CASE REPORT

We present a thirty five years old woman with a family history of Peutz-Jeghers syndrome (PJS) (sister, brother and father) and a four-month history of progressive and constant right iliac fossa pain accompanied by weight loss of 5 kg. The patient does not refer nausea, vomiting or fever. The abdomen was soft, painless, without other signs of peritoneal irritation or palpable masses. In the rest of the physical exploration we found hyperpigmented maculae on the lips (“coffee with milk macules”). We performed a colonoscopy that showed a 6 mm adenomatous peduncular polyp in the sigmoid colon and an image compatible with ileo-colonic intussusception over the hepatic flexure (Figs. 1 and 2). An urgent abdominal CT scan was performed that showed ileo-colonic intussusception without obstruction signs or free fluid. We contacted with the Surgery Service and the patient was operated six hours after the colonoscopy. After a lower middle laparotomy we found an ileo-ileal intussusception that was reduced by hand, and we performed an enteroscopy through enterotomy made 30 cm from ileocecal valvula. Hundreds of milimetric polyps were observed through the entire explored bowel. Seven polyps were removed using a polypectomy snare. The polyp’s size varied between 0.5 and 4 cm and the anatomo-pathologic study showed hamartomatous polyps.

Endoscopic image of an ileo-colonic intussusception

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Fig. 1. Íleo-colonic intussusception in the ascending colon over the hepatic flexure.

Fig. 2. Image of enteric mucosa.
DISCUSSION

Finding an ileo-colonic intussusception during the colonoscopy exploration is unusual because most of the time the intussusception causes obstructions symptoms that require an image study like a CT scan. Anemia, rectal bleeding, abdominal pain, obstruction and/or intussusception are common complications in patient with PJS (1-3).

REFERENCES