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Authors:
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Colo-colonic intussusception as an atypical initial presentation of inflammatory bowel disease

Alex Arenas[1], Pablo Aguirre[1], Diego Ruedi[2], César Serrano[2]

[1]Gastroenterology Unit. Internal Medicine Department. Faculty of Medicine. Clínica Alemana - Universidad del Desarrollo. Santiago, Chile. [2]Gastroenterology Unit. Hospital Padre Hurtado. San Ramón, Chile.

Correspondence: Alex Arenas

E-mail: aarenas@alemana.cl

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Dear Editor,

Adult intussusception is uncommon and is usually associated with malignant or structural lead points. When linked to inflammatory bowel disease (IBD) it is typically ileocolic and managed surgically. We report a 21-year-old woman with one week of lower-abdominal pain, diarrhoea, vomiting and fever. Laboratory tests showed marked systemic inflammation (C-reactive protein 160 mg L^{-1}; negative stool cultures and Clostridioides difficile toxin).

Contrast-enhanced computed tomography demonstrated a 6-cm colo-colic intussusception with the classical “target” configuration but no mural

hypo-enhancement, pneumatosis, free air or obstructing mass (Figure 1A-B). The patient was haemodynamically stable and abdominal examination revealed neither guarding nor rebound tenderness; therefore, a multidisciplinary team selected an endoscopic approach.

Urgent colonoscopy confirmed intussusception of the caecum and ascending colon (Figure 1C). Gentle water-immersion reduction achieved complete resolution, exposing diffusely erythematous mucosa. The terminal ileum appeared normal. Multiple biopsies showed focal cryptitis, crypt micro-abscesses and intramucosal lymphoid aggregates (Figure 1D), findings consistent with moderately active chronic colitis. Oral corticosteroids plus mesalazine produced clinical improvement, and the patient was discharged with close outpatient follow-up.

At the eight-week review she remained symptom-controlled on a tapering steroid course. Persistent right-sided colitis on imaging keeps Crohn's disease high in the differential diagnosis; repeat colonoscopy and cross-sectional assessment are planned to define phenotype and long-term therapy.

Discussion

Contemporary surgical series recommend resection when ischaemia or malignancy is suspected—criteria absent here. Only four published cases of IBD-related intussusception have been resolved without surgery, and three were purely colonic [2–4]. Our case therefore extends current experience and underscores that, in carefully selected adults with reassuring clinical and radiological findings, endoscopic reduction can safely avoid colectomy while providing immediate histological clarification.

In conclusion, in young adults with acute abdominal pain and colo-colic intussusception but no signs of ischaemia, clinicians should consider IBD; cautious endoscopic reduction performed by experienced personnel is a colon-sparing strategy that expedites diagnosis and management.

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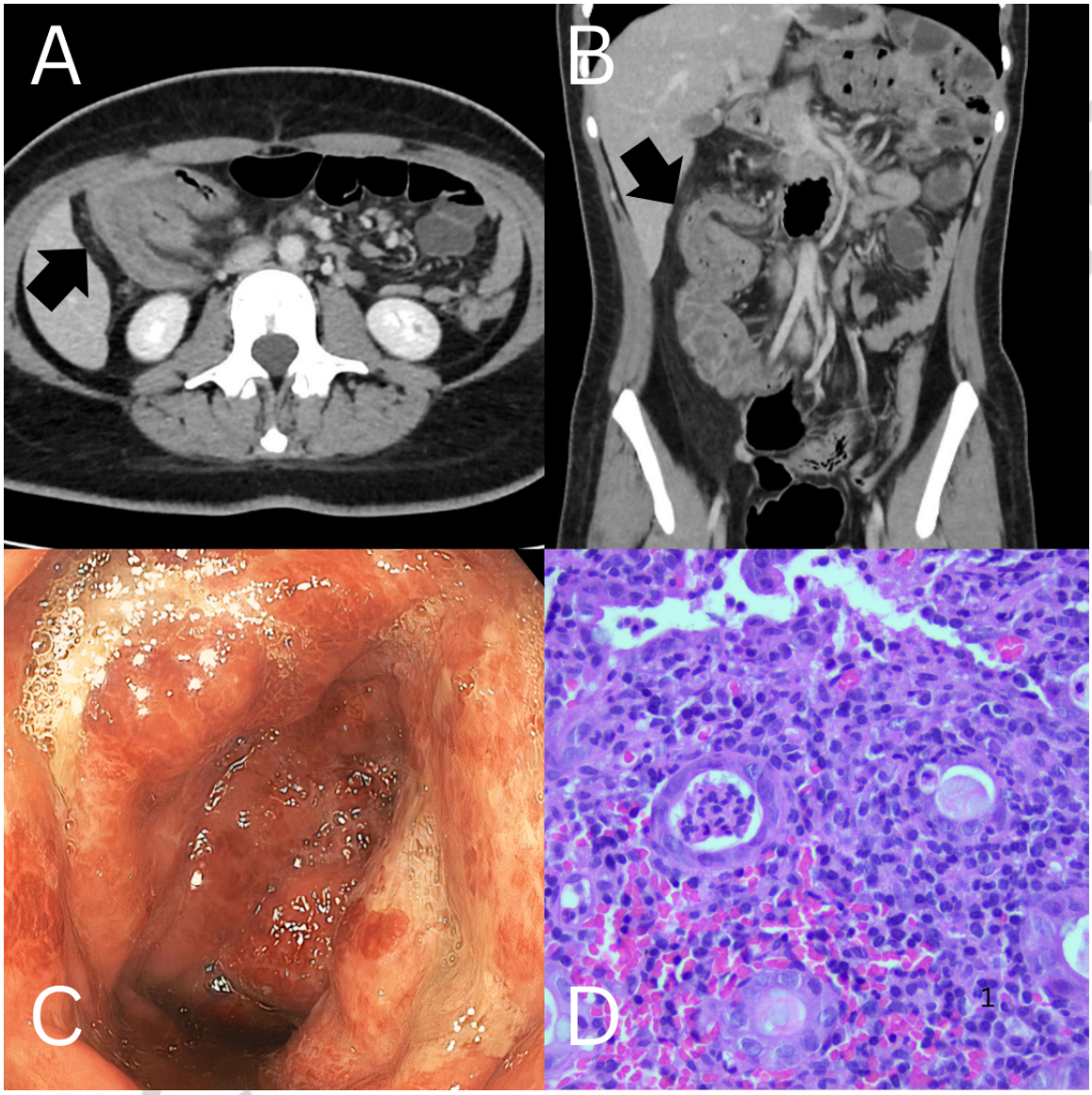

Figure 1A and 1B. Abdominal CT demonstrates inflammatory thickening of the right colon with features suggestive of colo-colonic intussusception. Figure 1C. Colonoscopy reveals intussusception of the ascending colon. Figure 1D. Colonic biopsies show focal cryptitis, crypt microabscesses, and intramucosal lymphoid aggregates.