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To cite this article: S. Çakirer, M. Şirvanci & C. Duran (2002) Jejunojejunal intussusception secondary to lipoma in an adult: A case report, Acta Radiologica, 43:2, 196-197

To link to this article: <https://doi.org/10.1080/028418502127347772>



Published online: 09 Jul 2009.



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# JEJUNOJEJUNAL INTUSSUSCEPTION SECONDARY TO LIPOMA IN AN ADULT

## A case report

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### Abstract

Lipoma is a rare cause of adult intussusception. We present the CT findings of an adult patient with jejunojejunal intussusception secondary to submucosal lipoma as the lead point in this case report.

*Key words:* Intussusception; intestines, CT; lipoma.

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*Accepted for publication 12 November 2001.*

Intussusception is a prolapse of a segment of the intestines into the lumen of adjacent intestines. Almost 80 to 90% of adult intussusceptions have an underlying cause, whereas the remainder of adult intussusceptions have been accepted as idiopathic (1, 2, 8). The underlying lesions that represent lead points are various, such as benign and malignant intestinal tumors, a Meckel diverticulum, prolapsed gastric mucosa, aberrant pancreas, adhesions, foreign body, and chronic ulcer (3–5). Lipoma is a rare cause of adult intussusception (6–8).

### Case Report

CT of the patient was performed using oral administration of 500 ml of diluted iodinated contrast material and 100 ml of intravenously injected iodinated contrast material. Single breath-hold helical CT of the upper abdomen was performed using

10-mm beam collimation and 10 mm/s table speed (120 kVp, 220 mAs).

CT demonstrated classic bowel-in-bowel (target) appearance of a jejunojejunal intussusception along the left side of the upper abdomen, which was characterized by three concentric layers. The inner central layer was formed by invaginated intussusceptum, the middle layer was formed by the mesenteric fat and associated vasculature of invaginated intussusceptum, and the outer layer was formed by the surrounding thick-walled intussusciens. A round mass of fat density (–87 HU) representing the lipoma was found as the lead point of intussusception within the lumen of the intussusciens (Fig. a). The outer wall was considerably thicker and contained air within the bowel wall as well (Fig. b). The patient was referred to laparoscopic surgery, and the resected jejunal segment showed a submucosal lipoma.

**Discussion**

The lead point of intussusception cannot be easily demonstrated on CT although intussusception itself can be readily diagnosed. A submucosal lipoma can be diagnosed if a smooth well-circumscribed mass of fat density ( $-50$  to  $-100$  HU) is revealed within the lumen of the intussusciptens (6-8).

Our patient had a clinical history of recurrent episodes of abdominal crampy pain that suggested the presence of an intermittent intussusception. The demonstration of the intraluminal mass of fat density is characteristic for submucosal lipoma as the lead point for the intussusception. The presence of intramural air and prominent bowel wall thickening in our patient strongly suggested bowel wall ischemia.

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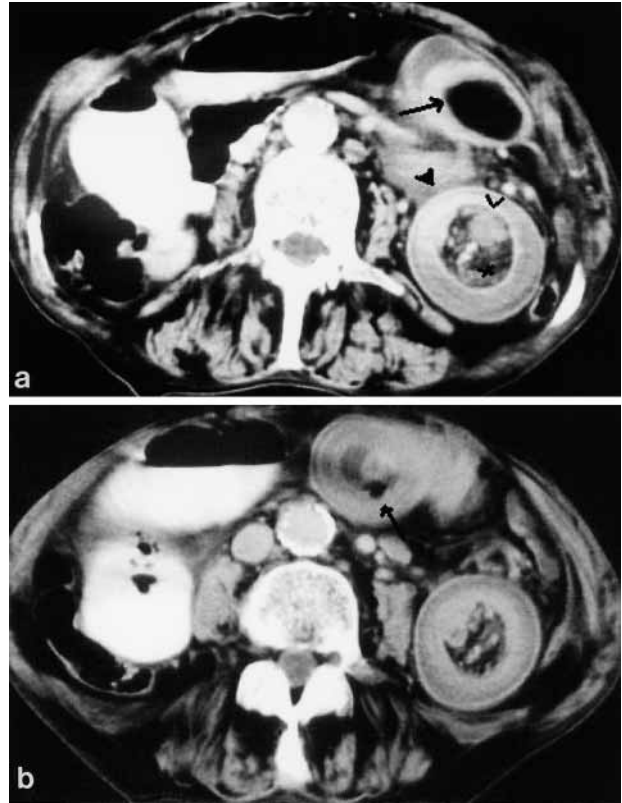


Figure. a) CT of jejunojejunal intussusception in a 69-year-old male patient. A round mass of fat density representing lipoma ( $\rightarrow$ ) was detected within the lumen of the intussusciptens. Another segment of intussusception is located just posteriorly to the anterior segment, and it is characterized by three layers: an inner layer of intussusceptum ( $>$ ), a mid-layer of mesenteric fat and vasculature ( $*$ ), and an outer thick-walled intussusciptens ( $\blacktriangleright$ ). b) Caudal CT reveals an outer, considerably thick-walled intussusciptens, associated with air within the wall ( $\rightarrow$ ), strongly suggesting bowel wall ischemia.