A rare case of intestinal obstruction - case report

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Abstract: A rare case of subacute intestinal obstruction due to jejunal leiomyoma causing a adult jejuno-jejunal intussusception

Keyword: Intussusception, Jejunal leiomyoma

INTRODUCTION:
Intestinal obstruction is one of the most common surgical emergencies. It is commonly due to adhesions from previous surgery, obstructed hernia or bands. Here I am reporting a case of jejuno-jejunal intussusception due to jejunal Leiomyoma, a rare scenario

CASE REPORT:
A 38yr old female patient, Mrs. S, came to the surgical emergency ward with the complaints of abdomen pain and vomiting for 6months. On elaborating the presenting illness, pain was in periumbilical region, intermittent in nature and aggravated by solid food intake. Vomiting was occasional, nonbilious, nonprojectile and within 10min of food intake. Patient also complained of occasional abdomen distension & borborygmi resulting in passage of flatus after food intake. There was no fever, constipation or melena. There was no history of loss of appetite or loss of weight and no history of ball rolling movements. The patient underwent elective surgery for same complaint 2months back, initially diagnosed as a case of uterine fibroid in a private hospital where intra-operatively she was found to have a jejunal growth – suspected carcinoma with mesenteric lymphadenopathy. Hence growth was not resected, and mesenteric lymph node biopsy was taken. It turned out to have “nonspecific reactive hyperplasia.” Patient was referred to us after suture removal and full postoperative recovery with detailed discharge summary. Patient didn’t have any other co-morbid illness. On clinical examination patient was thin built, weighs 39kg and clinically anemic. There was no icterus or dehydration. Pulse was 102/min and BP was 110/70mm Hg. Per abdomen – infra umbilical midline scar was present which was healthy. No mass was palpable. Other systems examination was normal. Blood workup showed hemoglobin of 6.9g/dl. Rest of the parameters was within normal limit.

Ultrasound abdomen showed 6.5 X 5.3 cm heteroechoeic mass in left iliac fossa arising from small bowel. Uterus was normal. Contrast CT scan showed evidence of target sign noted in right iliac fossa suggestive of ?ileoilic intussusception with evidence of swirl sign of mesenteric vessels suggestive of ?midgut volvulus. Upper GI endoscopy and colonoscopy were normal.

Contrast CT abdomen - Target sign

Blood transfusion was done. Laparotomy was done under general anesthesia. Previous scar site excised and abdomen cavity opened. A jejuno-jejunal intussusception of around 25cm length was found 15cm from duodeno-jejunal flexure. Cope’s method was attempted but was unsuccessful. Two enlarged mesenteric nodes found close to the bowel wall. Hence limited resection anastomosis with two layered closure was done. On cutting open the specimen a 7X5X4cm polypoidal mass was found in the submucous region, which was well circumscribed and homogenous on cut section.
Intussusception - submucous tumour as lead point

Tumour cut section

Histopathological examination revealed interlacing bundles of spindle shaped cells with cigar shaped nuclei s/o submucous leiomyomatous polyp. Mesenteric nodes showed reactive hyperplastic changes. Post op recovery of the patient was good and patient became symptom free.

DISCUSSION:
· Intussusception is telescoping or invagination of one portion of bowel into adjacent segment. It's seen most commonly during the weaning period of the child. It can be Antegrade or retrograde. Ileo-colic variety is the most common. Jejuno-jejunal variety forms less than 3% of types. Intussusception in adults almost always contains a lead point, usually a lipoma, GIST or malignant lesions. Leiomyoma causing intussusception is rare. · Leiomyoma is a benign tumor of smooth muscle origin that arises from the interstitial cell of Cajal, an intestinal pacemaker cell of mesodermal descent. It rarely affects the small bowel. Bleeding is the most common indication for surgery.

REFERENCES:
· Bailey and Love’s Short practice of surgery 25th edition