

Unusual reason of abdominal pain in a young female patient

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A 24-year-old female patient was admitted with a history of recurrent abdominal pain and newly started nausea and vomiting. On admission, physical examination was unremarkable and there was no fever. Laboratory studies revealed mild anemia (Hb : 8.46 g/dl, normal : 12-15.5 g/dl), hematocrit level of 28.2% (normal : 34.9-44.5%), mean corpuscular volume level of 70.8 fL (normal : 81.6-98.3 fL), mean cell hemoglobin level of 21.5 pg (normal : 27-31.2 pg), red cell distribution width level of 19.8% (normal : 11.9-15.5%), eosinophil count of 0.021 K/uL (normal : 0.05-0.50 K/uL) and other test were normal. After non-specific treatment pain didn't resolved. There were no pathological findings on abdominal x-ray.

Abdominal computed tomography (CT) was performed. In oral and intravenous contrast enhanced abdominal CT, there was circular concentric duplicated bowel layers (target sign) in lower right quadrant which suggests ileoileal intussusception and a polypoid lesion was seen measuring 2 cm in diameter (Fig. 1a-b). Magnetic resonance enterography (MRE) was performed to further evaluate the lesion and the cause of intussus-

ception. MRE images showed that the polypoid lesion had similar signal intensity with pancreas (Fig. 2a-b). There was no diffusion restriction which suggested malignancy on diffusion weighted imaging.

What is your diagnosis?

Answer

Patient underwent surgery afterwards and there was a dilated intestinal segment with ileoileal intussusception containing the polypoid mass (Fig. 2c). Histopathology of the polypoid mass revealed that the mass was located in intestinal submucosa. There were endocrine islets with positive immunohistochemical staining of synaptophysin and chromogranin. In conclusion, the diagnosis was confirmed as ileoileal intussusception due to ectopic pancreatic tissue.

Intussusception is sliding of an intestinal segment into the adjacent intestinal lumen causing obstruction and necrosis. It is an important reason of acute abdomen in childhood and requires immediate examination and

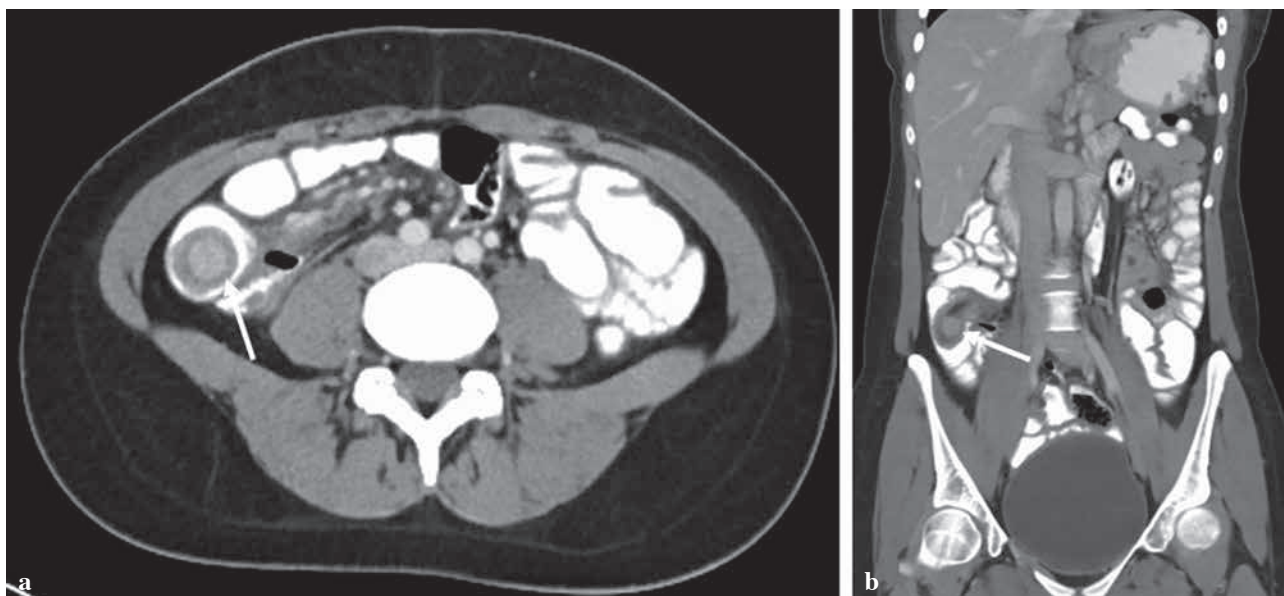


Fig. 1. — Axial (a) and coronal (b) CT images with oral and intravenous contrast enhancement showing the bowel loop with intraluminal fat density with target sign which suggests ileoileal intussusception in lower right quadrant and a polypoid lesion (arrows).

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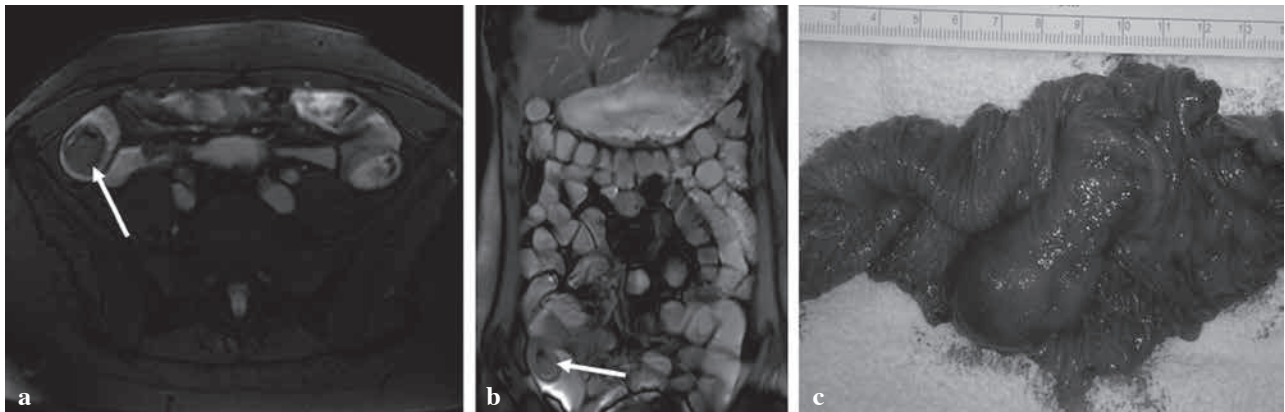


Fig. 2. — Axial (a) and coronal (b) magnetic resonance enterography images (fat suppressed TRUFI sequences) showing the polypoid lesion that has similar signal intensity with pancreas. Postoperative image (c) shows the dilated intestinal segment with ileoileal intussusception containing the polypoid mass.

reduction. Intussusception mostly occurs in children (95%) but also can be seen in adults. Etiologically, it can be related to tumors (52%), postoperative complications (36%), Meckel diverticulum (4%) and can be idiopathic (8%). Tumors are the most common reason therefore adult patients must be evaluated to find the underlying

illness. Adult intussusception causing abdominal pain is rare and ectopic pancreatic tissue as an underlying cause is extremely rare. Radiological evaluation of these cases set light to clinician and gives valuable information for treatment process.