

Case Report

An Unusual Case of Adult Intussusception - A Case Report

*Podder S¹, Hassan DA², Mowla G³, Islam SI⁴

Abstract:

Introduction: In Adults intussusception as a cause of small intestinal obstruction is a rare condition. Among the lead points for intussusception intestinal polyps are most common and also there are probabilities of malignant tumors which usually become greater from proximal to distal colon. Fibroid polyps are most uncommon benign pathology leading to intussusception of small bowel, presented in our case report.

Case presentation: A 45 years old lady admitted in surgery ward of Sylhet Women's Medical College Hospital with the features of small bowel obstruction for 5days. The abdominal ultrasonography report was suggestive of bowel mass resulting small bowel obstruction. Then multi axial contrast computed tomography of whole abdomen was done, which showed jejunoileal intussusception with intestinal obstruction. An intussusception with an intraluminal solid tumour at its lead point approximately 240cm distal to duodenojejunal flexure was found on exploratory laparotomy. Resection and anastomosis of affected bowel segment was done. Histopathological examination showed inflammatory fibroid polyp, ulcerated.

Received date:
11 Oct. 2024

Accepted date:
23 March 2025

Conclusion: In case of small bowel obstruction due to intussusception with a lead point of inflammatory fibroid polyp surgical approach is the most preferable solution though it is a benign condition.

Key words: Intussusception, bowel mass, fibroid polyp, intestinal obstruction.

How to cite this article: Podder S, Hassan DA, Mowla G, Islam SI. An Unusual Case of Adult Intussusception - A Case Report. Journal of Sylhet Women's Medical College. 2025 Jan; 15(01):68-70. <https://doi.org/10.47648/jswmc2025v15-01-26>

JSWMC 2025 [15(01)] P: 68-70

Introduction:

Intussusception is an unusual cause of small intestinal obstruction in adults.¹Patients with intussusception usually present with either acute or chronic intermittent symptoms. In adults, cases are almost invariably associated with a lead point, which is usually a polyp (e.g. Peutz-Jeghers syndrome), a submucosal lipoma or other tumour.²We report a rare case of ileoileal intussusception in an adult patient caused by an inflammatory fibroid polyp, whose diagnosis was evidenced by histopathology.

Corresponding author: Suravi Podder,

Assistant Professor, Department of Surgery, Sylhet Women's Medical College Hospital, Sylhet 3100, Bangladesh.

Email: suravipodder7@gmail.com.

Case presentation:

A 45 years old lady admitted in surgery ward of SWMCH with the history of abdominal pain, nausea and absolute constipation for 5days. She had a complaint of intermittent constipation for last two years which was usually relieved by taking laxatives except the last episode. There was no history of hypertension, diabetes mellitus and any previous abdominal surgery.

On examination, she was anxious, dehydrated, had a heart rate of 110b/min, blood pressure 140/70mmHg and a temperature of 37.5°C. Her abdomen was distended without any features of peritonitis, bowel sound was exaggerated. There was no abnormality found on Digital Rectal Examination (DRE).

Laboratory analysis demonstrated 6,700/cumm leukocytes with a predominance of neutrophils. Other laboratory findings were within the

1. Suravi Podder, Assistant Professor, Department of Surgery, Sylhet Women's Medical College Hospital, Sylhet 3100, Bangladesh.
2. D A Hassan Chowdhury, Professor and Head, Department of Surgery, Sylhet Women's Medical College Hospital, Sylhet 3100, Bangladesh.
3. Md. Golam Mowla, Professor, Department of Surgery, Sylhet Women's Medical College Hospital, Sylhet 3100, Bangladesh.
4. Syeda Ishrar Islam, Assistant professor, Department of Surgery, Sylhet Women's Medical College Hospital, Sylhet 3100, Bangladesh.

normal limits. Abdominal radiology showed multiple air-fluid levels in central abdomen. The abdominal sonography report was suggestive of bowel mass resulting small bowel obstruction. Then multi axial contrast computed tomography was done, which showed jejunoileal intussusception with intestinal obstruction.

