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Idiopathic adult ileo-colonic intussusception

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A 56-year-old woman with a 10-year history of eating disorders and alcohol dependence was admitted at another hospital for the treatment of emaciation. Her body weight was 54 kg in her 20s. On admission, her body weight was 31 kg and her height was 153 cm (body mass index, 13.2). Intravenous hyperalimentation was initiated; however, liver dysfunction, peripheral edema, and ascites appeared 2 weeks later. As refeeding syndrome was suspected as the cause of her liver dysfunction, calories infused per day were reduced. Subsequently, peripheral edema and ascites worsened. In addition, she experienced abdominal fullness, distention, and nausea after defecation using a suppository and glycerin enema. Four weeks after admission to the hospital, she was referred to our hospital for further investigation and treatment of emaciation, liver dysfunction, ascites, and abdominal symptoms. On physical examination, her abdomen was distended without tenderness or palpable tumors. Her bowel sounds were increased but there were no metallic sounds. Laboratory testing revealed an exacerbating increase of liver enzyme levels: aspartate aminotransferase, 305 U/L; alanine aminotransferase, 634 U/L; alkaline phosphatase, 996 U/L; and γ-glutamyl transpeptidase, 122 U/L. Contrast-enhanced computed tomography (CT) scanning revealed ileo-colonic intussusception in which the ileum extended to the hepatic flexure of the ascending colon (Figure 1, arrow). Although initially considered, surgical management was waived because of multiple risks with general anesthesia, such as emaciation and liver damage, and there were no signs of intestinal ischemia. Colonoscopy performed after a high-pressure enema with 500 mL water revealed that the intussusception was resolved and the ileal mucosa was reddish and edematous. Endoscopic ultrasonography (Figure 2), video capsule enteroscopy, and CT scanning (Figure 3) performed after the resolution of the intussusception showed only

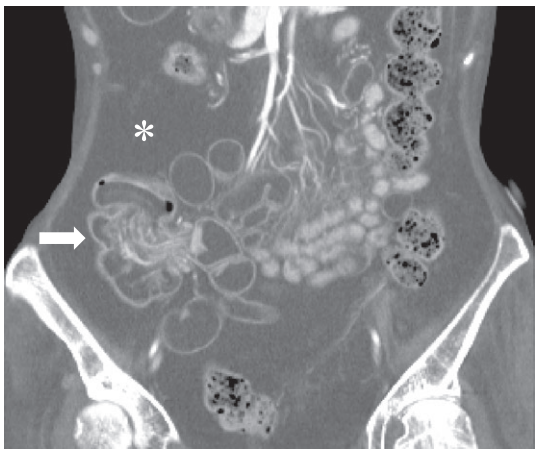

FIGURE 1 Contrast-enhanced CT image. Ileo-colonic intussusception is seen (arrow)

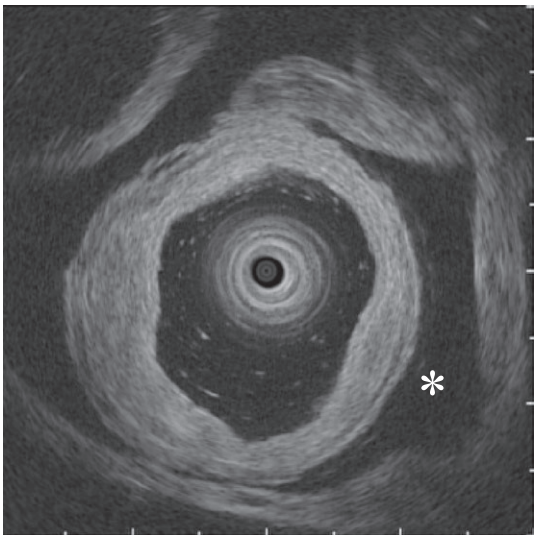

FIGURE 2 Endoscopic ultrasonography (EUS) image. EUS performed after the resolution of the intussusception shows only edematous ileal mucosa

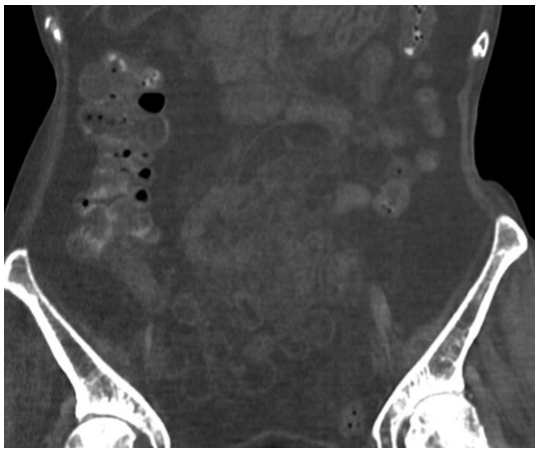

FIGURE 3 CT image after the resolution of the intussusception. There is no tumorous lesion

edematous ileal mucosa without any tumorous lesion. Consequently, idiopathic ileo-colonic intussusception was diagnosed in the patient. Liver dysfunction was considered the result of refeeding syndrome. Intravenous hyperalimentation of 800 kcal/d and administration of diuretics resulted in the disappearance of liver dysfunction and ascites.

Intussusception in adults is an infrequent disorder, and it has previously been reported that approximately 90% of the cases occur after a pathological condition such as benign and malignant tumors.[1-4] Therefore, the idiopathic intussusception described in the present case is a rare event in adult patients. Although the exact mechanism of invagination is unknown in this case, we speculate that the existence of massive ascites (asterisks in Figure) and loss of intra-abdominal fat due to emaciation caused instability of the intestines. Furthermore, the increased peristaltic activity caused by suppository use and glycerin enema might have given rise to the intussusception.

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

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