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Intussusception in adults: Clinical case

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Intussusception or intestinal invagination is usually manifested by intestinal occlusion. Although relatively common in the pediatric age, it is a rare condition in adults accounting for 1-5% of cases of intestinal occlusion. 60% of the cases of colonic intussusception are of malignant etiology. Insidious onset abdominal pain is the most frequent complaint and it may be associated with nausea, vomiting, constipation and occlusion. The examination is often normal. Computed tomography (CT) is the gold-standard for the diagnosis of intussusception, with the target pathognomic image. A 77-year-old man, with a history of hypertension and DM, who appealed to the attending physician for constipation with an insidious period of several months. The examination revealed mild abdominal distension. A colonoscopy revealed at the 22 cms a stenotic, vegetative and infiltrative lesion. Biopsies did not confirm malignancy. Staging CT showed an invaginated tumor of the sigmoid colon. The patient underwent laparoscopic sigmoidectomy. Histology confirmed stenotic adenocarcinoma with a low grade sigmoid invasion (pT2N0M0). The diagnosis and treatment of intussusception is surgical and resection is the treatment of choice in adults due to the high risk of associated malignancy.

Biography

Alexandra Maria Santos Soares has completed her PhD from University of Beira Interior, Portugal and Postdoctoral studies from Hospital Amato Lusitano-Castelo Branco. She is in the 3rd year Resident of General Surgery at Hospital Amato Lusitano.

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