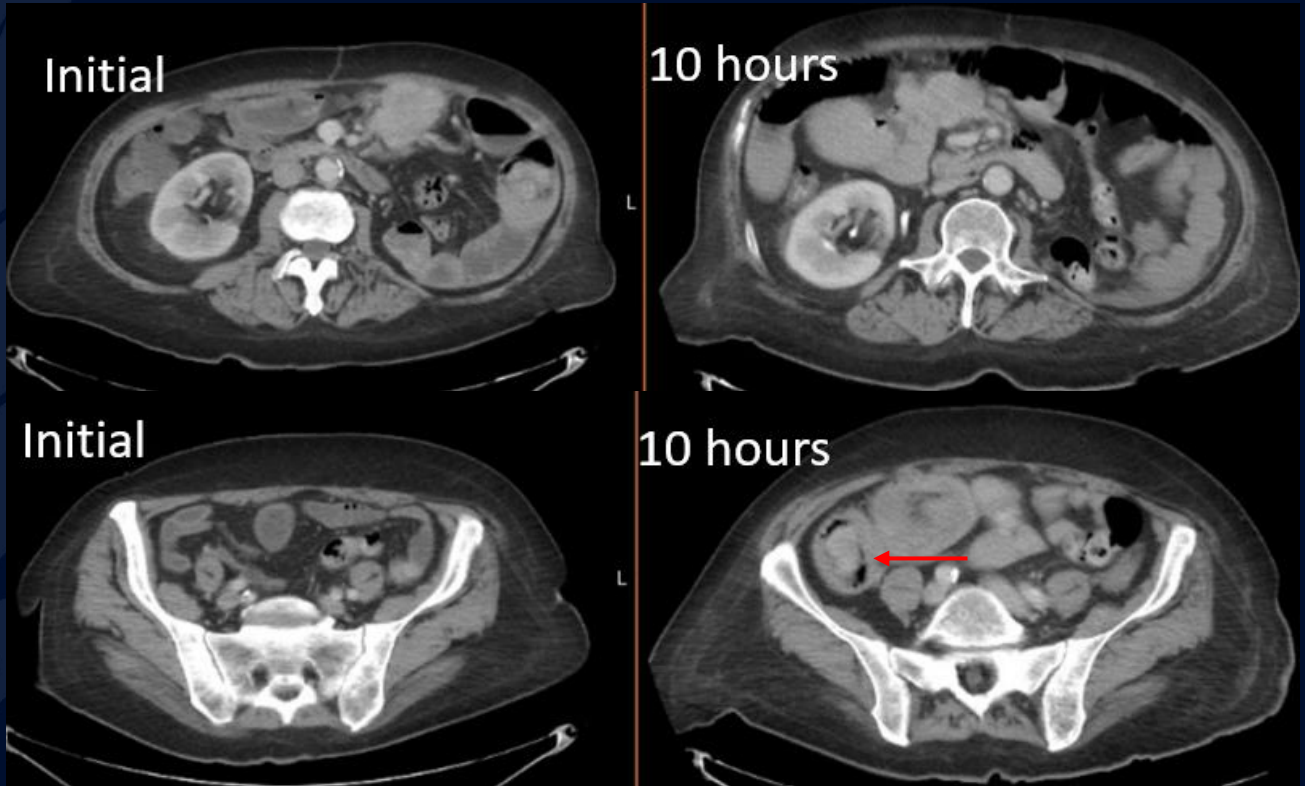
A large, stylized graphic of a leaf or branch, rendered in a dark blue color, occupies the left side of the slide. It has a central vein and several smaller veins branching off, creating a naturalistic but abstract shape.

