An Invagination Case Report In An Adult Female Patient

Erişkin Kadın Hastada İnvajinasyon Olgu Sunumu

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Introduction
Invagination is a rare cause of intestinal obstruction with a percentage of 1-3¹. This diagnosis is very difficult in adults, and is usually placed after laparotomy².

Case Report
A twenty years old female patient was admitted to the emergency room with severe abdominal pain and was first seen by obstetrics and gynecology department. The findings in the suprapubic ultrasonographic examination were; the right ovary could not be visualised, there was a cystic lesion of 75*66*50 mm of size with a thick wall in the region of the right ovary, giving rise to the thought of ovarian torsion. There was intra abdominal free fluid at the depth of 70 mm in the deepest point, at periuterine space and douglass pouch. In the right lower quadrant, the intestinal segments were minimally dilated and increased intestinal peristaltism was apparent. The patient had also leucocytosis and had been...
Emergently taken into operation by obstetric and gynecology department. During the operation, it was seen that there was no pathology at the ovaries and the pathology was the small intestinal mass. The patient had been consulted to general surgery intraoperatively.

By exploration, it was seen that there was 20 cm of invagination, 40 cm proximal to the ileoceacel valve. The invagination was reducted manually. The perfusion of the segment seemed to return to normalcy. A polipoid tumor of 2 cm in size at the level of 15 cm proximal to the starting point of the invagination, at anti- mesenteric part was also observed (Figure 1,2). There was a greenish lesion on the polipoid mass about 1 cm in size. 8 cm of the segment containing the lesion was resected and end to end anastomosis was performed. The pathology of the tumor turned out to be inflammatory myofibroblastic tumor. The patient discharged her stool and gas after the operation and discharged at the fifth day of hospitalization.

Discussion

Intussusception is rarely seen in adults. It’s physiopathology is not resolved yet, but; it is thought that a lesion or irritant in or on the intestines starts the pathology1,4. The most seen pathologies are benign neoplasms, inflammatory lesions, Meckel’s Diverticulitis, appendicitis and adhesions. Malignity consists 30% of all causes3.

In adults, invagination is mostly chronical and comes out with nonspecific symptoms1,3. In our patient, the main symptom was severe abdominal pain. Adults are diagnosed very hardly and this mostly happens intraoperatively, as it was in our patient2.

In the diagnosis of invagination, direct abdominal x-rays may be useful if ileus was involved4. In this patient x-ray findings were normal. The most valuable technique in the diagnosis is seen to be abdominal CT5. We didn’t perform CT, because the department of obstetrics and gynecology department had taken our patient to operation according to the findings of suprapubic USG.

Conclusion

Consequently, we think that one should approach more cautiously to a patient that is admitted to the emergency room with severe abdominal pain, and that invagination should not be neglected as a probable cause of the pain in acute abdomen patients.

References


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