

## Recto-Sigmoid Intussusception due to Adenocarcinoma: A Case Report

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### Abstract

Intussusception is not a frequent cause of an acute abdomen in adults compared to children, and it's is often enteroenteric in location and not idiopathic. Diagnostic imaging mode for adults is usually CT and treatment is typically surgical. Our case is a 50-year-old man with a known sigmoid adenocarcinoma that had complicated with recto-sigmoid intussusception.

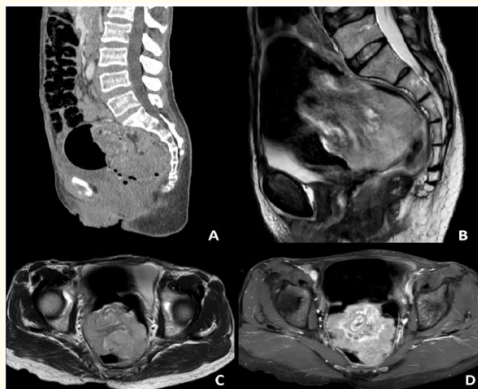
**Keywords:** Intussusception; Adenocarcinoma; Abdominal CT and MRI

### Introduction

Intussusception is not a frequent cause of an acute abdomen in adults compared to children, and it's is often enteroenteric in location and not idiopathic.

### Presentation of the Case

We report the case of a 50-year-old man with a known sigmoid carcinoma, who presented to the emergency room with acute pelvic pain and hematochezia. CT and MRI scans were performed, which showed an intussusception of the tumoral segment of the distal sigmoid to the rectum.



**Figure A-D:** Figure A: CT sagittal reconstruction with contrast agent administration on portal time. Sagittal and axial T2WI in figures B and C. Figure D: Axial T1 with fat saturation after gadolinium administration shows an intussusception of the tumoral segment of the distal sigmoid to the rectum.

### Discussion

Intussusception is a frequent cause of acute abdomen in pediatrics, but is much less common in adults. It can present acutely, subacutely, or with a chronic history, most often with occlusive syndromes. In more than the half of the cases, it is caused by an organic lesion acting as a lead point, mainly lipoma, polyp, adenocarcinoma, and lymphoma. It can rarely occur in the colon, mostly caused by colorectal adenocarcinoma. Distal colonic invagination represents only about 2.1% up to 9.4% of colonic invagination. Both small bowel and colonic invagination are usually treated by surgical resection because of the predominance of malignant etiologies [1,2].

### Conclusion

In adults, intussusception is often enteroenteric in location and not idiopathic (secondary to neoplastic causes in the majority of the cases); with nonspecific symptoms and findings suggesting bowel obstruction. Diagnostic imaging mode for adults is usually CT and treatment is typically surgical. Prognosis depends on underlying disease process and cause of lead point.

### Bibliography

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