

Mysterious cecal polypoid mass

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CASE PRESENTATION

A 52-year-old man presented with a longstanding history of recurrent, colicky-like, central abdominal pain. A computed tomography scan of the abdomen revealed a well-defined, hyperdense lesion, 2.5 cm × 2.3 cm in size, with fat density apparent at the ileocecal junction. The patient subsequently underwent a colonoscopy in which a large 2.5 cm × 2.5 cm colonic polypoidal mass was apparent, partially then fully protruding from the ileocecal valve (Figures 1 A and B). The protruded mass was then pulled back to its original position and was no longer visible. A referral to the surgical team was made and the mass was removed laparoscopically. Histopathology demonstrated the mass to be a tubular adenoma of low-grade dysplasia within the terminal ileum.

DISCUSSION

Intussusception in the present case occurred when the pathological lesion protruded through the ileocecal valve pulling part of the area attached to it, which led to the telescoping of one part into the other.

As a result, a relatively common site of intussusception is the ileocecal area (1). Many are associated with a pathological lesion, which can be malignant or benign (2). It occurs rarely in adults, and presents with a variety of nonspecific symptoms, making its preoperative diagnosis difficult. Most patients present with symptoms of obstruction similar to the patient in the present case. Most often, preoperative diagnosis includes imaging studies, with computed tomography imaging being the most recently used, which show characteristic findings of 'target signs' enabling the radiologist to make a correct diagnosis (3). Occasionally, an intussusception may be confirmed by colonoscopic evaluation; however, a recent report (4) documented that ileocecal intussusception due to an ileal polyp may be precipitated by colonoscopy and should be included in the differential diagnosis of acute abdomen after colonoscopy. In adults, operative treatment is usually required because the cause often proves to be malignant. In the present case, the polypoidal mass was defined as a tubular adenoma and subsequently resected operatively.

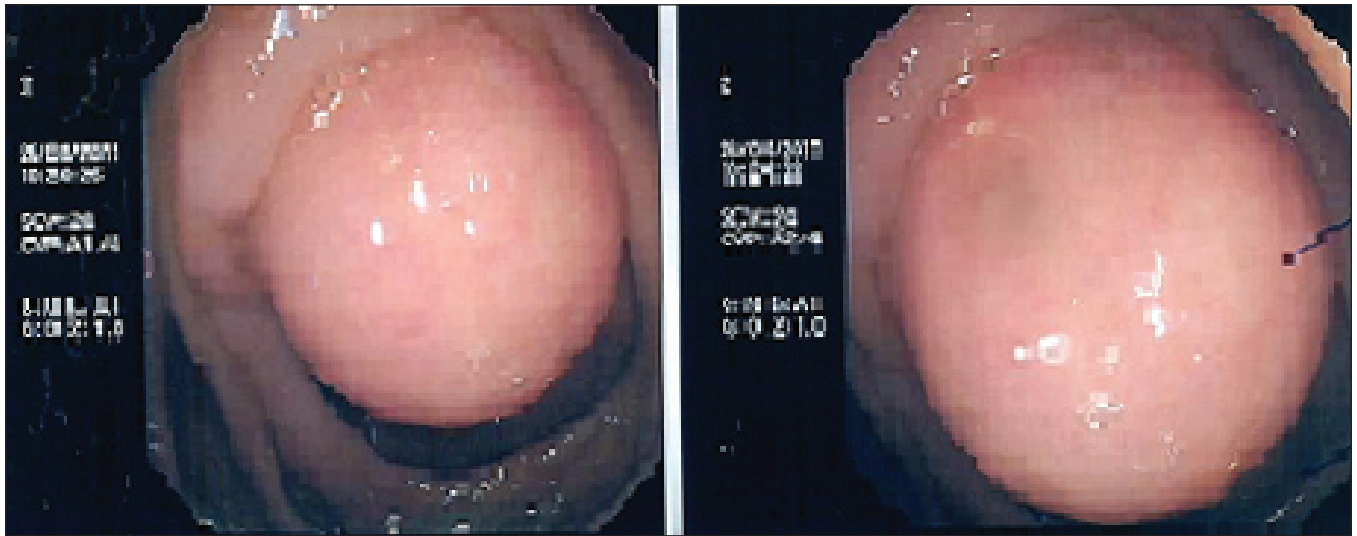


Figure 1) A Partially protruding cecal mass lesion. B Fully protruding cecal mass lesion

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