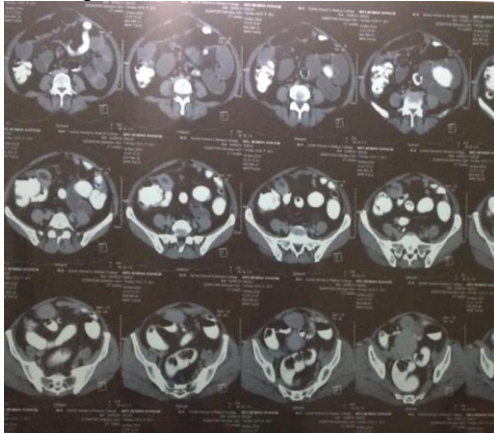


Figure 1: CT scan film of multiple axial section showing dilated small bowel loops with small bowel intussusception.

With the diagnosis of acute intestinal obstruction an exploratory laparotomy was performed. An intussusception with a mass lesion at its lead point approximately 240cm distal to duodenojejunal flexure was found. Intussusception was reduced during operation. Limited edema and erythema was present at the intussusceptum segment, which was the sign of the intussusception. Proximal jejunum was found distended. Affected segment was excised followed by end-to-end anastomosis. After opening of the lumen of resected specimen there was an intraluminal polypoid solid mass, approximately 4x3cm in size. Histopathological examination showed inflammatory fibroid polyp, ulcerated.



Figure 2: The lead point of intussusception



Figure 3: Resected specimen after cross-section

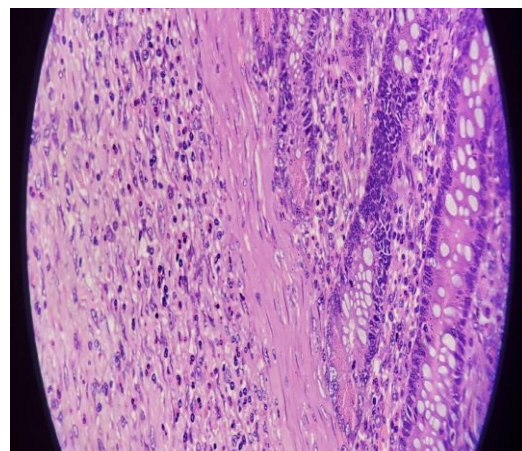


Figure 4: Microscopic view of cross section of the polypoid mass showing fibroblast, smooth muscle including chronic inflammatory cells.

Discussion:

Introversion of one portion of gut into an immediately adjoining segment is called intussusception. It is unusual in grown persons, considering for only 1-5% of all cases of bowel obstruction.³ Adult intussusceptions are usually secondary to intestinal pathology, e.g. polyp, Meckel's diverticulum, benign or malignant tumors which act as a lead point.

Among these, lead points Inflammatory Fibroid Polyp (IFP) is a rare nonmalignant lesion of the intestinal tract. It commonly occurs among older adults in the fifth to sixth decade and has a slight predominance among females. This tumor usually affects the stomach followed by the small bowel and rarely the large bowel.⁴ Patients usually present with gastrointestinal bleeding, abdominal pain and other symptoms of obstruction, and could also present as intussusception in an emergency situation like that of our case.

As there is possibility of malignancy or other pathological abnormalities, adult intussusceptions are managed by surgical approaches like laparotomy or laparoscopy.⁵ Regarding the surgical options for intussusception, it still debatable among reduction of intussusception lesion or "en-bloc" resection without reduction or reduction followed by resection.⁴ Each method has advantages and disadvantages; only reduction may cause recurrence, resection without reduction decreases the risk of tumor dissemination and extension, and reduction before resection lowers the risk of short-bowel syndrome. So, we have to decide the appropriate surgical option for every individual patient according to existence of malignancy or presence of ischemia of the affected bowel, site and extent of the lesion.

Conclusion:

Intussusception is an unusual cause for adult intestinal obstruction and inflammatory fibroid polyp is an infrequent cause of this unusual condition. Although IFPs are benign intestinal lesions, surgical treatment is the most preferred treatment option when the patient presents with small intestinal obstruction.

Patient perspective

Patient mentioned that she is now doing well and backed to her normal life, without any postoperative complications. An informed consent for this case report was taken from the patient.

Acknowledgement: The authors are thankful to the patient and concern doctors of the hospital for their kind cooperation.

Conflict of interest: The authors declared no conflict of interest with this study.

Funding: This study didn't receive any fund for this study.

