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## An intestinal bezoar rare cause of intussusception in the adult: Case report and management in Lautoka Hospital, Fiji

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**Statement of the Problem:** A 31-year-old, male, presently residing in suburbs of Nadi. He presented with severe right lower abdominal pain, episodes of vomiting, mild abdominal distension, and obstipation. He had a history of recurrent attack of shortness of breath with chest pain. He was febrile, hypotensive, having tachycardic and tachypneic. His nutritional status appeared adequate. His systemic reviewed of chest and CVS revealed orthopnea and hypotension. He had a grade 3 murmur on the left side of the chest. On abdominal examination, he had mildly distended no visible scars, tender, guarded, with palpable mass on the right iliac fossa. Examination of external genitalia, hernia orifice and renal angle were normal. On rectal examination, the rectal vault was empty. Appendicular mass with intestinal obstruction was considered.

**Purpose:** To investigate the clinical manifestation of gastrointestinal bezoar which mimic appendicular mass causing intestinal obstruction?

**Methodology & Theoretical Orientation:** A retro perspective clinical study using patient observation, in-depth interview, age, gender, symptom and sign, abdominal imaging study, surgical procedure, size and location of obstruction is recorded.

**Findings:** The patient was a 31-year-old male, with sign and symptom of abdominal pain, vomiting and abdominal fullness. Investigation showed leukocytosis, small bowel dilatation on radiograph and ultrasound scan confirmed an elongated appendix indicative of infective pathology. On plain chest X-ray showed moderate cardiomegaly and absence of free air under the diaphragm. Intraoperative findings revealed an inflamed appendix and dilatation of small bowel to the terminal ileum and caecum where there was an ileocecal intussusception.

**Conclusion & Significance:** In view of emergency setting, unprepared bowel, lack of preoperative diagnosis, with a high risk of grade 3 murmurs and pulmonary hypertension, a limited resection of the affected ileum. The ileocecal valve is preserved.

**Recommendation:** The treatment of adult intussusception is surgical. The frequent coexistence of underlying pathology makes surgical exploration mandatory.

### Biography

Robert A Bancod is the Associate Professor in the Department of Surgery at the Umanand Prasad Medical School at the University of Fiji. He has obtained his Bachelor of Science majoring in chemistry in 1979 from Manila Central University. He has received his Doctor of Medicine in 1983 from Virgin Milagrosa University, where he also pursued his internship. He then undertook rural rotation for two years. In 1987, he received his licensure to medical practice and joined the Kalinga-Apayao Provincial Hospital as a junior physician. He initially held the position of Senior Registrar and later was appointed the Principal Medical Officer at Labasa Hospital. He was then promoted to Chief Surgical Registrar at the Lautoka Hospital. He also, at times, held the Acting Surgical Consultant position at both the Labasa and Lautoka Hospital. September 2010 saw his move from the Ministry of Health to his current position as Associate Professor in Surgery. While pursuing his academic career, he is also a consultant in surgery at the Lautoka Hospital as well as an active practicing general practitioner at the United Doctors Medical Clinic, Lautoka.

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