



Stranger Things: Clinical and Radiological Diagnosis Confirmed by Surgery

Altomare M^{1*} and Dovidio G²

¹Department of General Surgery, University of Milan, Italy

²Department of Radiology, Sapienza University of Rome, Rome, Italy

Clinical Image

A 42-year-old woman transferred from Emergency Room (ER) to General Surgery Unit for acute abdominal pain associated with mild distension of the abdomen, nausea and 2 episodes of vomit. No previous history of ER entrances or abdominal/gynaecological surgery. Laboratory data show a mild impairment of inflammatory parameters (WBC: 11,4 x 10³/ml CRP: 7,89 mg/dl). Abdominal X-Ray revealed a generalized distension of small and large bowel without free air (Figure 1). Considering the stability of vital parameters, patients undergone to CT-scan that demonstrated a centro-abdominal region with stratify imagine consisting of mesenteric fat surrounding from bowel's loop. The remaining colon downstream seems to be collapse and is recognizable a roundish shape mass having the densitometric parameters of lipoma in the contest of splenic flexure (Figure 1). Due to the deterioration of clinical condition the patient has been subjected a surgical exploration that confirmed the presence of intussusception arising from the last loop of ileum until splenic flexure caused by voluminous intestinal lipoma. Right hemicolectomy was performed and the patient had an uneventful post-operative course and was discharged on day 7.

Discussion

Despite representing a common cause of bowel obstruction in the pediatric population, intussusception account for only 1% of all bowel obstructions in the adults [1]. Interestingly the prevalence of enteric intussusception is grater than colonic intussusception (78% vs. 22%) [2],

OPEN ACCESS

*Correspondence:

Michele Altomare, Department in
General Surgery, University of Milan,
Milan, Italy,
E-mail: michele.altomare@unimi.it

Received Date: 26 Dec 2017

Accepted Date: 11 Jan 2018

Published Date: 22 Jan 2018

Citation:

Altomare M, Dovidio G. Stranger
Things: Clinical and Radiological
Diagnosis Confirmed by Surgery. *Clin
Surg.* 2018; 3: 1876.

Copyright © 2018 Altomare M. This is
an open access article distributed under
the Creative Commons Attribution
License, which permits unrestricted
use, distribution, and reproduction in
any medium, provided the original work
is properly cited.



Figure 1: Abdominal X-Ray revealed a generalized distension of small and large bowel without free air.

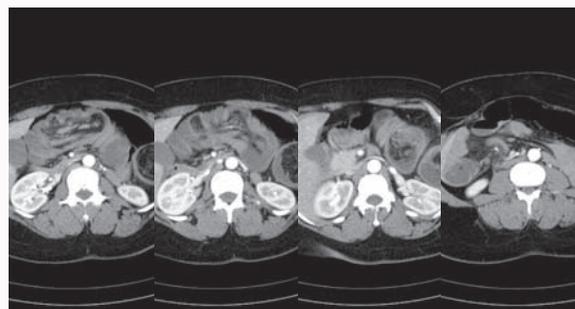


Figure 2: Densitometric parameters of lipoma in the contest of splenic flexure.

but cases of ileocolic intussusception caused by enteral lipomatosis almost remain anecdotal in literature. Considering the rarity of this clinical feature, a multidisciplinary team is essential to achieve the correct diagnosis and adopt the best management.

References

1. Ghalyaie N, Szilagy EJ. Colonic lipomas and liposarcomas. *Semin. Colon Rectal Surg.* 2015;26(2):115-8.
2. Hu C-C, Chien R-N, Lin C-L, Liu C-J. Giant colonic lipoma arising from the ileocecal valve and causing cecal-transverse colonic intussusception. *Adv Dig Med.* 2016;3(4):191-4.