References:

1. Toydemir T. Inflammatory fibroid polyp of the ileum presenting with small bowel obstruction in an adult patient: a case report. *Journal of Medical Case Reports*. 2010;4:1-4. DOI: <https://doi.org/10.1186/1752-1947-4-291>
2. O'Connell PR, McCaskie AW, Sayers RD. *Bailey & Love's short practice of surgery*. CRC Press; 28th Edition. 2023; 28(2):1379.
3. Rais M, Chahdi H, Elfahssi M, Albouzidi A, Oukabli M. An unusual cause of intestinal obstruction in a young adult patient: inflammatory fibroid polyp. *Case Reports in Surgery*. 2017;2017(1):3675848. DOI: <https://doi.org/10.1155/2017/3675848>.
4. Gadoura A, Mohammed F, Abdulkarim M, Yasir AI, Shani D, Salih N. Inflammatory fibroid polyp (Vanek's tumor) causing double compound ileo-ileal intussusception in an adult patient, a case report. *International Journal of Surgery Case Reports*. 2022;93:106947. DOI: <https://doi.org/10.1016/j.ijscr.2022.106947>
5. Hakim T. Adult intussusception due to ileal polyp-A case report. *International Journal of Surgery Case Reports*. 2022;99:107554. DOI: <https://doi.org/10.1016/j.ijscr.2022.107554>

Short Communication

Dengue Outbreak in Sylhet, 2023: Experience at Pediatric Unit of a Tertiary Care Teaching Hospital

* Benzamin M¹, Chowdhury MZR², Ahmed A³, Bashar KAHM⁴, Jahan A⁵, Chowdhury A⁶, Shamim FB⁷, , Tamal TB⁸

Abstract:

Received date: 09 Sept. 2024
Accepted date: 17 March 2025

Now a day's dengue is a global public health concerned, especially in tropical and subtropical countries. In 2023, dengue outbreak affects all 64 districts of Bangladesh. This prospective study was done at Department of Paediatrics, Sylhet M A G Osmani Medical College Hospital (SOMCH), Bangladesh during 2023 dengue pandemic. We found dengue test (NS1, dengue IgM) positive in only 38% children, others were diagnosed clinically. Warning signs were present in 25% cases (like diarrhea, vomiting, abdominal pain, hepatomegaly and restlessness), severe dengue were 25% cases (shock with AKI, dengue encephalitis, severe bleeding), isolated organopathy (dengue encephalitis) (16.7%) and co-infection was found in 17% cases.

Key words: Dengue, Children, Bangladesh, Encephalitis.

How to cite this article: Benzamin M, Chowdhury MZR, Ahmed A, Bashar KAHM, Jahan A, Chowdhury A, et al. Short Communication Dengue Outbreak in Sylhet, 2023: Experience at Pediatric Unit of a Tertiary Care Teaching Hospital. Journal of Sylhet Women's Medical College. 2025 Jan; 15(01):71-72. <https://doi.org/10.47648/jswmc2025v15-01-27>

JSWMC 2025 [15(01)] P: 71-72

Introduction:

The World Health Organization reported the highest global burden of dengue fever cases in 2023, with the disease impacting over 80 countries.¹ Dengue is a mosquito-borne viral illness primarily transmitted by infected *Aedes* mosquitoes.²

Corresponding author: Dr. Md. Benzamin,

Registrar, Department Of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.

Email: drmd.benzamin@yahoo.com

Dengue virus [DENV]- 1,2,3 and 4 are four distinct serotypes and a potential fifth serotype (DENV-5) recently identified in Malaysia.² In the capital city of Bangladesh, Dhaka the first recognized dengue outbreak was reported in 1964.³ After then, sporadic dengue cases were reported until 2000,⁴ when Bangladesh's major cities and towns saw its first widespread epidemic.⁵ The dengue epidemic of 2023 hit all 64 districts, including Sylhet.⁶

Material and Methods:

This prospective observational study was done at Department of Paediatrics, Sylhet M A G Osmani Medical College Hospital (SOMCH), Bangladesh from July, 2023 to August, 2023. Children age less than 13 years admitted at SOMCH and diagnosed as case of dengue, were included in study.

