

# AB139. SOH22ABS050. A rare case of intussusception through a prolapsed end colostomy

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**Background:** Colostomy formation is a commonly performed and often integral part of many disease processes involving the intestinal tract. Despite extensive familiarity with the procedure, formation can however lead to many complications. Intussusception through a prolapsed end colostomy is amongst the rarest of stoma complications.

**Methods:** In this case report we discuss the therapeutic approach to this complication and provide an update of the existing literature. A 66-year-old male presented with a prolapsed colostomy that was ischaemic in appearance. This was on the background of an elective laparoscopic Hartmann's procedure 1 year previously due to a recurrent sigmoid volvulus.

**Results:** A CT-abdomen pelvis revealed a prolapsed, ischaemic appearing colostomy and suspicion of pneumatosis in a loop of ascending colon. Intraoperatively, a small bowel intussusception within the prolapsed colon was identified. This loop was frankly ischaemic and the caecum had also volved in a type I pattern anticlockwise around its mesentery and was lying in the midline. A subtotal colectomy was subsequently performed to prevent further volvulus formation.

**Conclusions:** Intussusception through an end colostomy is exceptionally rare. Once suspected, it should be treated promptly as it may result in strangulation and bowel

necrosis. The diagnosis should be considered in patients who present with features of bowel obstruction and 'prolapsed' stoma. When patients present with a prolapsing enterostomy that cannot be reduced, the diagnosis of intussusception in the stoma should be considered. If there is vascular compromise, exploratory laparotomy is mandatory.

**Keywords:** Colorectal surgery; general surgery; intussusception; prolapse; stoma

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## Footnote

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

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