CLINICAL IMAGE IN GASTROENTEROLOGY

A rare cause of intussusception in the adult: Intestinal bezoar

Excepcional causa de intususcepción en el adulto: bezoar intestinal

P. Calero a,*, M. Scortechini a, J. Valiente b

a General and Gastrointestinal Surgery Service, Hospital de Hellín, Hellín, Albacete, Spain
b General and Gastrointestinal Surgery Service Management, Hospital de Hellín, Hellín, Albacete, Spain

Figures 1 and 2  Plain x-ray images showing small bowel obstruction data.

Please cite this article as: Calero P, Scortechini M, Valiente J. Excepcional causa de intususcepción en el adulto: bezoar intestinal. Revista de Gastroenterología de México. 2014;79:145–146.

Intestinal intussusception is a rare cause of bowel obstruction in the adult, and no such one produced by a bezoar has been described in the medical literature.

A 49-year-old man with an unremarkable past medical history came to the Emergency Department complaining of abdominal pain in the epigastrium of 3-4 day progression, associated with a reduced number and quantity of daily bowel movements. Physical examination was consistent with bowel obstruction. A plain abdominal film revealed segment dilation up to the jejunum (Figs. 1 and 2). An abdominal
computed axial tomography (CAT) scan identified an oval-shaped lesion that appeared to be an intestinal invagination in the right flank (Figs. 3 and 4). Given the diagnosis of bowel obstruction, emergency surgery was performed. Mechanical ileus of the small bowel in the mid jejunum due to invagination was observed, along with an intestinal bezoar that measured $6 \times 4 \times 3$ cm with 2 invaginated zones and ulcerated serous membrane. About 40 cm of the small bowel was resected and an end-to-end anastomosis was performed (Figs. 5 and 6). Postoperative progression was satisfactory.

Financial disclosure

No financial support was received in relation to this article.

Conflict of interest

The authors declare that there is no conflict of interest.