tomasello A, Quiroga S, et al. Successful embolization of a spontaneous mesocaval shunt using the Amplatzer Vascular Plug II. *Cardiovasc Intervent Radiol* **33**: 1044-1048, 2010.

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