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Solved mystery behind post-hernioplasty lower GI bleed & intestinal Obstruction- 3 culprits in one loop

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Introduction: Gastrointestinal stromal tumors (GISTs) are rare forms of mesenchymal neoplasms of the digestive tract. Two-thirds of GISTs occur in the stomach while about one-fourth develop in the small intestine, usually in the duodenum. Jejunal GIST is extremely rare accounting for 0.1-3% of all gastrointestinal tumors. Usually they are asymptomatic but can present as abdominal pain, bleeding, or mechanical obstruction. The occurrence of intussusception in adults is rare, accounting for less than 5% and almost 1%-5% of bowel obstruction. The majority of lipomas in the small bowel are solitary. Approximately 5% are multiple. Symptomatic lipomas manifest as hemorrhage or intestinal obstruction. Due to their intramural location, lipomas can also serve as the leading point for intussusceptions. We report a rare case of jejuno-jejunal intussusception in an adult secondary to a jejunal lipoma and lower GI bleed due to Jejunal GIST.

Aims & objectives:

1. This case presented with an extremely rare etiology for post hernioplasty GI bleed.
2. Multiple pathologies were found in the jejunum.
3. The malignant tumor remained asymptomatic & the benign intramural lipoma leads to intussusception & intestinal obstruction requiring laparotomy.

Materials & methods: A 35-year-old man was admitted to the emergency department with complaints of lower GI bleed following post-inguinal hernioplasty on second post operative day. Patient had 4 months h/o vague abdominal pain & nausea where he was evaluated outside and diagnosed with rt-inguinal hernia & operated for the same. General physical examination was within normal limits. His abdomen was normal and no palpable mass was found. Bowel sounds were normal. Initial rectal examination revealed no mass or blood. Laboratory blood tests were normal. UGI scopy was normal. On the day following admission, patient developed abdominal distension and symptoms suggestive of bowel obstruction. Abdominal radiography revealed prominent dilatation of the small bowel with air fluid levels. Abdominal CT showed a target sign- or sausage-shaped lesion typical of intussusceptions and large, well defined solid cystic lesion in the lower abdomen and encasing a loop of bowel representing a query neoplastic lesion. An emergency laparotomy was done & intra-operatively a tumor was found in the jejunum, 50cm distal to ligament of treitz & an intussusception was found 75 cm distal to the ligament, leading point being a jejunal lipoma. Segmental resection & anastomosis was done & HPE confirmed malignant GIST. Adjuvant chemotherapy was given.

Conclusion: One of the rare complex jejunal disorders presenting in one patient i.e. jejunal GIST, jejunojejunal intussusception and jejunal submucosal lipoma. The presentation of the case makes it interesting where, post hernioplasty patient had lower GI bleed and intestinal obstruction. Surgical resection remains the treatment of choice and produces an excellent prognosis. Any patient with complaints of vague abdominal pain for longer periods requires prompt investigation and early intervention.

Biography

Sariya Mohammadi completed her MBBS from KMC, Mangalore under Manipal University in 2013 and now pursuing her masters in general surgery in JSS University, Mysore. She was selected for ICMR STS in 2009 and have a publication titled '*Streptococcus pseudopneumoniae*: an emerging respiratory tract pathogen' in the Indian Journal of Medical Research Nov 2012. She is interested in research work and would like to continue it and wish to publish more articles in the future.

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