



Colo-Colonic Intussusception, a Rare Condition in Adult Patient

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Clinical Image

This is the case of a 61 years female patient, fit and well, admitted acutely to A/E with a picture of weight loss, abdominal pain and vomiting in a setting of bowel obstruction. Blood test was unremarkable but the CT scan showed a large polipoid sigmoid tumour causing an intussusception into the rectum leading to a large bowel obstruction.

Patient underwent a laparoscopic anterior resection after delivering the sigmoid out of the rectum.

In the axial images is clear the target sign of an intussusception. The normal rectal wall is thin and surrounding the normal sigmoid mucosa which is visible surrounded by a small amount of fluid. At the center of the target, the mesosigmoid which is dark and oedematous. The enhancing sigmoid lesion isn't clearly visible. It is easy to see the degree of large bowel obstruction caused by the intussusception. In the coronal image the long tract of sigmoid intussuscepting inside the rectum is obvious. Still present the target sign, with oedema in between the rectal and sigmoid wall".

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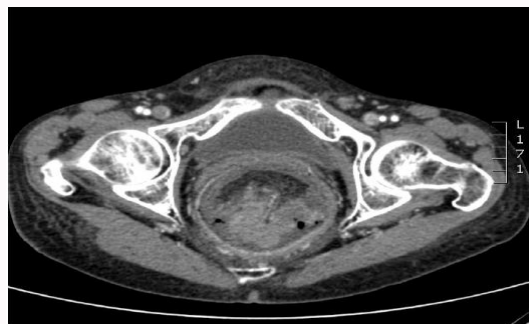


Figure 1: Axial images demonstrate the pathological target sign of an intussusception. Normal rectal wall surrounding the normal sigmoid mucosa and the enhancing sigmoid lesion. In the center of the target the mesenteric fat. The distended large bowel is also clearly visible.

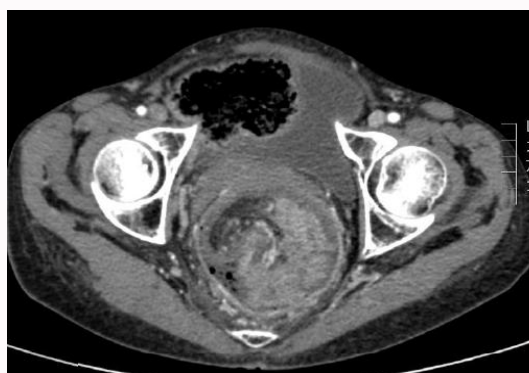


Figure 2: Axial images demonstrate the pathological target sign of an intussusception. Normal rectal wall surrounding the normal sigmoid mucosa and the enhancing sigmoid lesion. In the center of the target the mesenteric fat. The distended large bowel is also clearly visible.



Figure 3: Axial images demonstrate the pathological target sign of an intussusception. Normal rectal wall surrounding the normal sigmoid mucosa and the enhancing sigmoid lesion. In the center of the target the mesenteric fat. The distended large bowel is also clearly visible.

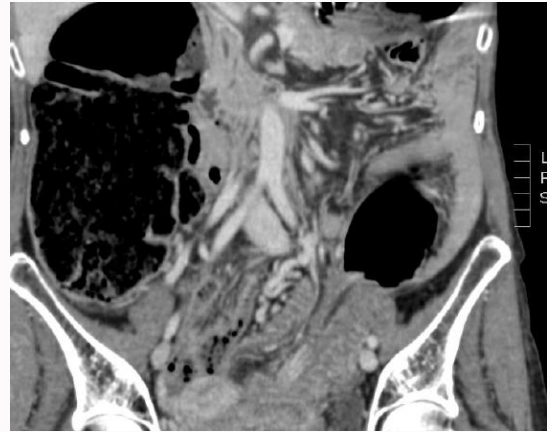


Figure 5: Coronal view of the sigmoid colon intussuscepting into the rectum with narrowing of the lumen and proximal distension.



Figure 4: This axial slide clearly shows the intussuscepting bowel and the large bowel distension.