

Revealing a rarity. CT scan in the diagnosis of adult intussusception

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Intussusception although common in children is a rare condition in adult life, accounting for less than 5% of all cases of intestinal obstructions. Most of these cases (70-90%) are associated with a definable pathologic lesion.¹ In this issue of Annals of Gastroenterology two case reports refer to intussusception in adults. In the first one² intussusception was the result of a lipoma of the terminal ileum. In the second case³ intussusception was ascribed to increased bowel motility due to a peptic hemorrhage, as no tumor was found. In both cases CT scan was the key examination that led to diagnosis.

Confirmation of diagnosis of adult intussusception is crucial as its management consists mainly in surgical resection. Reduction, an approach which is considered standard in children, is controversial in adults. Preoperative diagnosis is difficult to establish as symptoms are often atypical. Surgical management in most cases is an imperative necessity. For all these reasons the contribution of CT scan to establishing the diagnosis is substantial.

In adult intussusception abdominal plain films confirm the intestinal obstruction and help in identifying its site. Barium enema, used both as diagnostic and as ther-

apeutic means in pediatric patients with intussusception adds little to the evaluation of the adult. Ultrasound has a limited diagnostic value due to poor acoustic signal as a result of excessive air in the bowel. CT image in intussusception is a typical one with the characteristic "target" lesion. Furthermore, CT scan can identify obstructing lesions, usually tumors, giving this examination a high diagnostic value.

Intussusception, a rarity in adults, can successfully be revealed by CT scan. The diagnostic modalities that help before surgical intervention are abdominal plain films and CT scan. Ultrasonography and barium enema are not needed.

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