ADULT INTUSSUSCEPTION CAUSED BY AN INFLAMMATORY FIBROID POLYP: A CASE REPORT

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ABSTRACT: Adult Intussusception is a rarely found problem. A case was reported in the Surgical Emergency of Allied Hospital Faisalabad. A 70-year-old patient having different GIT complaints was observed with a pulse rate of 96/min and blood pressure of 120/80 mmHg. After his management surgery (laparotomy) was planned. Histologically an inflammatory fibroid polyp was found. The patient was discharged on the 5th post-operative day because post-operative recovery was uneventful.

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INTRODUCTION

In adults, Intussusception is uncommon but ordinary in kids. Over 80% of instances of intussusception are kids under two years of age through 5-10% of cases include grown-ups. The principal side effects of this infection in kids are a sausage-shaped abdominal mass, currant jelly tool, and intermittent abdominal pain. However, in grown-ups, vague GI difficulty is its primary side effect with no other explicit manifestations (1-3). There might be various causes, for example, meek causes (52%), post-operative (36%), and idiopathic causes (8%) (1,3,4). Here we have detailed an instance of grown-up intussusception brought about by inflammatory fibroid polyp (IFP).

CASE REPORT

In the surgical emergency ward, 70 years of age man was introduced with abdominal pain and vomiting for the most recent 3 months and had abdominal distension and constipation for the most recent 3 days. Persistent has been conceded twice for treatment but has complained of repeated symptoms. He has begun taking anti-tuberculosis treatment on Doctor's Advice. On Assessment blood pressure was 120/80 mm/Hg and pulse rate was 96/min. The abdomen was non-tender, delicate enlarged and bowel sounds were not perceptible. Tests including Total Blood count, serum electrolytes, and renal and liver function tests were normal. On USG abdomen bowel loops were widened, fecal stacked with drowsy forward and backward development with entomb loop liquid. On X-te beam enlarged jejunal with various air liquids was seen.

Conventionally with intravenous fluids, electrolytes substitution, and NG decompression, the patient was managed. however persistent symptoms didn't resolve. In this way, laparotomy finished with discoveries of Fell Caecum, Ileoileal intussusception about 2ft proximal to Ileocecal intersection with widened little gut proximal to that and imploded gut distal to that. Part of the ileum with intussusception resected and principally anastomosed as the manual decrease was impractical.

Noticeably driving point was a Polyp about 3x3 cm with a short tail. On Histology it was an inflammatory fibroid polyp. The patient was let go on the fifth postoperative day since post-operative recuperation was routine.

DISCUSSION

In adults, IFP is exceptionally uncommon which represents 1% of all the gut deterrents

and occurs in just 5-16% of the relative multitude of intussuscepted cases (5,6). Unlike the more normal idiopathic intussusception in youngsters, intussusception in grown-ups is a careful illness. Determination of the sort of surgery depends on the clinical history (for example past medical procedures or activities, malignancies, and so forth) of the patients and intra-operative discoveries (6,7).

IFPs are among the most un-regular kinds of injuries of GIT starting from submucosa and can happen all through the intestinal lot however generally in the gastric antrum and the little inside. Its estimation in width lies somewhere in the range of 2 and 5 cm. Be that as it may, goliath sizes (for example 12.5 cm width) have likewise been discovered (8,9).

During laparotomy or endoscopy, these are recognized and are normally asymptomatic. On being suggestive, its clinical presentation is found out by its anatomical area (8,10). Intussusception has been discovered most basic clinical finding when it emerges from the little gut (11,12). In grown-ups the careful administration of intussusception is chiefly affected by 2 factors, for example, the presence of a tumor and the neighborhood factors including the general ischemia of the inside included and the level of related edema. Resection of an influenced gut fragment can be done or polyps can locally be eliminated. Nonetheless, wedge resection through an edematous gut or an endeavor at nearby expulsion of the polyps through a restricted enterotomy might be unsafe. Solid inside edges should be made sure about during the segmental resection.

