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DOI: 10.17235/reed.2022.9333/2022
Link: PubMed (Epub ahead of print)

Please cite this article as:
Piñerúa-Gonsálvez Jean Félix, del Pozo Calzada Carmen, Zambrano-Infantino Rosanna del Carmen. Adult sigmoidorectal intussusception as an unexpected cause of lower gastrointestinal bleeding. Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.9333/2022.

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Adult sigmoidorectal intussusception as an unexpected cause of lower gastrointestinal bleeding

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Founding source: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors**.**

Keywords: Intussusception. Sigmoid. Adenoma. Lower gastrointestinal bleeding.

Abbreviations: CT, computerized tomography

Dear Editor,

A 95-years-old woman presented with sudden-onset rectal bleeding. All other systems were reviewed and were negative. The patient had a past medical history of Alzheimer disease, congestive heart failure, arterial hypertension and diabetes mellitus type 2. Vital signs were normal. There were neither signs of peritoneal irritation nor intestinal obstruction. On digital rectal examination, a soft mass was palpated about 9 cm from the anal verge. Routine analytical tests were within normal limits. The abdominal CT showed a sigmoidorectal intussusception (Figure 1A, 1B and 1C). It was performed a colonoscopy revealing a segment of sigmoid telescoping into the rectum about 15cm

from the anal verge (Figure 1D). On this invaginated segment, there was a large sessile polyp, which was biopsied (Figure 1E). Rectal bleeding was self-limited without additional measures. The histological examination showed tubular adenoma with high-grade dysplasia. Surgical treatment was proposed; however, the patient and her family refused it due to the advanced age and comorbidities. The patient was discharged and did not present new episodes of rectal bleeding in the subsequent follow-up visits.

Intussusception in the adult is uncommon, representing less than 5% of all cases of intussusception (1). Most of the cases are due to malignant lesions, which are pulled forward during peristalsis, leading to invagination (2). The early diagnosis represents a diagnostic challenge due to the clinical features are nonspecific, including symptoms of intestinal obstruction and rectal bleeding (1). Abdominal CT scan is the most accurate diagnosis tool and frequently is the first step in the diagnostic process of colo-colonic intussusception. Colonoscopy is useful for establishing the etiology since it allows direct visualization and biopsy of the lesion. In most cases the treatment is the surgical resection due to the high incidence of underlying malignant lesions in adult colo-colonic intussusceptions. Surgical reduction without resection could be an alternative in selected cases such as young patients with small intussusceptions and in whom malignant etiology have been ruled out (3).

REFERENCES

1. Mohamed M, Elghawy K, Scholten D, Wilson K, McCann M. Adult sigmoidorectal intussusception related to colonic lipoma: A rare case report with an atypical presentation. Int J Surg Case Rep. 2015;10:134-7.

2. Ford Kt, Lopez S, Synghal G, Fayiga Y, Carter B, Kandel A, et al. Pedunculated sigmoid lipoma causing colo-colonic intussusception. Proc (Bayl Univ Med Cent). 2021;34(3):371-2.

3. Filiberto AC, Loftus TJ, Tan SA, Read TE, Iqbal A. Sigmoido-rectal intussusception. SAGE Open Med Case Rep. 2019;7:2050313X19856242.

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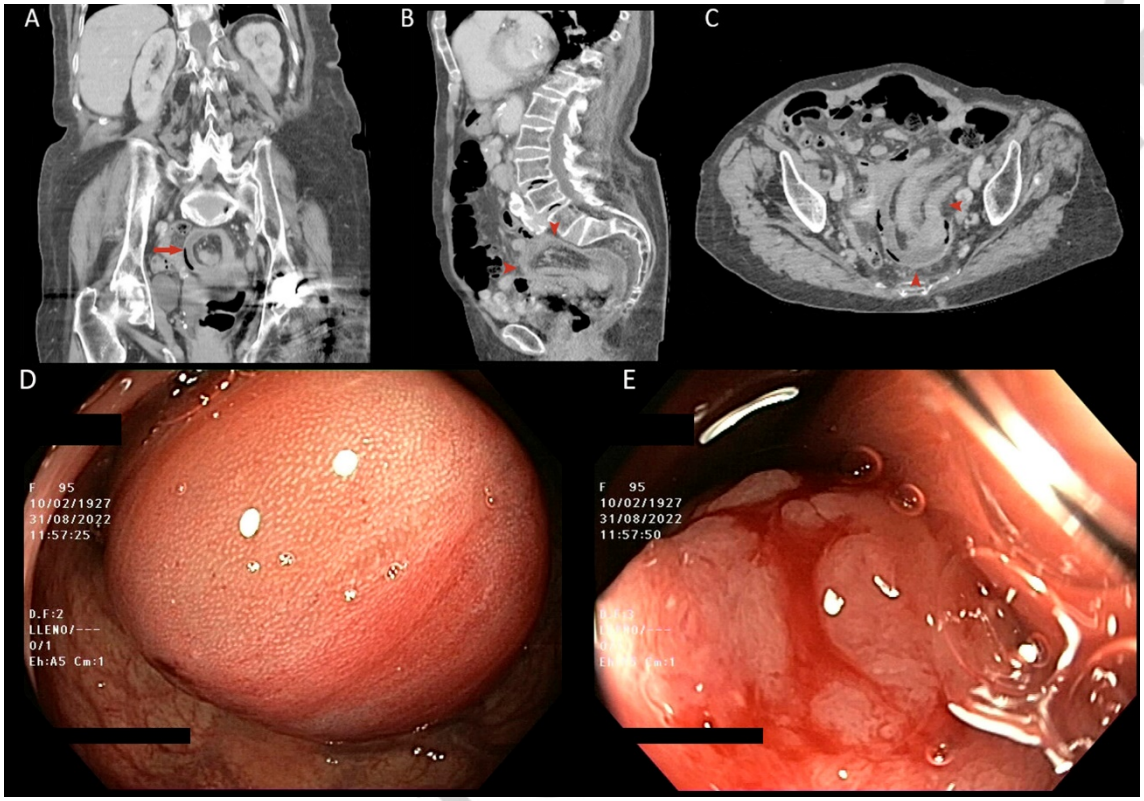

Figure 1. Abdominal CT scan. Coronal plane (A) showing a "target sign" at sigmoid (arrow). Sagittal (B) and axial (C) planes showing a "sausage-shaped" mass corresponding to an invaginated segment of sigmoid with its mesocolon (arrowheads). Endoscopic images. A rounded mass with a smooth surface and congested mucosa occupying most of the lumen of the superior rectum corresponding to an invaginated segment of sigmoid (D). A large sessile polyp with bleeding in its center (E).