Intussusception by Villous Adenoma of the Appendix

P. Hombal · V. M. Uppin · R. S. Koujalagi

Received: 29 November 2013 / Accepted: 17 December 2013 / Published online: 5 January 2014
© Association of Surgeons of India 2014

Abstract Appendiceal intussusception is an uncommon pathologic condition; however, villous adenoma of the appendix is a distinctly rare entity. We report herein a case of appendiceal intussusception induced by villous adenoma.

Keywords Intussusception · Villous adenoma · Appendix · Colonoscopy

Case Summary

A 35-year-old man presented to the emergency department with the chief symptom of nonresolving, cramping abdominal pain of 10 days duration. He had no past medical or surgical history. The patient was afebrile with normal vital signs. Physical examination was significant for abdominal tenderness in right iliac fossa. A distinct, mobile mass was palpable in the right hypochondriac region with diffuse margins. Laboratory studies were within normal limits except for mild leukocytosis (12,000/ μ L). Ultrasonogram was suggestive of ileocolic intussusception.

During laparotomy, a diffusely enlarged, erythematous, nonperforated appendix measuring approximately 5 cm in length and 2 cm in width was found (Fig. 1). The appendix was partially intussuscepted at its base and associated with a small cecocolic intussusception. The apex had a proliferative mass of about 7 cm in size. The ileocolic valve was intact. The liver was palpated, and the remainder of the exploration did

not identify any additional disease. A right hemicolectomy was performed. Pathology examination revealed diffuse villous adenoma of the appendix (Fig. 2).

Discussion

Unlike pediatric cases, intussusception in adults is rare, accounting for fewer than 5 % of total intussusceptions and causing fewer than 1 % of intestinal obstructions [1]. Another key difference between adult and pediatric intussusception is the etiology. Adult intussusception is most often caused by a definable pathologic lead point [2]. Peristalsis

Fig. 1 Intraoperative image of the apex of the appendix with intussusception at the base

P. Hombal (✉) · V. M. Uppin · R. S. Koujalagi
Department of General Surgery, Jawaharlal Nehru Medical College,
KLE University, H. NO 39, 2nd Main, 2nd Cross, Sadashivnagar,
Belgaum, India
e-mail: prash1526@rediffmail.com

Fig. 2 Specimen with the growth with distal ileum and cecum

pushes this lead point downstream, causing the intussusceptum to telescope into the receiving intussusciens. As the bowel

intussuscepts, it pulls its mesentery with it. This can trap the vascular supply between the intussusceptum and the intussusciens, providing a mechanism for ischemia of the bowel wall and perforation. Although intussusception tends to occur more frequently at junctions between freely moving and fixed portions of the bowel, it may occur almost anywhere throughout the gastrointestinal tract [3].

References

1. Azar T, Berger DL (1997) Adult intussusception. *Ann Surg* 226(2): 134–138
2. Dean DL, Ellis FH, Sauer WG (1956) Intussusception in adults. *AMA Arch Surg* 73(1):6–11
3. Stubenbord WT, Thorbjarnarson B (1970) Intussusception in adults. *Ann Surg* 172(2):306–310