

# AB172. SOH21AS181. Ileo-ileal intussusception in the adult patient: an organ-preserving approach to management

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**Background:** Intussusception in adults is rare and frequently goes undiagnosed, which can have clinical consequences. We present a rare case of small bowel intussusception in an adult female due to a small bowel benign fibrous lesion. To our knowledge, this is the first reported case managed by intraluminal excision of the causative lesion by enterotomy as opposed to formal bowel resection and anastomosis.

**Methods:** Data extracted from medical records included presenting complaint, radiological imaging and laboratory data. Patient consent was obtained for the purpose of this report.

**Results:** A 34-year-old female presented with recurrent colicky upper abdominal pain. Computed tomography revealed an ileo-ileal intussusception 12 cm in length located in the right upper quadrant, with small bowel magnetic resonance imaging revealing a 2.3-cm intraluminal lesion acting as a lead-point. The patient underwent laparotomy at which point the intussusception was reduced. Palpation of the lesion demonstrated it to be pedunculated without any obvious suspicious features, so the lesion was resected via enterotomy as opposed to by formal small bowel resection. On the final histopathology report, a benign fibrous lesion most consistent with fibromatosis/desmoid was noted.

**Conclusions:** Intussusception in the adult patient is a rare but important clinical entity. Unexplained recurrent crampy abdominal pain in adults should be further investigated by cross-sectional imaging. The majority of lesions acting as a lead point in adult small bowel intussusception are benign. These may be amenable to intra-luminal resection via enterotomy, thus avoiding unnecessary small bowel resection.

**Keywords:** Adult intussusception; benign fibrous lesion; lead-point; abdominal pain; small bowel obstruction

## Acknowledgments

*Funding:* None.

## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-21-ab172

**Cite this abstract as:** Egan A, Bell A, Hannan E, Murray M, Martin E, Byrnes G. Ileo-ileal intussusception in the adult patient: an organ-preserving approach to management. *Mesentery Peritoneum* 2021;5:AB172.