

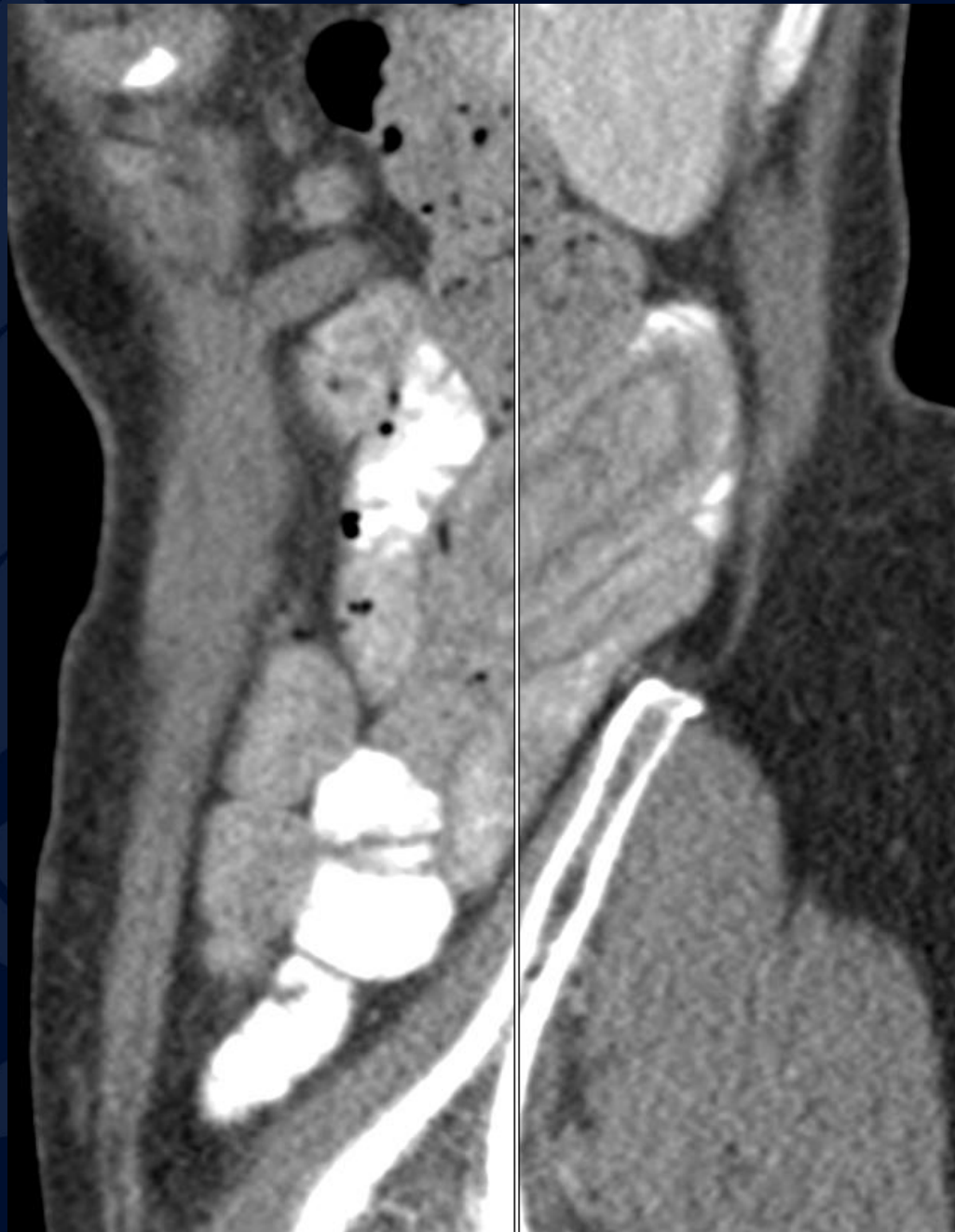
64 y/o M presents w/ vomiting and abdominal pain

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UConn
HEALTH

RADIOLOGY

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

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Jejunojejunal intussusception



Axial CECT shows a reniform small bowel due to jejunojejunal intussusception. The outer layer represents intussusciens, inner layer represents intussusceptum. Proximally, there were no features of intestinal obstruction. No lead point present in this patient



Coronal and Sagittal CECT demonstrates alternating layers of mesenteric fat and soft tissue density bowel walls

Jejunojejunal intussusception

An intussusception occurs when one bowel loop invaginates into another section of bowel.

Mainly a childhood disease. When it occurs in adults, it may be associated with a lead point like a neoplasm or polyp with the most common benign neoplasm being a lipoma.

US is the modality of choice in children; CT is the diagnostic modality in adults. On CT, it has the “bowel-within-bowel” appearance with alternating layers of mesenteric fat and soft tissue density bowel walls.

In adults, short segment, non-obstructing intussusceptions are of no clinical significance and are often discovered as an incidental finding on CT. Laparotomy may be considered in some cases, e.g. if there is a lead point requiring treatment.

References

- Mitchell A et al: Coeliac disease in an adult presenting as intussusception without a lead point. *BMJ Case Rep.* 2014, 2014
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- El Fortia M et al: Tetra-layered sign of adult intussusception (new ultrasound approach). *Ultrasound Med Biol.* 32(4):479-82, 2006
- Henry MC et al: The appendix sign: a radiographic marker for irreducible intussusception. *J Pediatr Surg.* 41(3):487-9, 2006