Ileocecal intussusception extending to left colon due to endometriosis

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ABSTRACT

Bowel involvement in endometriosis is uncommon and is most frequently located in the sigmoid colon and the rectum. We present a case in a 37-year-old woman of a cecal endometrioid mass complicated with an ileocolic intussusception which extended beyond the splenic colon flexure. Careful manual extraction allowed a reduction of the intussusceptum, followed by an oncological right hemicolectomy. The patient suffered postoperative ileus, which was spontaneously solved. Intussusception is infrequent in the adult population and usually involves the small bowel. The great majority of ileocolic intussusceptions have a malignant origin (cecal adenocarcinoma). An endometriotic mass located at the cecum as the lead point for ileocolic intussusception is an extremely rare presentation. On reviewing the literature, we found only 13 reports with no other cases extending beyond the splenic flexure, as occurred in our patient.

KEYWORDS

Intussusception – Colectomy – Endometriosis

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Endometriosis is a clinical entity defined as the presence of ectopical endometrial tissue foci, which may appear in up to 15% of the fertile female population. Bowel endometriosis is relatively uncommon (3–57%) and the most frequent locations are the sigmoid colon and the rectum (90%). An exceptional presentation of bowel endometriosis is an ileocolic intussusception in which an endometrial mass arising from the cecum or appendix may act as a lead point for bowel telescoping.^{1,2}

A 37-year-old woman with a previous history of open surgical resection for endometriomas located in the left ovary (2007) and right parametrium (2008), complained of vomiting and abdominal colicky pain over two months, which had increased in the past 24 hours, together with weight loss during that period but with no melaena or haematochezia. She presented with moderate abdominal distension, diffuse pain on palpation and a mass in the upper left quadrant. Blood analysis showed no remarkable abnormalities. Computed tomography (CT) revealed a long ileocolic intussusception (Fig 1a,b). The patient underwent initial emergency laparoscopic surgery, which was unsuccessful and conversion was decided upon. Midline laparotomy demonstrated intussusception extending beyond the splenic flexure (Fig 2a) and a frozen pelvis owing to endometriosis foci. Careful manual extraction allowed reduction of the intussusceptum

portion, whereupon a cecal mass was observed to be the lead point. Subsequently, oncological right hemicolectomy was performed (Fig 2b). The patient suffered postoperative ileus, which was spontaneously solved. Once oral intake was restored, the patient was discharged on the seventh postoperative day. A histopathological report confirmed a 4-cm cecal endometrioma with no malignant cells.

Unlike in infants, intussusception in the adult population is rare (1–5% of overall bowel obstructions) and involves the colon less frequently than the small bowel (20%). It has a defined pathological lead point in 90% of cases (neoplastic in two-thirds, either benign or malignant). Particularly, almost 100% of ileocolic intussusceptions have been reported to have malignant origin (cecal adenocarcinoma). Thus, complete oncological resection with no reduction of the intussusception is recommended.^{1,2} In our case, diagnosis of cecal endometriosis was not suspected preoperatively, although the patient had a history of gynaecological surgery, due to its extreme rarity and referred weight loss. Operative findings confirmed the ileocolic intussusception observed on CT. Extension beyond the splenic colon flexure would have implied a total colectomy in a 37-year-old woman, assuming that the lead point would probably be a malignant tumour, as reported in the literature.² This technical strategy was avoided because of the patient's age and

oncological right hemicolectomy was performed after reduction of the intussusception. Histopathology demonstrated an endometriotic origin, which supported our intra-operative decision and technique.

On reviewing the literature, we found that Emmanuel *et al.* stated that they had published the seventh case of this entity.¹ We found six other reports by searching in PubMed, Ovid, Google Scholar, EMBASE and Scielo.^{5–8} Appendix intussusceptions due to endometriosis and ileoileal intussusceptions have been more frequently reported. Considering all this, we conclude that our case is exceptional because it constitutes only the 14th reported case in which a cecal endometriotic mass triggered an ileocolic intussusception, and no other published cases have reported such a long intussusception, extending beyond splenic flexure.

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