

Acute Intestinal Intussusception in a 74 Year Old Male: A Rare Cause of Acute Abdominal Pain and Melena

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1. Abstract

Acute intestinal invagination, or intussusception, is a rare condition in adults, often presenting with non-specific symptoms, making diagnosis challenging. This case study examines a 74-year-old male who presented with melena and acute abdominal pain, later diagnosed with intussusception. The report focuses on the clinical presentation, diagnostic process, and surgical management of the case. The discussion emphasizes the difficulties in diagnosing intussusception in adults due to its rarity and often vague clinical presentation. The conclusion highlights the necessity of considering intussusception in the differential diagnosis of acute abdominal pain in adults, advocating for prompt surgical intervention to prevent serious complications.

2. Introduction

Intestinal invagination, commonly referred to as intussusception, is a condition where a segment of the intestine telescopes into an adjacent segment, leading to bowel obstruction. Although intussusception is more commonly observed in pediatric populations, its occurrence in adults is rare, accounting for only 5% of all cases. Adult intussusception is typically secondary to an underlying pathology, such as a tumor, and presents a diagnostic challenge due to its non-specific symptoms and infrequent occurrence. This case report details an acute intestinal invagination in a 74-year-old male, with emphasis on the clinical presentation, diagnosis, and management strategy.

3. Observation

Our patient is a 74-year-old male with a history of hypertension, presented to the emergency department with melena and acute ab-

dominal pain localized to the right iliac region. Physical examination revealed tenderness in the lower abdomen, with no palpable mass. Initial laboratory tests indicated moderate hyperleukocytosis. Given the symptoms suggestive of upper gastrointestinal bleeding, an upper gastrointestinal endoscopy was performed but returned normal findings. Subsequently, a colonoscopy was conducted, revealing prolapse of a portion of the small intestine through the Bauhin valve. A computed tomography (CT) scan of the abdomen confirmed the diagnosis of intussusception, displaying the classic “target sign.” The patient was promptly taken to surgery, where intraoperative findings confirmed an ileocecal intussusception located 70-80 cm from the duodenojejunal junction. The invaginated bowel segment was resected, and the patient’s recovery was uneventful. Histopathological examination of the resected tissue revealed a benign lipoma as the underlying cause.

4. Discussion

Intussusception in adults presents significant diagnostic challenges due to its nonspecific symptoms, which can mimic other conditions causing acute abdomen, such as appendicitis, diverticulitis, or bowel obstruction. Unlike pediatric cases, where the etiology is often idiopathic, adult intussusception typically has an identifiable cause, frequently a neoplasm. In this case, the lack of a palpable mass and the nonspecific nature of the symptoms delayed the diagnosis until imaging studies were performed. The CT scan was instrumental in identifying the condition early, allowing for timely surgical intervention. Surgical resection of the affected bowel segment is the standard treatment, as it not only resolves the obstruction but also facilitates histopathological examination to rule out malignancy.

5. Conclusion

This case underscores the importance of considering intussusception in the differential diagnosis of acute abdominal pain in adults, despite its rarity. Early recognition and prompt surgical intervention are crucial to preventing severe complications such as bowel ischemia, perforation, and peritonitis. Clinicians should maintain a high index of suspicion for intussusception when encountering similar clinical presentations, ensuring timely and effective management.