66-year-old male with acute diffuse abdominal pain and unintentional weight loss


Melissa Ulbrick, MS3

CT



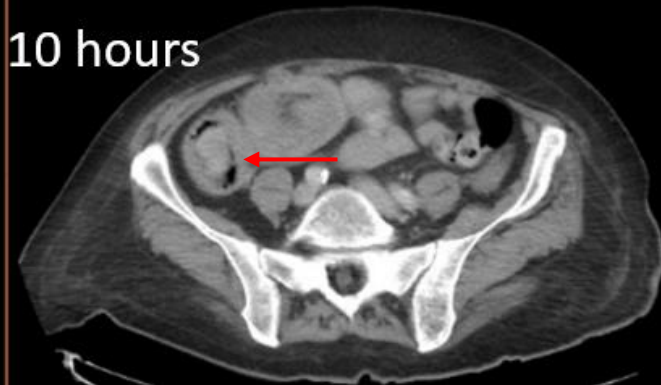
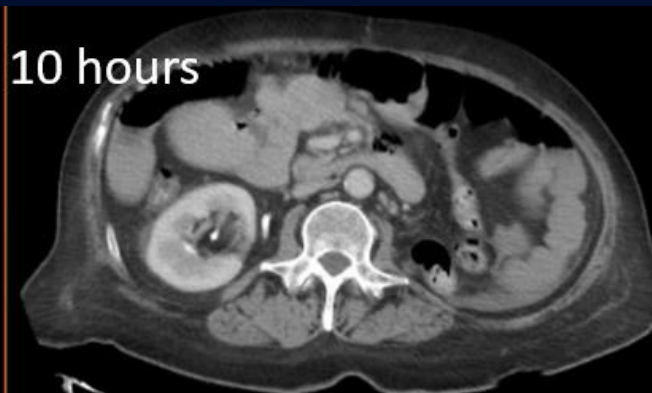
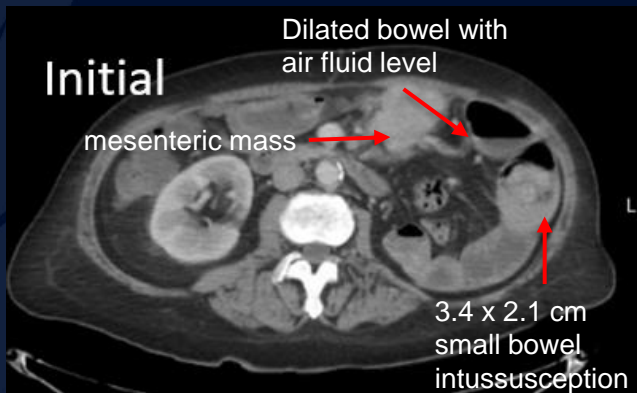


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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the title text.

Small Bowel Intussusception

CT



Small Bowel Intussusception

- 90% of small bowel intussusceptions in adults are caused by pathologic lead points
 - Small bowel tumors account for about 5% of all GI tumors
 - Malignant: Adenocarcinoma, Carcinoid, Leiomyosarcoma, Lymphoma, GIST
 - Metastases
 - Most common primary sites are ovary, appendix and colon
 - Other common sites that spread hematogenously include melanoma, breast, and lung
 - Benign: Leiomyoma, Adenoma, Lipoma, Hemangioma
 - Rare: Desmoid, Polyposis Syndromes (Gardner, Peutz-Jeghers)
- **This case:** renal cell carcinoma
 - Renal Cell Carcinoma accounts for 90% of all renal cancers
 - More common in men than women and often presents after age 60
 - Most common metastatic sites include lung, bone, liver, adrenal gland, and brain
 - Spreads hematogenously

Diagnostic Techniques

- EGD, Colonoscopy, Ultrasound, and Barium swallow
 - First line for nonspecific GI symptoms
- CT Abdomen
 - May be hard to differentiate collapsed bowel versus wall thickening
 - Can detect 70 to 80% of small bowel neoplastic lesions
- CT-enterography or MRI-enterography
 - PO contrast helps distend the small bowel to visualize lesions and differentiate etiologies of lesions
- Capsule Endoscopy
 - Good detection for early small bowel masses
- PET-CT
 - Used when CT/MRI are unrevealing or in metastatic disease

Imaging Findings

Malignant Mass	Features
Adenocarcinoma	Duodenum ; usually circumferential but can be polypoid; invasive disease may show fat stranding ; moderate enhancement
Carcinoid	Rare neuroendocrine tumor; appendix and distal ileum; mesenteric mass with small bowel wall thickening; calcifications
Leiomyosarcoma	Ileum and jejunum ; ulcerate and bleed ; difficult to differentiate from leiomyoma
Lymphoma	Distal ileum ; risk factors include celiac, Chron's, SLE, history of chemo or extra-intestinal lymphoma; thick-walled mass with dilated bowel; enlarged lymph nodes ; no obstruction
GIST	Stomach ; well-defined exophytic mass, often extraluminal; enhancement
Metastasis	Single or multiple polypoid intraluminal masses or wall thickening; luminal narrowing ; signs of metastatic disease

Imaging Findings

Benign Mass	Features
Leiomyoma	Rare; jejunum ; well demarcated; ulcerate and bleed ; hypervascular
Adenoma	Duodenal and ileocecum ; pre-cancerous polyps (pedunculated, sessile or mural); enhance
Lipoma	Ileocecum ; well defined intraluminal mass; non-enhancing
Hemangioma	Jejunum ; sessile or pedunculated; arterial enhancement ; GI bleeding
Desmoid	Fibrous tissue of the mesentery ; benign but locally aggressive; non-enhancing
Hamartoma	Jejunum ; smooth, intraluminal polyp; enhancing; common in Peutz-Jeghers Syndrome

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