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Introduction

Intussusception is a medical condition characterized by the telescoping or invagination of one segment of the intestine into another, often leading to obstruction, ischemia, and even necrosis. While intussusception is more commonly associated with pediatric patients, it can also occur in adults, albeit rarely. Adult intussusception poses unique challenges in diagnosis and management due to its atypical presentation and association with underlying pathological conditions.

This article sheds light on a particularly intriguing case of adult cecocolic intussusception caused by acute appendicitis, emphasizing the importance of early recognition and intervention. One intriguing and unusual scenario of adult intussusception is its association with acute appendicitis, a condition traditionally viewed as a separate entity [1]. Acute appendicitis is a common surgical emergency characterized by inflammation of the vermiform appendix. Its manifestation as a causative factor for intussusception in adults presents an intriguing consequence of inflammatory processes and mechanical obstruction, defying conventional understanding. Among various kinds of intussusception in adult, cecocolic intussusception was rare. Although appendiceal adenocarcinoma, adenoma, or mucocele could cause cecocolic intussusception, acute appendicitis was rarely reported as a leading cause of cecocolic intussusception. We report a case of cecocolic intussusception caused by an acute appendicitis treated by laparoscopic right hemicolectomy [2].

prompt intervention. In this discussion, we delve deeper into the pathophysiology, clinical implications, diagnostic challenges, and management strategies associated with adult cecocolic intussusception caused by acute appendicitis.

Pathophysiology

The occurrence of adult cecocolic intussusception secondary to acute appendicitis presents a unique interplay between inflammatory processes and mechanical obstruction. Acute inflammation and edema of the appendix can trigger a cascade of events leading to the telescoping of the cecum into the ascending colon. This cascade results in bowel obstruction and ischemia, leading to clinical symptoms such as abdominal pain, distension, and potential complications like peritonitis. The appendicitis-induced cecocolic intussusception challenges the conventional understanding of intussusception etiology, which often involves neoplasms, polyps, or adhesions [7, 8].

Clinical presentation and diagnostic challenges

Recognizing adult cecocolic intussusception remains a diagnostic challenge due to its rarity and non-specific clinical presentation. The symptoms can overlap with other gastrointestinal conditions, potentially leading to delayed or missed diagnoses. Abdominal pain and discomfort are common features, but their intermittent nature or mild severity may contribute to diagnostic uncertainty. The lack of classic signs such as palpable abdominal masses often further complicates early identification.

Diagnostic modalities

Advanced imaging techniques, notably computed tomography (CT) scans and ultrasonography, play a pivotal role in diagnosing adult cecocolic intussusception. The "target sign" or "sausage-shaped mass" appearance observed on imaging studies can provide crucial diagnostic clues. Timely and accurate interpretation of these imaging findings is vital to guide subsequent management decisions [9]. Given the rarity of this condition, heightened awareness among radiologists and gastroenterologists is essential for ensuring prompt diagnosis.

Management strategies

Surgical intervention remains the cornerstone of managing adult cecocolic intussusception caused by acute appendicitis. The surgical approach may vary based on the severity of the condition, the presence of complications, and the surgeon's expertise. While laparoscopic techniques are preferred for their minimally invasive nature, the complexity of certain cases might necessitate open surgical procedures.

The treatment goal involves reduction of the intussusception, removal of the inflamed appendix, and restoration of blood flow to ischemic bowel segments. A multidisciplinary approach, involving surgeons, radiologists, and gastroenterologists, ensures comprehensive patient care and optimal outcomes [10, 11].

Conclusion

Adult cecocolic intussusception caused by acute appendicitis, although rare, serves as a reminder that even common conditions can occasionally manifest in atypical ways. This case underscores the importance of maintaining a high index of suspicion, especially when faced with unusual presentations of well-known diseases. Early diagnosis, facilitated by advanced imaging techniques, and prompt surgical intervention are crucial for achieving successful outcomes in these challenging cases. Further research and reporting of such cases will contribute to a deeper understanding of the intricate interplay between common and rare pathological entities in the complex landscape of adult gastrointestinal disorders.

Conflict of Interest

None

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None

References

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