

Recurrent Abdominal Pain that *Leads* to Rectal Bleeding

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Chief Complaint

- Abdominal pain for 1 month

Case presentation

HPI: The patient is a 65-year-old female with hypertension who presents to the ED for intermittent cramping abdominal pain associated with episodes of bright red blood in her stools for duration of one month. She went to her primary care doctor initially and was told that she has hemorrhoids. She presented to the ED for persistent and worsening symptoms. She denies nausea, vomiting, weight loss or anorectal pain. The patient does not take anticoagulation.

Vitals: BP 115/81, HR 74, Resp 18, Pulse Ox 97%, Temp 98.2

Cardiovascular: Regular Rate and Rhythm. No murmurs, gallops or rubs

Respiratory: Lungs clear bilaterally

Abdominal: Soft, non-tender, non-distended. Normal bowel sounds present.

Anorectal: Non-tender rectum, no palpable masses, no anal fissures or hemorrhoids noted. Brown stool present, Guaiac positive.

Pertinent labs:

WBC: 11.2

Hemoglobin: 12.8

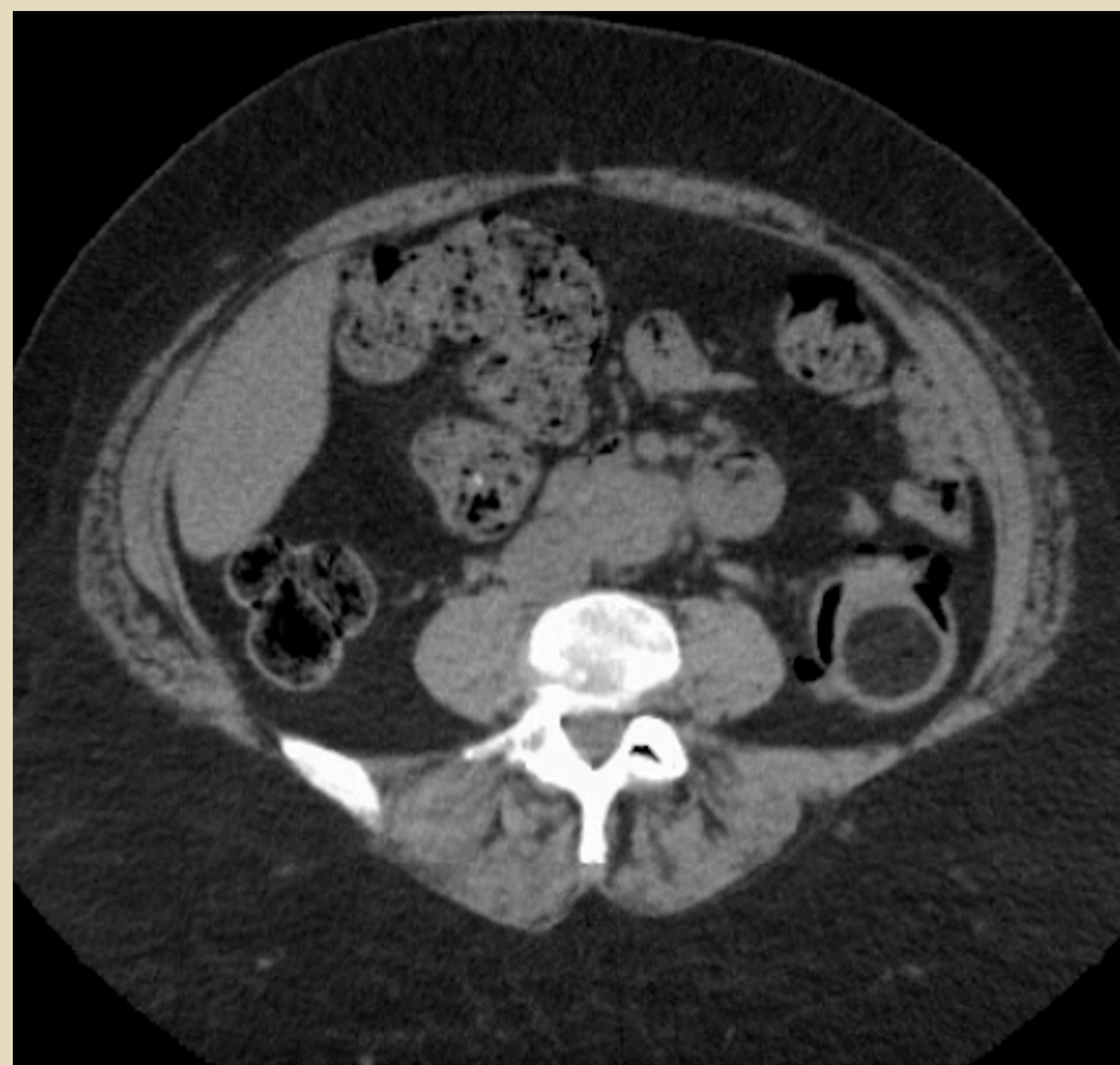
Hematocrit: 38.3

Platelets: 390

INR: 1.1

PTT: 28.9

Images



Questions

1. What diagnosis best explains “telescoping” of the bowel seen in the left lower quadrant?
2. What is the most common lead point for the CT scan finding of the “donut” or “target” sign seen in adult patients?

Discussion

Adult intussusception is a rare occurrence of abdominal pain that accounts for less than 5% of cases of bowel obstruction. On CT scan there is a fat containing intraluminal mass that serves as a lead point for colocolonic intussusception and creates the classic target or donut sign within the bowel. For adult patients, intussusception is typically caused by a malignant mass and can be associated with transient episodes of blood in the stool. In our patient, a colonoscopy was performed which showed a friable mass obstructing the descending colon. Surgery was consulted and operative resection of the 7-cm mass determined that it was a benign lipoma. The patient was discharged home and is currently doing well.

Pearls

- Intussusception is a rare but important diagnosis to consider in the evaluation of intermittent abdominal pain in the adult patient.
- Telescoping of the bowel can be transient and typically manifests as a “donut” or “target” sign on CT scan.
- A malignant or benign mass usually serves as a lead point in adults and surgical resection is the recommended management.

REFERENCES

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