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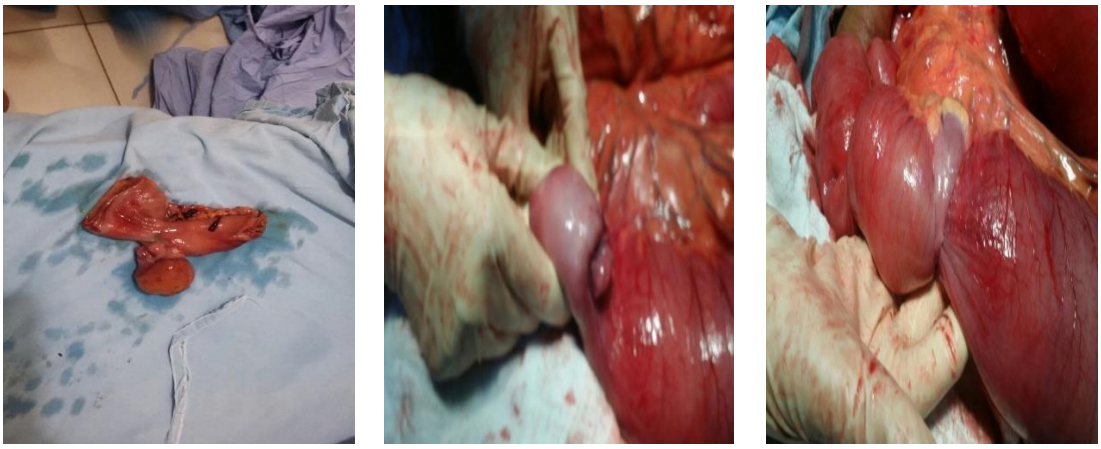

Figure 1: Images after surgery

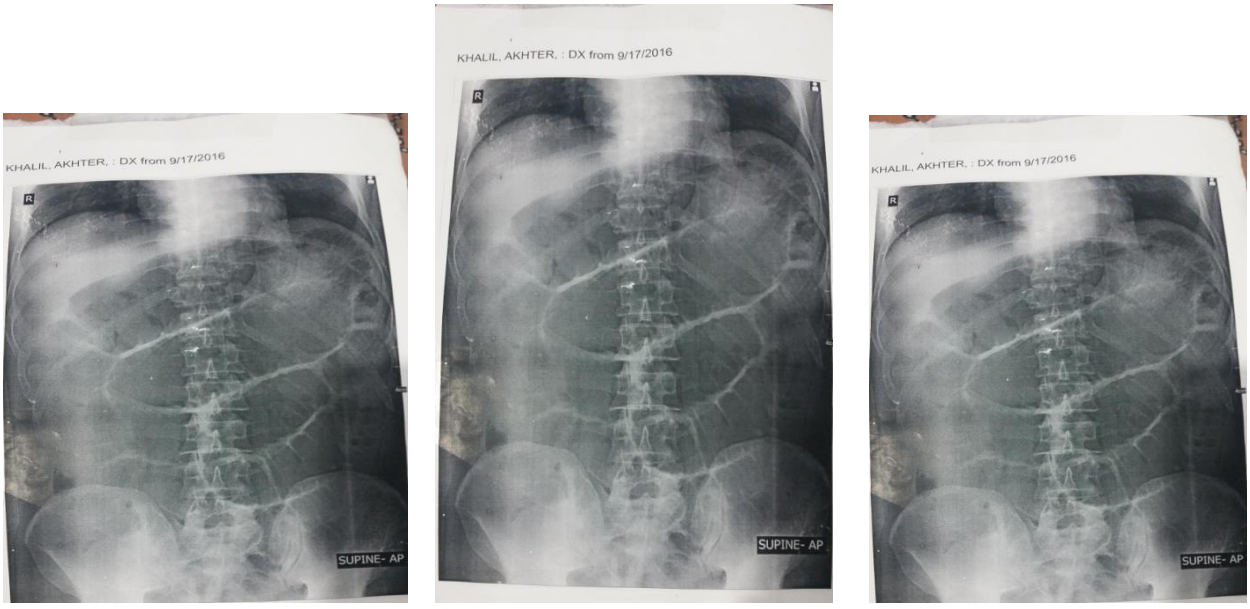

Figure 2: Radiological examination of a patient