Result and discussion:

Total 24 patients were admitted, among them, male 75% (mean age 70.83 ± 46.2 months), female 25% (mean age 75.33±42.98 months). Youngest patient was a 7 month old infant. Presenting clinical features were fever (100%),

1. Md. Benzamin, Registrar, Department Of Pediatrics, Sylhet M A G Osmani Medical College Hospital ,Bangladesh.
2. Md. Ziaur Rahman Chowdhury, Departmental Head, Department of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.
3. Akhlaq Ahmed, Associate Professor, Department of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.
4. AHM Khairul Bashir, Assistant Professor, Department of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh
5. Aziza Jahan, Registrar, Department Of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.
6. Aparajita Chowdhury, Junior Consultant, Registrar, Department OfPaediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.
7. Farhana Binte Shamim, Junior Consultant, Registrar, Department Of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.
8. Tuhin Barua Tamal, Registrar, Department Of Pediatrics, Sylhet M A G Osmani Medical College Hospital, Bangladesh.

body ache (8.3%), severe muscle pain (4.2%), rash (4.2%), headache (4.2%), diarrhea (12.5%), vomiting (8.3%), abdominal pain (4.3%), cough (16.8%), Convulsion (16.8%) and melena (4.2%). Most of the diagnosis was done on the basis of clinical features with leukopenia and thrombocytopenia (62.5%), dengue NS1 (25%), dengue IgM (8.3%) and dengue IgM with IgG (4.2%). In most of the cases NS1 was negative. This explain as DENV2 (51.5%) and DENV3 (43.9%) were the predominant serotype in 2023 outbreak.⁷ Clinical diagnosis of admitted patients were dengue fever (62.5%), dengue hemorrhagic fever (16.7%), dengue expanded shock syndrome (shock with AKI) (4.2%) and isolated organopathy (dengue encephalitis) (16.7%). Warning signs were present in 25% cases (diarrhea, vomiting, abdominal pain, hepatomegaly and restlessness) and severe dengue was 25% cases (shock with AKI, dengue encephalitis, severe bleeding). Management was given according to national guideline for dengue management. Platelet transfusion was given to none and PRBC was given to a patient with melena. No death was encountered. These findings are little bit different from other study,⁸ as most of the cases were primary dengue (only 4.2% Dengue IgG positive). Co-infection was found in 17% patient like rickettsial fever (8.3%), hepatitis A (4.2%) urinary tract infection (4.2%). Co-infection in dengue is not so uncommon and it has effect in dengue outcome.⁹

Conclusion:

Dengue cannot be excluded by negative dengue test (NS1, dengue IgM). Isolated organopathy and co-infection are not so uncommon.

Acknowledgement: All members of Pediatric Research Group, Sylhet, Bangladesh.

References:

1. World Health Organization. Dengue and severe dengue, <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>; 2024 [accessed 03 June 2024].
2. Canadian science publishing. Bacteriophage applications in clinical, environmental, and food sciences, <https://cdnsiencepub.com/DOI/full/>

- 10.1139/cjm-2020-0572; 2020 [accessed 03 June 2024].
3. Russell PK, Buescher EL, McCown JM, Ordoñez J. Recovery of dengue viruses from patients during epidemics in Puerto Rico and East Pakistan. *Am. J. Trop. Med. Hyg.* 1966;15:573–579.
4. Karim MN, Munshi SU, Anwar N, Alam MS. Climatic factors influencing dengue cases in Dhaka city: a model for dengue prediction. *Indian journal of medical research.* 2012;136(1):32-9.
5. Yunus EB, Bangali AM, Mahmood M, Rahman MM, Chowdhury AR, Talukder KR. Dengue Outbreak 2000 in Bangladesh: From Speculation to Reality and Exercises. *Dengue Bulletin.* 2001; 25:15-20.
6. Subarna RT, Al Saiyan Z. Understanding the unprecedented 2023 dengue outbreak in Bangladesh: a data-driven analysis. *IJID regions.* 2024; 12:100406.
7. <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON481> [accessed 11 August 2023]
8. Sharif N, Sharif N, Khan A, Dey SK. The Epidemiologic and Clinical Characteristics of the 2023 Dengue Outbreak in Bangladesh. *Open Forum Infect Dis.* 2024 Feb 2;11(2):ofae066. doi: 10.1093/ofid/ofae066. PMID: 38390460; PMCID: PMC10883285.
9. Ghosh UK, Sultana A, Ghosh NK, Iman K, Khanam M, Baidya M. Pattern of Co-infection with dengue fever: an observational study. *Bangladesh Journal of Child Health.* 2020;44(3):157-60.