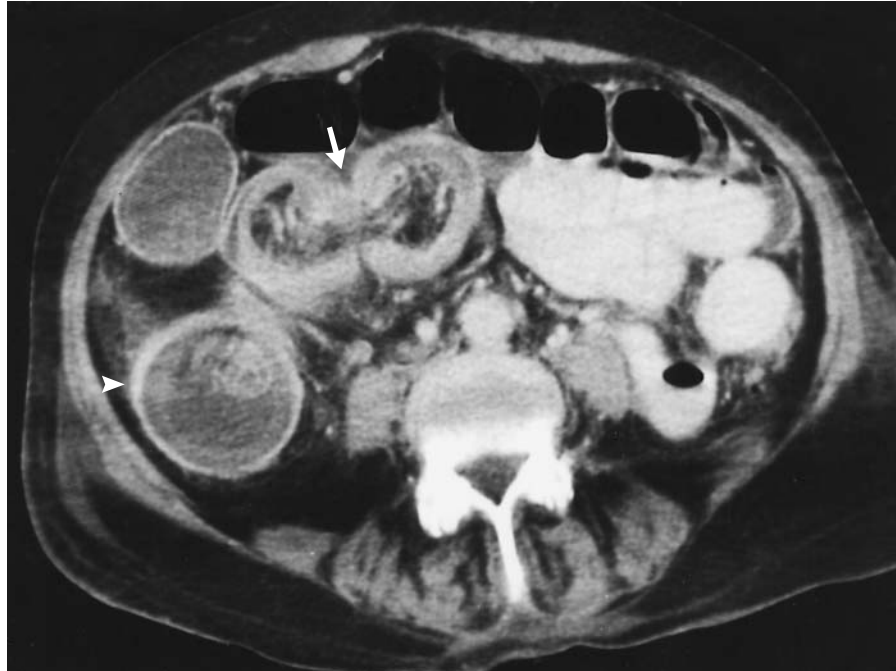


Intussusception



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AN 80-YEAR-OLD WOMAN PRESENTED WITH A THREE-DAY HISTORY OF passage of bright red blood from the rectum. She was afebrile and had a blood pressure of 70/52 mm Hg. The white-cell count was 10,100 per cubic millimeter, and the hematocrit was 32.5 percent. An abdominal radiograph showed minimal ileus. A colonoscopy revealed blood in the colon and a round, smooth, violaceous lesion in the ascending colon that nearly obstructed the colonic lumen and that could not be passed by the colonoscope. A single computed tomographic image of the abdomen showed two views of an intussusception. In a cross-sectional view (arrowhead), traces of contrast medium in the intussusceptum (the invaginated segment of the colon) formed a high-density center, the swollen wall of the intussusceptum and mesenteric fat formed a crescentic low-density layer, and contrast medium in the intussusciens (the portion of the bowel into which the intussusceptum telescopes) formed the outermost, high-density layer. In a longitudinal view (arrow), the swollen bowel walls formed the thickened outer layer, and the intraluminal mesenteric fat and vessels formed a denser signal than did the intraluminal air in the loop of bowel just above it. At surgery, the terminal ileum was found to have prolapsed into the cecum and up the ascending colon.

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