

A Rare Case of Non Hodgkin Lymphoma in an Adult Causing Intussusception

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Abstract

Intussusception in an adult is an uncommon, challenging situation to any surgeon. The causes for intussusception in adults are different from that of in children. Since malignancy could be one of the causes, surgery should be preferred over conservative treatment. Here we present a rare case of Non-Hodgkin Lymphoma (NHL) in an adult causing Intussusception. The patient was admitted to our hospital complaining of long-standing, unresolved abdominal pain. After USG abdomen and CT abdomen, intussusception was diagnosed. The patient underwent emergency surgery. Right sided hemicolectomy was performed and HPE diagnosis was malignant B-cell lymphoma that involved the ileocecal valve. This case explains the need for surgeons to consider malignant conditions for potential causes of intussusception in adults, to give the correct surgical treatment.

Keywords: *Intussusception, Lymphoma, Lymphoma in Adult, Non Hodgkin Lymphoma.*

Introduction

When a segment of bowel invaginates itself into its adjacent segment, it's called Intussusception [1]. Intussusception has a high incidence rate among children of about 1.5 to 4 cases per 1000 live births, often around the age of 1 year [2]. Only 5% of total intussusception occurs in adults [3]. Due to vague, nonspecific clinical signs and symptoms, clinical diagnosis may be tedious. Tumor related intussusception accounts for about 63% of cases in adults [4]. This necessitates the need of surgical intervention in any adult intussusception. Here we report a case of NHL causing intussusception involving the ileocecal valve in an adult.

Materials and Methods

We present a rare case of Non Hodgkin Lymphoma in an adult causing intussusception. Initially presented with long standing abdominal pain which turned out to be Non Hodgkin lymphoma. Here the clinical

presentation and surgical management was studied.

Case Report

A 23 year old male came to the ER complaining of abdomen pain, acute onset progressing pain, diffused over abdomen, with nausea and vomiting, all for the past 1 day. There was a history of on-and-off abdomen pain for the past 3 months that subsided spontaneously with loss of appetite and weight over the past 2 months. No previous surgical history. No altered bowel habits. On clinical examination, the patient had diffused abdomen pain more in the lower right side with guarding and exaggerated bowel sounds. His blood counts showed elevated total WBC count. X-ray abdomen erect (Figure 1) USG abdomen and CT abdomen showed features of Intussusception. Patient was taken up for surgery where we could see masses over the small bowel at the ileocaecal junction (Figure 2, Figure 3). Affected bowel was resected with end ileostomy and distal mucous fistula done.

Patient postoperatively recovered well. The HPE report came as malignant B-cell

lymphoma that was confirmed with IHC tests as Diffuse Large B-Cell Lymphoma.



Figure 1. X-Ray Abdomen Erect



Figure 2. Mass in the Small Intestine



Figure 3. Multiple Masses in Small Intestine

Discussion

When a segment of bowel invaginates itself into the adjacent segment, it is called Intussusception [1].

Intussusception is one of the common causes of intestinal obstruction in children, it is however uncommon in adults. Only 5% of all Intussusception cases occur in adults [4] and commonly presenting with abdominal pain with distention, nausea and vomiting [3,5]. However, the clinical diagnosis is tedious because of vague symptoms. We rely on radiological and intraoperative diagnosis for

adult intussusception. The commonest site for extranodal NHL is GI tract, and its estimated small intestine accounts for 55% [4] of which about 8% was due to malignant tumors [6]. In our reported case, the HPE report revealed ileal lymphoma causing ileal intussusception.

Computed tomography is the most important tool in diagnosing such conditions [7]. In a retrospective analysis study done over 10 years by the University Hospital Salzburg, it was reported that in 9 out of every 10 cases, malignant secondary lesion in the colon was the main cause of intussusception [8].

In small bowel lymphoma, surgical resection is the main treatment due to the difficulties in accurate diagnosis and the potential for complications post surgery. Some studies also demonstrated primary tumor resection alone is sufficient when non-metastasized. In this patient, with a history of diffuse abdominal pain 3 months back, proper investigations could have avoided emergency surgery. But the patient refused to move forward with any treatment since the symptoms subsided spontaneously. Since it is common for intussusception to spontaneously regress after the first episode, most patients take it for granted during the safe period. If this had been diagnosed earlier, we could have avoided the discomfort caused to the patient.

Conclusion

In conclusion, in this case Malignant B-cell Lymphoma in the ileum of an adult caused intussusception involving the Ileocaecal valve. Thus, this case emphasizes that surgeons should

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consider the possibility of malignancy in adult intussusception.

The surgeon's suspicion of intussusception, resulting in a further evaluation helped in avoiding catastrophic complications in a timely manner. This also emphasizes on the fact that surgical intervention is a must in any case of intussusception in adults.

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Conflict of Interest

The authors have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication.

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