

PICTURES IN DIGESTIVE PATHOLOGY

Gastric intussusception in adults as a rare cause of constitutional syndrome

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CASE REPORT

This article describes the case of a 77-year-old female patient with constitutional syndrome, fever, postprandial abdominal discomfort and a mass on the left lateral abdominal region. A computed tomography (CT) scan and a magnetic resonance imaging (MRI) study revealed a gastric fundal tumor invaginated into the pyloric antrum. An endoscopy disclosed an ulcerated and invaginated papilliform, fundal tumor, which was biopsied. Its pathological examination indicated an intestinal-type, tubule-villous adenoma.

The patient underwent wedge gastrectomy, which confirmed the findings.

DISCUSSION

Five percent of cases of intussusception occur in adults (1) and ten percent of them are gastroduodenal (2). Generally, they are associated with an underlying tumor that acts as the head of the invagination and causes the gastric mucosa to protrude into the pyloric antrum, the pyloric canal and/or the duodenum (1,2).

The radiographic semiology is similar in every location, facilitating the diagnosis. CT was the preferred diagnostic technique due to its indication for cases of acute abdomen and its effectiveness to establish the level and the cause of the intussusception, as well as to assess bowel viability (3).

The typical sign of intussusception is a target-shaped image, in which the layers of the invaginated and the invaginating walls form concentric circles in the axial plane (Fig. 2), or soft-tissue bands in the longitudinal image (Fig. 1), with the fat and the vessels in the center of intussusception (1). The differential diagnosis focuses on the cause of the intussusception and includes malignant and benign tumors (lipomas, adenomas and polyps).

The interesting aspect of this case stems from the unusual nature of this pathology in adults and from the rarity of its diagnosis by MRI.



Fig. 1. Coronal T2-weighted HASTE image: hypointense gastric fundal tumor that acts as the head of the invagination (asterisk) pulling the gastric wall (arrow).

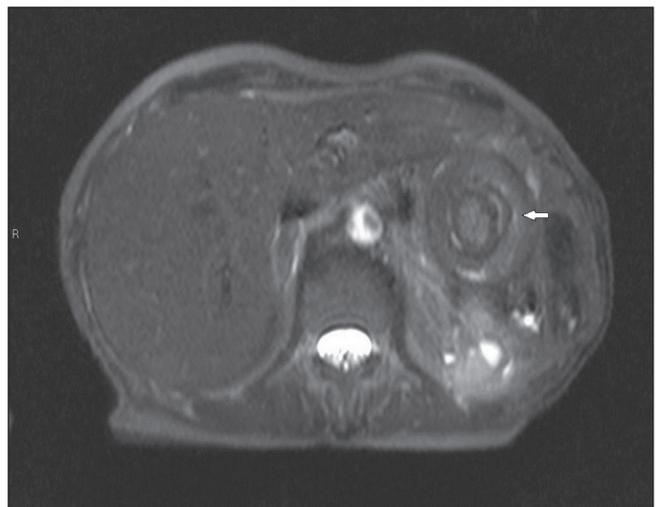


Fig. 2. Axial STIR pT2* image: the typical target-shaped image (arrow).

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